



Joliet Firefighters Peer Support Group (JFPSG)

Operations Manual

The Joliet Firefighters Peer Support Group, 2020.

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John Lukancic, CCISM

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About Our Group

The Joliet Firefighters Peer Support Group (JFPSG) was organized in September 2019 to address the growing need for crisis intervention and mental health resilience among members of the Joliet Fire Department (JFD), retirees and their families. Traumatic stress, Post-Traumatic Stress Disorder (PTSD), substance abuse, suicide and other behavioral issues are becoming increasingly common in the fire service community (International Association of Firefighters [IAFF], 2016). A mechanism was needed to manage these threats to our well-being.

It is widely accepted that the first presentation of stress reactions may occur in the home, not in the workplace (Everly, 2020). For this reason, our Group is committed to educating both firefighters, retirees, and family members so they may recognize acute stress reactions when they occur. This will enable them to secure resources to help their loved ones. Also, our Group is prepared to aid with other issues that affect the family as well. We are a multi-faceted group, and our service includes peer support, professional mental health care referral, spiritual care from our religious members, and wellness.

Although we are firefighter centered, our philosophy is based on a strong belief pervasive in the fire service culture, we will not turn away someone in need.

About this Manual

This Operations Manual exists primarily as a resource for JFPSG members, but it may be used by anyone who desires to know about the JFPSG's organization and practices. Contained within this manual is information that the reader may use to enlighten themselves and information to enable peers to provide the most consistent support possible to those in need.

Website, Facebook, and Toll-free Number

The JFPSG maintains a website (www.jfdpeersupport.com), a Facebook page and a 24-hour toll-free phone number (855) JFD-PEER for anytime access to our peer support services.

The Need

The need for Firefighter mental health services is becoming more and more apparent. Multiple exposures to traumatic stress may have real and lasting consequences for firefighters, retirees, and families. It has been found that up to 30% of firefighters may be afflicted with PTSD (Everly, 2020). It has also been suggested that proper psychological first aid (PFA) in the acute phase of the crisis response may lessen the incidence of PTSD. In addition, firefighter suicide rates have outpaced the line of duty death (LODD) for years (National Fire Protection Association [NFPA], 2015-2019). These problems have reached disturbing proportions and are the reasons we exist.

JFPSG: A Comprehensive Continuum of Care



The Joliet Firefighters Peer Support Group was organized to be a resource for Joliet Firefighters, retirees, and their families.

We have volunteers from several specialty areas to serve our firefighters. These include active and retired firefighters, mental health clinicians, clergy suicidologists, and other stakeholders.

We are proud to be a resource for the current and former members of the Joliet Fire Department and their families. We recognize the sacrifice that all these groups have made to enhance the safety of our City.

The JFPSG recognizes and thanks IAFF Local 2369, IAFF Local 44 and the Joliet Foreign Fire Tax Board for making this endeavor possible.

Table of Contents

1. Organization and Culture	5
Overview	5
Joliet Fire Department	5
JFD History	5
Call Volume	7
JFD Fire Stations	7
Organization	8
Joliet Firefighters Peer Support Group	10
Overview	10
Vision Statement	10
Mission Statement	11
Peer Support Use	11
Website & Facebook	11
Mental & Spiritual Wellness	11
JFPSG Adapted Emergency Management Model (JEM)	13
2. Standard Operating Guidelines	25
Overview	25
01: 02-20-01	27
JFPSG Structure	27
02: 12-19-02	31
Confidentiality/Mandated Reporting	31
03: 02-20-03	34
Group Crisis Intervention	34
04: 12-19-04	36
JFPSG Selection and Training	36
05: 02-20-05	39
Monthly Meetings	39
06: 02-20-06	40
Psychological First Aid (PFA) Recommendations	40
07: 02-20-07	42
Data Collection	42
08: 02-20-08	45
Request for Outside Aid	45

Joliet Firefighters Peer Support Group (JFPSG)



09: 02-20-09	46
Social Media and Email	46
10: 02-20-10	47
Public Information Officer (PIO)	47
11: 02-20-11	49
Group Activation.....	49
12: 02-20-12.....	50
Notes and Written Communication.....	50
13: 02-20-13.....	51
Clinician Referral	51
14: 02-20-14.....	52
Annual Behavioral Health Assessment Recommendations	52
15: 02-20-15.....	53
Critical Incident Best Practice Recommendations	53
16: 02-20-16.....	54
Quarterly Station Visits and Outreach	54
17: 02-20-17.....	57
Spousal/Family Seminar.....	57
18: 02-20-18.....	58
Website and Facebook.....	58
19: 02-20-19.....	59
Monthly Newsletter	59
20: 02-20-20.....	60
Contact List.....	60
21: 02-20-21	62
Firefighter Death.....	62
22: 02-20-22.....	63
Firefighter Injury	63
23: 02-20-23.....	64
Operations Manual.....	64
24: 02-20-24.....	65
Virtual Meetings.....	65

Joliet Firefighters Peer Support Group (JFPSG)



24: 12-20-25.....	66
FYRE Program	66
24: 12-20-26.....	67
Suicide Prevention Plan	67
Appendix A: Laws Governing Peer Support, Illinois; Mandated Reporting	68
Appendix B: Joliet Fire Department Policy Governing Peer Support	75
Appendix C: General Peer Support Contact Checklist, Individual	79
Appendix D: Suicidal/Homicidal Peer Checklist.....	80
Appendix E: JFD Line of Duty Death (LODD) Checklist.....	81
Appendix F: Critical Incident Checklist.....	82
Appendix G: JFPSG Contact List	83
Appendix H: Glossary of Terms	85
Appendix I: Resource List	
References.....	95

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The members of the Joliet Firefighters Peer Support Group. You do make a difference.

The men and women of the Joliet Fire Department. Your courage and dedication to the community are unmatched anywhere.

Our JFPSG Suicidologist, Sr. Mary Frances Seeley, PhD. and the Upper Room Crisis Hotline - Dr. Terry Smith, Executive Director. Your support and expertise in the field of suicide provide a unique and needed perspective to the JFPSG.

The clinicians at Aspire Center for Positive Change, Courtney O'Brien, Nancy Nelson, Carissa Silunas, and Aubrey Thornton, who during difficult and stressful times made themselves available to our group whenever they were needed.

City of Joliet Councilwoman Jan Quillman, without whose compassion and intervention this group would not exist.

Fire Chaplain, Br. Ed Arambasich, who is there unfailingly for the member of the Joliet Fire Department and the JFPSG.

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The Joliet Firefighters Peer Support Group: *"Firefighters Helping Firefighters and their Families"*

Cover art used with permission. Special thanks to IAFF Local 44 (L44 Logo), & the Joliet Fire Department (JFD Logo).

1

Organization and Culture

Overview

To properly understand the interventions included within this manual, a working knowledge of Joliet Fire Department (JFD) structure, chain of command, best practices, and the fire service culture is critical. After these are presented, the organizational structure of the Joliet Firefighters Peer Support Group (JFPSG) will follow, reflecting its place within the JFD structure.

Joliet Fire Department (JFD) History

From before the organization of the City of Joliet itself, the protection of the lives and property of area residents from fire has been of great importance. In fact, as early as 1837, fifteen years before the City of Joliet was incorporated, this issue was addressed in a public forum. Hand-written records from the Town of Joliet, Illinois, dated 1837, make mention of several fire related issues. The appointment of Fire Wardens, ordinances for the prevention of fires, and a standing committee of the fire department were all addressed. These ordinances, bylaws, and rules, though defunct now, are important because they laid the groundwork for the future of an organized fire department in Joliet (Lukancic, 2002).

The Town of Joliet's charter adopted November 7th, 1837 allowed for two Fire Warden appointments. One assigned to the West Ward and one to the East Ward. The first mention of the names of the Fire Wardens was from the minutes of an 1838 Trustee meeting appointing them to their positions. Joel George was appointed to the West Ward and Charles R. Hopkins was appointed to the East Ward (Lukancic, 2002).

The Joliet Fire Department proper has officially been in existence since December 12, 1853. Prior to this date, fire suppression was still practiced in Joliet, but the task was completed by volunteer



fire companies, citizens and ostensibly bucket brigades. In the late 1800s, during the much-glorified horse and steamer era, the department became fully paid for their services.

Later, in 1917, the International Association of Firefighters (IAFF) was formed, and Joliet became a Union Fire Department. The Joliet Firefighters Union was assigned Local 44. This Union continues to serve the Joliet firefighters today. In 1974, The Fire Officers split from the Apparatus Operators and Firefighters to form their own Union, Local 2369. The Joliet fire Department has been a two-union department ever since (Lukancic, 2002). During its long and proud history, the JFD has been a leader in the fire service for the public they protect.



Emergency medical services (EMS) has been a response area for the JFD for as long as it has existed. In 1990, however, the first Emergency Medical Technician – Paramedic class graduated and the history of the JFD would change from that day on. The JFD would become an EMS centered organization (Lukancic, 2002).

Beginning in the early 1990's, the City of Joliet and the JFD rapidly expanded westward and funding from riverboat gaming enabled the JFD to expand as



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well. This development slowed with the recession in the early 2000s.

Call Volume

Today, the Joliet Fire Department responds to over 20,000 calls for service annually, making it one of the busiest fire departments in the State of Illinois. With limited exceptions, the call volume has increased on a yearly basis for decades. From a practical statistical standpoint, this increasing volume suggests that the members of the JFD may potentially encounter many types and severities of emergency responses.

Of the 20,000 calls for service annually, EMS accounts for approximately 18,000 of them, making medical responses far more common than fire responses (JFD, 2020). This is a positive for the citizens of Joliet, but a challenge for the members of the JFD. Statistics indicate that EMS providers have a rate of Suicide 12x higher than the public (Everly, 2020). In addition, the urban fire service experiences PTSD upward of 30% (Everly, 2020)

Joliet Fire Stations

The Joliet Fire Department maintains nine stations. These stations are staffed 24/7 and respond to incidents that include fire, emergency medical service (EMS), hazardous materials, water rescue, specialized rescue, and most instances of generally dangerous conditions within the City of Joliet (and occasionally outside areas). The nine stations house various front-line, or staffed apparatus as well as reserve, or unstaffed backup apparatus. The front-line equipment break-down is as follows. See the Appendix H for descriptions of the various types of apparatus.

Station 1: 101 E. Clinton St. - Engine, Truck, Ambulance, Battalion Chief (9 personnel);
Station 3: 450 Laraway Rd. - Engine, Ambulance (5 personnel);
Station 4: 868 Draper Ave. - Engine, Ambulance (5 personnel);
Station 5: 661 Mason Ave. - Engine, Ambulance (5 personnel);
Station 6: 2049 Oneida St. - Tower, Ambulance (6 personnel);



Station 7: 125 S. Houbolt Rd. - Engine, Ambulance (5 personnel);
Station 8: 2293 Essington Rd. - Engine, Ambulance, Battalion Chief (6 personnel);
Station 9: 2200 Michas Dr. - Quint, Ambulance (5 personnel);
Station 10: 1599 John D. Paige Dr. - Engine, Ambulance (5 personnel).

Joliet Fire Department Organization

The Joliet Fire Department consists of over 200 members from a variety of backgrounds. This membership is divided between “line” (those working in an emergency response capacity) and “staff” (those working in an administrative capacity).

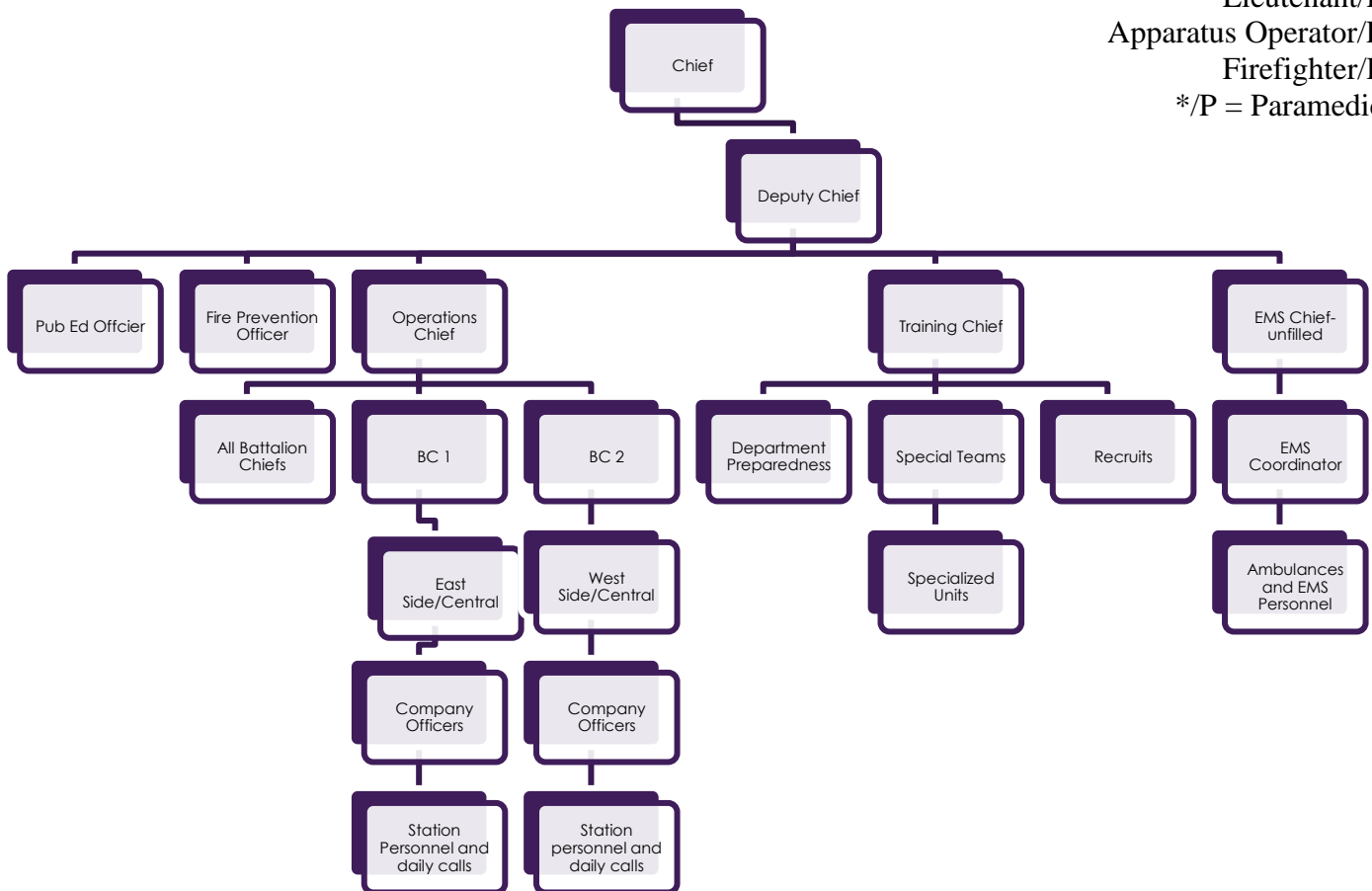
The line firefighters are further divided into the ranks listed on the following page (from highest to lowest). In addition, almost all firefighters are also Emergency Medical Technician – Paramedic (EMT-P) licensed.

There are far more line than staff members of the JFD. The staff consists of the Fire Chief, Deputy Fire Chief, Operations Battalion Chief, Training Battalion Chief, and EMS Coordinator.

Joliet Firefighters Peer Support Group (JFPSG)



Ranks:
Battalion Chief/P
Captain/P
Lieutenant/P
Apparatus Operator/P
Firefighter/P
*/P = Paramedic





The Joliet Firefighters Peer Support Group (JFPSG) Overview

While there are many areas of history and culture that firefighters can and should be proud of, one of our most glaring cultural failures has been the way we view and treat mental health within our community. Studies have shown that many firefighters, past and present, see mental illness as a weakness (IAFF, 2017). This gives rise to denial and the tendency to ignore critical issues that affect us, preventing help-seeking behavior.



It is well known that when minor issues are not dealt with, they may become major issues. These major issues are even more difficult to overcome. One of the reasons that the Joliet Firefighters Peer Support Group (JFPSG) was founded is to provide readily accessible peer support, spiritual support, and mental health contacts to prevent minor issues from growing.

As a group, firefighters have a higher rate of cancer, depression, substance abuse, post-traumatic stress disorder (PTSD), and suicide than the public (Joliet Firefighters Peer Support Group [JFPSG] & Lukancic, 2020). We must create a culture shift within the fire service to reverse these trends. Further, retirees and fire service families and loved ones also carry a substantial burden. They must also be cared for in mental health and spiritual capacities.

Vision Statement

A fire department where all past and present Joliet Firefighters, and their families are holistically cared for by their peer support group regarding all forms of mental, spiritual, and emotional health.



Mission Statement

The Joliet Firefighters Peer Support Group (JFPSG) believes that the path to Joliet Firefighter's mental and emotional health begins with firefighters, retirees, clinicians, clergy, and other stakeholders working together to provide support, education, and connection to resources for our firefighters and their families. The public can depend on firefighters. Firefighters can depend on their peer support group.

Peer Support Use

The idea of peer support in the fire service is not new. Firefighters will say, rightly, that it has existed in some form (though sometimes inconsistently) since the beginning of the American Fire Service. The concept of peers helping each other has not changed, but the availability of specialized training in individual and group crisis management and psychological first aid (PFA) has made the process more structured and available. These programs have gained widespread support in recent years and are rapidly becoming the accepted standard of care.

Website and Facebook Page

The JFPSG maintains a website (www.jfdpeersupport.com) and Facebook page to ensure that the most up-to-date resources and information are available to those the JFPSG serves. There are regular Facebook posts regarding a wide range of issues and regular updates to the website.

JFPSG Mental and Spiritual Health & Wellness

Challenges

The career of a firefighter can be challenging on many levels. During its progression, firefighters are exposed to many traumatic events – some occurring to strangers with the firefighter as a



witness, and some occurring to people with whom they are acquainted. Plus, firefighters regularly place themselves in life-threatening situations where injury and death are possibilities. Events such as natural and traumatic death, abuse, violence, and disaster affecting people of all ages are common and expected. As a result, firefighters may exhibit symptoms of a wide variety of mental challenges from suicide, depression, and anxiety to substance use disorder (SUD) and PTSD, especially if they have not built robust resiliency habits (International Association of Firefighters [IAFF], 2016). The need for adequate firefighter mental health care must begin as a proactive thought and must be planned for accordingly if it is to be effective. A helpful template for this task is the Emergency Management model to be discussed in the next section.

Culture

The firefighter culture is another important consideration in selecting effective mental health management strategies. There are certain characteristics of this culture (in both active and retired firefighters) that make management techniques important regarding firefighter stress. These cultural attributes include the self-sufficient nature of firefighters, the “can-do” attitude of firefighters, and the culturally supported heroic image of firefighters. Historically, firefighters have seen themselves as being the one called for help, not requiring it. For this reason, a modality must be found that allows the firefighter to participate more fully in that management (Lukancic, 2020).

Also, throughout the history of the American Fire Service, firefighters have earned a reputation for being able to adapt to overcome obstacles. They are ostensibly problem solvers and do not allow challenges to get in their way. The culture reinforces this at each level of the firefighter’s career, including retirement. This too must be included at all phases of management



for the firefighter to gain confidence that they are aiding the process – they must have a challenge to overcome (Lukancic, 2020).

Finally, since the beginning of the fire service culture itself in ancient Egypt and Rome, the profession has received consistent recognition as a group of people who bravely enter dangerous areas when others are exiting. This has created a culture of “mental toughness,” the result of which is the belief that nothing is supposed to disturb firefighters. This leads to the belief that if something does disturb them, they are weak. This attitude is extremely damaging to firefighters. When seeking mental health care is seen as a weakness, the firefighters may not seek the help they need, resulting in small, manageable problems becoming larger in scope (Lukancic, 2020).

JFPSG Adapted Emergency Management Model for Firefighter Mental Health (JEM Model)

Overview

The field of Emergency Management is a rapidly expanding field that recognizes the need for robust psychological support for those affected by the occurrence of traumatic events. Emergency Management has however been in existence from time immemorial (Philips, 2012).

Several Emergency Management phase models exist within the field. In most cases, they are five-phase models that recognize the consistent and cyclical nature of traumatic events and the need to prepare for them. The most accepted model is offered by the Federal Emergency Management Agency (FEMA) and is described in terms of mission areas to include prevention, protection, response, recovery, and mitigation (Federal Emergency Management Agency [FEMA], n.d.). Due to the hazard assessment within Joliet, we will use an event that the members of the JFD are



familiar with (a tornado) to illustrate our process. This example will then be tied to the mental health process.

Note: The process to be described may be adapted to fit most groups including firefighters, paramedics, police officers, dispatchers, spouses, loved ones, and extended family.

Prevention

Prevention, as the name implies, is based on the best-case scenario ability to halt a traumatic event from occurring, thus avoiding the peril, and resulting trauma altogether (FEMA, n.d.). Of course, this is the preferred method of managing any event because there will be few, if any negative consequences. In the tornado example, we understand that prevention is not a feasible strategy. Tornadoes may occur anywhere in the United States and cannot be wholly stopped. This is like the fire service because, even though prevention is a strong aspect of firefighting, there will inevitably still be fires and other emergencies which have negative consequences. We understand and accept this fact moving to the next phase.

The theory may be used in the prevention phase of the Emergency Management model in various ways. It must be understood first, however, that the nature of the firefighter's employment dictates that they will be exposed to multiple incidents that produce traumatic stress reactions. The prevention addressed in this model is a continuation of the mitigation phase to be discussed later. When the traumatic event occurs, the firefighter must have an existing and robust resiliency and support system in place. Ways this may be accomplished are to facilitate the creation of a therapeutic alliance between firefighters, peer supporters, clergy, and clinicians before an event occurs and develop self-care strategies. This may seem to be a



misuse of resources, but it will be valuable after the model is in effect. This alliance may come in several forms including peer support and clinical support structures. First, a peer support system must be in place for the firefighters to seek immediate help if needed. Further, peer supporters must be trained in crisis intervention and psychological first aid. This will enable the peer supporter to respond immediately in the event of a stressful event and begin the process of crisis management.

Next, a basis for a positive therapeutic relationship must be cultivated with clinicians who are dedicated to fire service personnel. Congruence, unconditional positive regard, and empathy can all be developed between the clinicians and the firefighters before treatment is needed. Congruence refers to the feeling of genuine care for the firefighter, positive regard refers to the acceptance of the firefighter as a person, and empathy refers to the ability to put oneself in the boots of the firefighter (Seligman & Reichenberg, 2014). This will enable the clinicians to build the trust necessary to instruct firefighters regarding the development of their resiliency and wellness strategies. These items combined may help prevent or minimize a traumatic stress reaction from occurring post-event.

Lastly, self-care is also a critical component of prevention. When discussing self-care, we must understand that there are several areas in which the firefighter must invest to build resilience. These include physical, mental, emotional, and spiritual aspects of life (Everly, 2018). It is a well-known fact in counseling circles that the counselor listening to trauma can be traumatized (Levers, 2012). By extension, this also applies to responders. This is referred to as secondary traumatic stress (STS). Other common terms for this type of stress include vicarious trauma, compassion fatigue, and burnout (Schupp, 2015).



These reactions may take the form of the person providing care exhibiting symptoms of trauma exposure. These symptoms may occur rapidly or come on slowly and are created by wanting to help those who have been traumatized. An important way to prevent such reactions is the regular practice of self-care.

It is also known that self-care that addresses emotional, physical, mental, and spiritual well-being is critical to those who assist people affected by trauma (Levers, 2012). All these aspects of our wellness are interconnected with one another. The physical aspect of self-care is the most readily comprehensible and there is a well-known link between stress and illness (Levers, 2012). Behaviors such as adequate sleep, proper diet, and exercise, and alternative but proven health treatments (e.g., Tai Chi, meditation, and yoga) may all play a protective role in our resilience (Levers, 2020).

The mental aspect of self-care is also important. With the volume of thoughts that move through our brain every day (about 63,000) it is difficult to keep up with them all. Some ways to accomplish this include journaling, reading, meditation, and movies. Some of these allow us to quiet our thoughts by writing them down, others by focusing on other things (Levers, 2020).

The emotional aspect of self-care may be challenging for some, but it is possible to discover new ways to manage emotions. Journaling, crying, screaming, talking, hitting a punching bag, and finding ways to laugh are all ways to accomplish this.

Spiritual self-care is another difficult area for people to invest in. This is not about religion; it is about the firefighter's philosophy of life. What is important to them. The firefighter may search for meaning or purpose by using meditation, prayer, art, or music.

The combination of the therapeutic alliance and self-care will help build resilience within the firefighter and prepare them for the next phase, protection.



Protection

The protection phase is focused on the ability to know and understand the common threats and hazards that may affect a particular group (FEMA, n.d.). This knowledge is key to the process of planning and preparing for these events when they occur. Understanding the events that are most likely to cause a negative consequence will enable the emergency manager to better prioritize the planning and response process. In the tornado example, the protection phase includes acquiring experts in the field of severe weather forecasting and warning processes as resources. It also includes ensuring that the people in each area are adequately informed regarding the risk and trained in their response should an event occur. Added to this is the need for robust planning by the local authorities such as police, fire, emergency medical, other local services, and mutual aid resources.

The protection phase is one challenging aspect of this model. The primary way to accomplish protection is by ensuring that the first phase of prevention is done correctly. If there is congruence, unconditional positive regard, and empathy between firefighters, peer supporters, and clinicians are established early, there will be stronger trust and communication which will enable a more clearly defined threat and risk assessment of the firefighters themselves. In short, this therapeutic alliance will ensure that communication channels between all involved parties are open and threats may be discussed in a supportive atmosphere.

Response

The response phase is one that is often the focus of the FEMA model. This is largely due to the scope and immediate needs of most incidents and addresses the problems that present themselves as an event is occurring and just after it occurs (Philips, 2012). This phase is highly time-dependent. Sometimes managers dismiss the other four mission areas in favor of response. We see this trend



within mental health services as well, the reactive versus the proactive. We sometimes see the focus of the initial response and the aftermath of an event with less attention given to the prevention or mitigation of the same event. During this phase, existing life threats and basic needs are the focus. In the tornado example, the response would occur during and after the tornado event occurred. It would include trained spotters, search and rescue of survivors, initial medical care, food, and temporary shelter.

If the prevention and protection phases are done properly, the response phase will be much easier to implement. As we saw earlier, the response phase is typically one of the most complicated and robust of all phases. With the proper application of the first phases, there should be a strong resiliency level built up within the firefighter ranks. If the stress event is substantial enough, however, it may be necessary to implement a more aggressive treatment approach. Since the major components of the person-centered therapeutic alliance are already in place (e.g., congruence, unconditional positive regard, and empathy), it is simply a matter of connecting the firefighters with peer support and, if needed, clinical care (this will be done in the next phase).

Recovery

The recovery phase involves the transition from the response phase to the normal, or “new” normal condition (Philips, 2012). It is the point in the cycle where rebuilding begins within the affected area and may last for an extended period. This category is extremely broad and can include physical, spiritual, historical, and behavioral aspects. In the tornado example, the recovery phase includes such things as structural stability and rebuilding, commercial and industrial refitting, and other infrastructure revitalization. It must be noted, however, that the term normal may not refer to conditions that existed before the event. Just as in behavioral health, there is often a “new” normal that the client is presented with and must adapt to.



The recovery phase is also enhanced if the other phases are complete. After a significant event that breaks through the firefighter's coping mechanism, the peer supporters will respond. After the initial contact with the peer supporters, the peer supporters and the firefighter discuss the steps moving forward. The full recovery phase is only required if the response phase completed by the peer supporters is ineffective or more professional intervention is required. When the peer supporter is finished with their crisis intervention, they will discuss the need for further treatment with the firefighter. At this point, the firefighter may be referred to a clinician for further, more definitive therapy. As with the other phases, this phase will be much easier to implement, again due to the groundwork already laid in the previous phases. With the therapeutic alliance already established, the process should progress more rapidly.

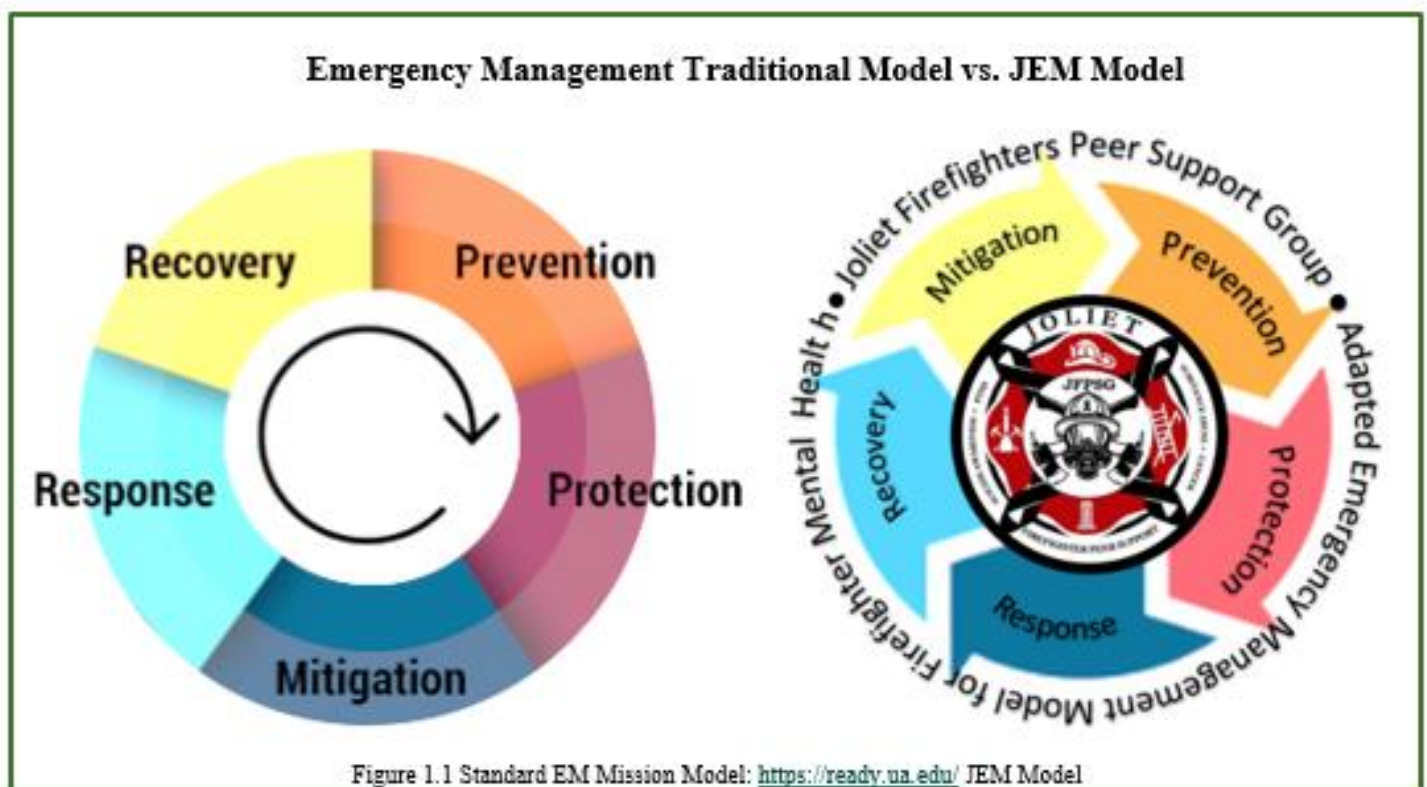
Mitigation

Finally, the mitigation phase will dovetail back into the prevention phase. Once this phase is reached, the lessons learned from the event will be applied to the next phases to reduce the impact of the next event. In this case, the type of event will be better planned for and better and stronger coping and resiliency strategies should be developed and put into use (FEMA, n.d.). The mitigation phase is arguably the most important in the Emergency Management model because it encourages the continuous improvement of the entire platform. Over time, the resiliency built from this model will be substantial.

The main concern with this model is to recognize the cyclical and lasting nature of the process. This model must be followed consistently, preferably in permanence for the process to work. The most effective way to operate is, to begin with, the prevention phase and graduate to the protection phase within a set timeframe. This will enable the baseline contacts to be made and a positive therapeutic alliance to be created before an event.



The event frequency for firefighters depends upon location, call volume, and chance. These attributes make this a difficult model to put a definitive timeline on. The first two phases may be done within a timeframe provided there are no critical incidents at that time. After that, the response and recovery phases are predicated upon event occurrence. The key to success in the management of the program to ensure the repetitive nature of the program remains intact and that the program is constantly moving forward with developing relationships and knowledge.



Operations Manual

The JFPSG has compiled a comprehensive Operations Manual for use by both peer supporters and anyone else who is interested in the function of the group. The manual is posted on the JFPSG website (www.jfdpeersupport.com).



Organization and Chain of Command

An organizational structure and chain of command are necessary for the proper functioning of the group.

This includes the use of an adapted modular structure like that used in the fire service.

The JFPSG is organized using a modified version of the traditional peer support model. This model includes a Lead Agency, Steering Committee, Group Coordinator, Clinical Director, Group Liaison, Member Clinicians, Active and Retired Firefighters, Clergy and Religious Members, and members from varying stakeholder groups (Mitchell, 2013). Added to our model is the position of JFPSG Public Information Officer (PIO).

Lead Agencies (Dissolved)

Membership: The lead agencies for the JFPSG were IAFF Local 44 and 2369.

Role: The role of the Lead Agencies was to initially sponsor the group as the umbrella organizations. In the case of the JFPSG, the Lead Agencies in effect, dissolved in this capacity after the group was formed.

JFPSG Steering Committee

Membership: Consists of all members of the JFPSG. The Committee acts democratically to establish the overall direction of the group by consensus.

Role: The role of the Steering Committee is to decide on the strategic direction of the JFPSG. Also, the Steering Committee will be the final word on all policy decisions regarding the group.

JFPSG Group Liaison

Membership: Consists of one Joliet Fire Department member of the JFPSG.



Role: The role of the Group Liaison is to act in the interest of the JFPSG at the JFD level. They are the “person on the inside” of the organization.

JFPSG Clinical Director

Membership: Consists of one Illinois Department of Financial and Professional Regulation (IDFPR) licensed Clinician Member of the JFPSG. This may include a Psychologist, Social Worker, or Counselor.

Role: The role of the Clinical Director is to provide clinical guidance and oversight to the intervention activities of the JFPSG to ensure best practices regarding mental health are adhered to and to make certain members of the group act appropriately within their training and experience.

Member Clinicians

Membership: Consists of licensed clinicians of the JFPSG as recognized by the Illinois Department of Financial and Professional Regulation (IDFPR). These may include Psychologists, Social Workers, and Counselors.

Role: The role of the clinician is to provide advice, receive referrals from members of the JFPSG, and professionally treat Joliet Firefighters and their families if the situation warrants. They also review interventions of peers as needed and provide for training of the Group and members of the JFD and their families.

Religious & Clergy

Membership: Consists of one or more member(s) of the JFPSG.



Role: The role of the Clergy and Religious within the JFPSG is to provide spiritual support to those contacts that require such support.

JFPSG Coordinator

Membership: Consists of one member of the JFPSG.

Role: The role of the day-to-day general management of the team to include the following:

- Evaluate the need to deploy members;
- Assist in developing team membership;
- Represent the group at meetings;
- Author/revise JFPSG Standard Operating Guidelines (SOG) with Steering Committee Approval.

JFPSG Peer Supporters

Membership: Consists of active and retired firefighters, community members, suicidologists, elected officials, and other stakeholders who are trained in peer support techniques.

Role: The role of the peer supporter is to provide active listening and individual crisis intervention for members of the JFD and their families and to refer them to higher levels of care if needed.

Stakeholders

Membership: Consists of any other group or individual who believes in the vision and mission of the JFPSG. This may include local business owners, mental health groups, and other firefighters.



Role: The role of the stakeholder is to support the vision and mission and vision of the JFPSG by providing services to firefighters that will enhance their well-being.

JFPSG Suicidologist

Membership: Consists of one or more member(s) of the JFPSG who is a Certified Suicidologist.

Role: The role of the suicidologist within the JFPSG is to act as an expert in the field of suicide prevention, providing advice and direction regarding group management of suicide-related issues.

Public Information Officer (PIO)

Membership: Consists of one or more members of the JFPSG with required training found in SOG 02-20-13.

Role: The role of the PIO is to speak for the Group regarding activities related to the group. The PIO is to notify before any member speaking about group operations (Joliet Firefighters Peer Support Group [JFPSG] & Lukancic, 2020).



(Joliet Firefighters Peer Support Group [JFPSG] & Lukancic. 2020)



2

The JFPSG Standard Operating Guidelines (SOG) Overview

Standard Operating Guidelines (SOG) are a critical aspect to a properly functioning peer support group. Attachments.



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



02-20-01

Date: 02/15/2020

Standard Operating Guideline (SOG): JFPSG Structure

Purpose: To establish appropriate Group structure and proper chain of command for the JFPSG. An organizational structure and chain of command are critical to the proper operation of the Group. This includes use of a common command structure similar to fire service.

The JFPSG is organized using a modified version of the traditional peer support model. This model includes a Lead Agency, Steering Committee, Group Coordinator, Clinical Director, Group Liaison, Member Clinicians, Active and Retired Firefighters, Clergy and Religious Members, and an Elected Official. Added to our model is a Group Public Information Officer (PIO).

Lead Agencies (Dissolved)

Membership: The lead agencies for the JFPSG were IAFF Local 44 and 2369.

Role: The role of the Lead Agencies was to initially sponsor the group as the umbrella organizations. In the case of the JFPSG, the Lead Agencies in effect, dissolved in this capacity after the group was formed.

JFPSG Steering Committee

Membership: Consists of all members of the JFPSG. The Committee acts democratically to establish the overall direction of the group by consensus.

Role: The role of the Steering Committee is to decide on the strategic direction of the JFPSG. Also, the Steering Committee will be the final word on all policy decisions regarding the group.

JFPSG Group Liaison

Membership: Consists of one Joliet Fire Department member of the JFPSG.



Role: The role of the Group Liaison is to act in the interest of the JFPSG at the JFD level. They are the “person on the inside” of the organization.

JFPSG Clinical Director

Membership: Consists of one Illinois Department of Financial and Professional Regulation (IDFPR) licensed Clinician Member of the JFPSG. This may include a Psychologist, Social Worker, or Counselor.

Role: The role of the Clinical Director is to provide clinical guidance and oversight to the intervention activities of the JFPSG to ensure best practices regarding mental health are adhered to and to make certain members of the group act appropriately within their training and experience.

Member Clinicians

Membership: Consists of licensed clinicians of the JFPSG as recognized by the Illinois Department of Financial and Professional Regulation (IDFPR). These may include Psychologists, Social Workers, and Counselors.

Role: The role of the clinician is to provide advice, receive referrals from members of the JFPSG, and professionally treat Joliet Firefighters and their families if the situation warrants. They also review interventions of peers as needed and provide for training of the Group and members of the JFD and their families.

Religious & Clergy

Membership: Consists of one or more member(s) of the JFPSG.

Role: The role of the Clergy and Religious within the JFPSG is to provide spiritual support to those contacts that require such support.

JFPSG Coordinator

Membership: Consists of one member of the JFPSG.

Role: The role of the day-to-day general management of the team to include the following:

- Evaluate the need to deploy members;
- Assist in developing team membership;
- Represent the group at meetings;
- Author/revise JFPSG Standard Operating Guidelines (SOG) with Steering Committee Approval.



JFPSG Peer Supporters

Membership: Consists of active and retired firefighters, community members, suicidologists, elected officials, and other stakeholders who are trained in peer support techniques.

Role: The role of the peer supporter is to provide active listening and individual crisis intervention for members of the JFD and their families and to refer them to higher levels of care if needed.

Stakeholders

Membership: Consists of any other group or individual who believes in the vision and mission of the JFPSG. This may include local business owners, mental health groups, and other firefighters.

Role: The role of the stakeholder is to support the vision and mission and vision of the JFPSG by providing services to firefighters that will enhance their well-being.

JFPSG Suicidologist

Membership: Consists of one or more member(s) of the JFPSG who is a Certified Suicidologist.

Role: The role of the suicidologist within the JFPSG is to act as an expert in the field of suicide prevention, providing advice and direction regarding group management of suicide-related issues.

Public Information Officer (PIO)

Membership: Consists of one or more members with the required training found in SOG 02-20-13.

Role: The role of the PIO is to speak for the group regarding activities related to the group. The PIO is to be notified before any member speaks about group operations.

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(Joliet Firefighters Peer Support Group [JFPSG] & Lukancic. 2020)



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



12-19-02

Date: 12/17/2019, 02/15/2020

Standard Operating Guideline (SOG): Confidentiality/Mandated Reporting

Purpose: To establish appropriate confidentiality and mandated reporting requirements for members of the Joliet Firefighters Peer Support Group as required by Illinois State Law 5 ILCS 840/1. See Appendix A for entire text.

Policy: All members of the Joliet Firefighters Peer Support Group who provide peer support services to anyone under the auspices of the group shall adhere to the confidentiality standards set forth in 5 ILCS 840/1. This includes the following:

- Any communication made by an employee of an emergency services provider or peer support advisor in a peer support counseling session and any oral or written information conveyed in the peer support counseling session is confidential and may not be disclosed by any person participating in the peer support counseling session and shall not be released to any person or entity.
- Any communication relating to a peer support counseling session made confidential in the act that is made between peer support advisors and the supervisors or staff of a peer support counseling program, is confidential and may not be disclosed.
- Mandated reporting. The above does not apply to:
 - Threat of suicide or homicide;
 - Information mandated by law to be reported;
 - Domestic violence;
 - Child abuse or neglect;
 - Elder abuse or neglect;
 - Admission of criminal conduct;
 - Refusal to perform acts to protect others required by employment.
 - In the event a mandated reporting incident occurs, the peer will personally notify the proper authority. This may include the Police, EMS, and/or DCFS. They will also notify the Group Coordinator. The Group Coordinator will notify a Clinician Member.
 - In the event the aid seeker is suicidal or homicidal, the peer will make every reasonable attempt to remain in contact with the aid seeker, while

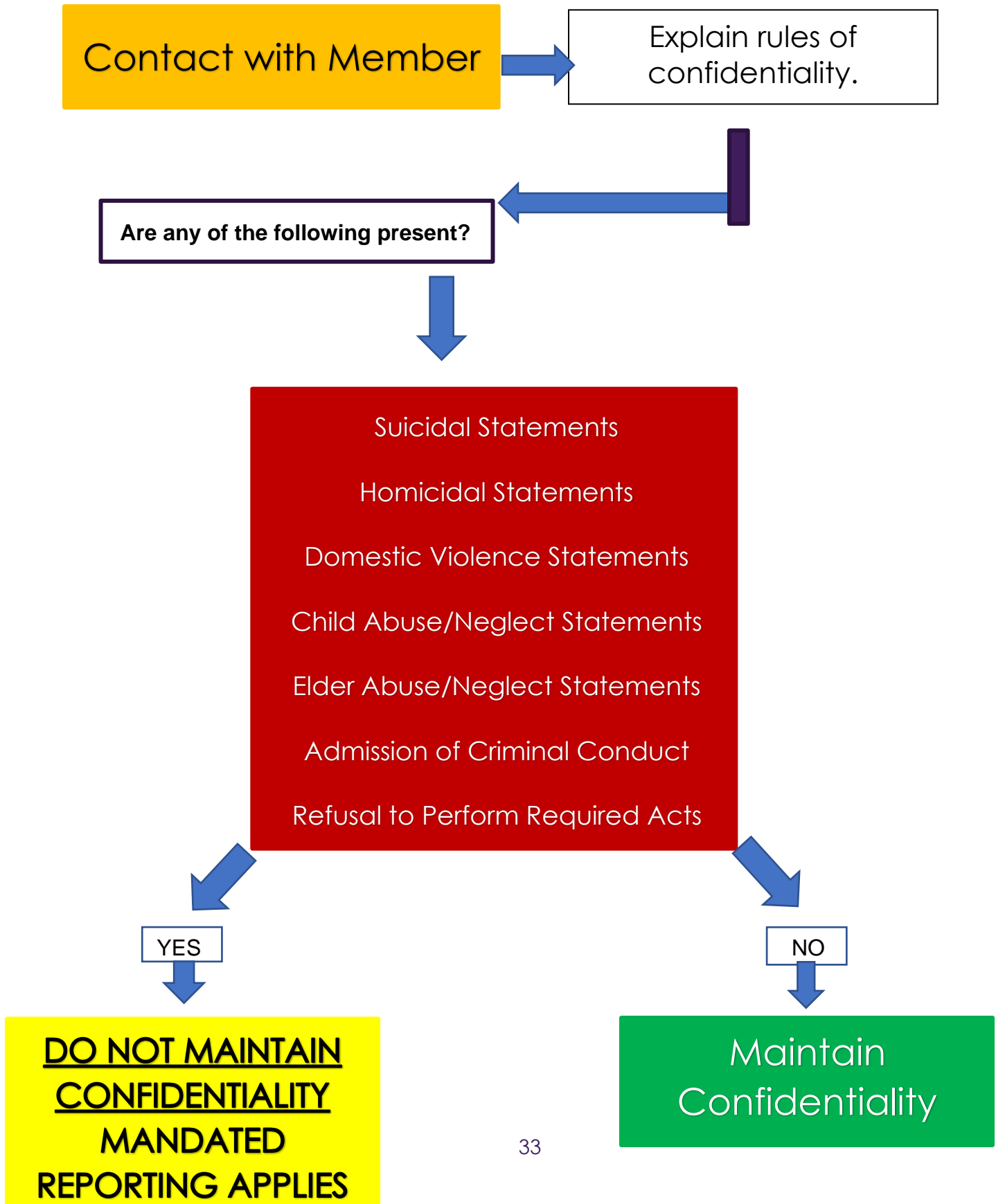


maintaining their own safety. The peer will then call 911 for immediate aid. Only after this is done will the Group Coordinator be notified. The Group Coordinator will contact the Clinician Member. See Appendix D for Suicide Checklist.

Consequences of confidentiality violation: Any Joliet Firefighters Peer Support Group member who violates this policy shall be immediately and permanently removed from the group.



Confidentially Flow Chart





Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



02-20-03

Date: 02/10/2020

Standard Operating Guideline (SOG): Group Crisis Intervention

Purpose: To establish appropriate guidance for performing group crisis intervention techniques within the JFPSG.

Policy: All members of the JFPSG who provide any group crisis intervention in the form of rest, information, and transition services (RITS); crisis management briefings (CMB); incident defusings; or critical incident stress debriefings (CISD) will be documented as having completed Group Crisis Intervention through the International Critical Incident Stress Foundation, Inc. (ICISF) or similar educational program. Group crisis intervention will be provided using a minimum of three persons from the Group. A Clinician will act as group leader.

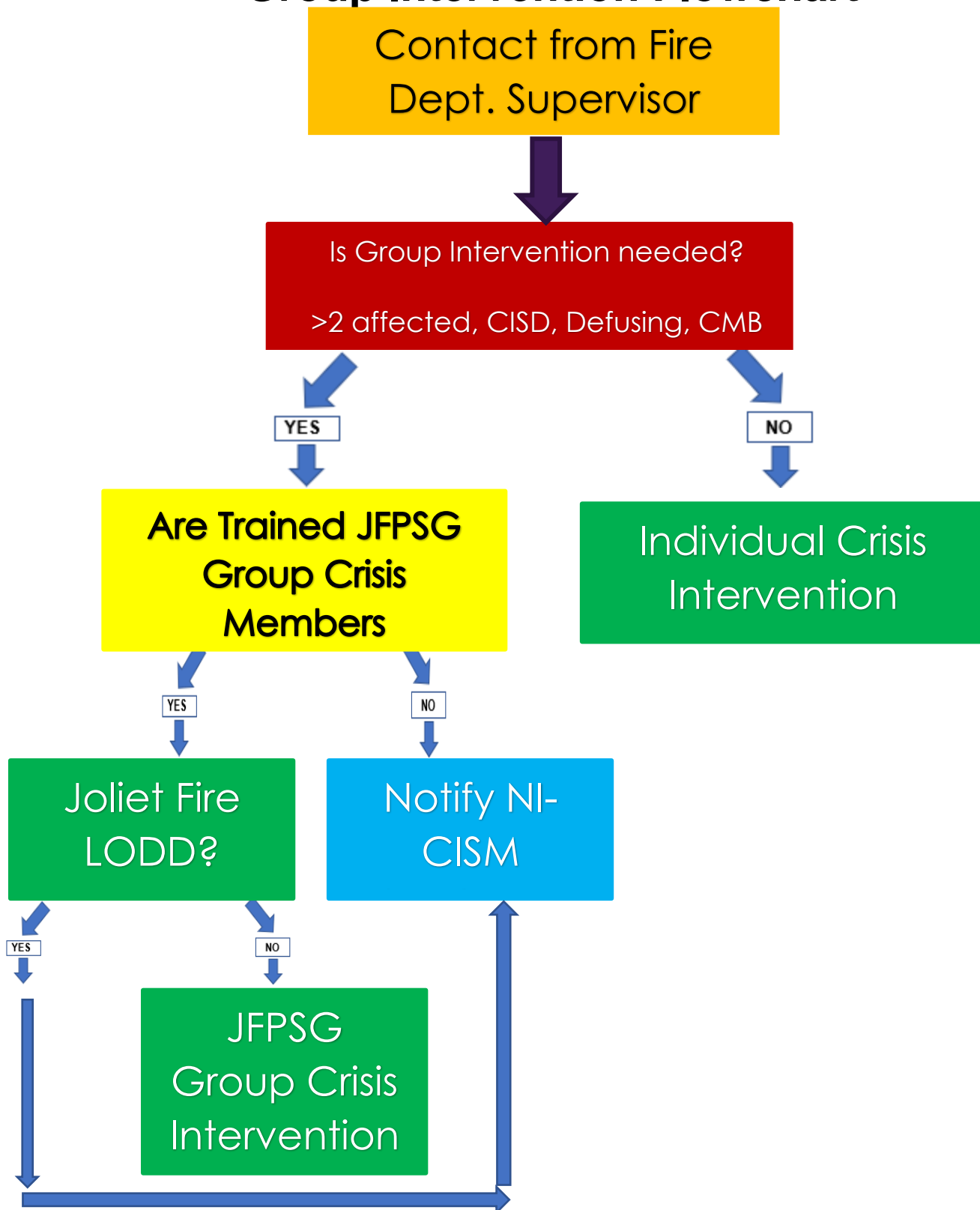
In the event that group crisis intervention is required, and a sufficient number of group members are not available or a Joliet Fire Department line of duty death (LODD) or suicide occurs, the Group Coordinator or his designee, in coordination with the Fire Chief will contact the Northern Illinois Critical Incident Management Team (NI-CISM) for guidance at:

(800) 225-CISD

It is recommended by the JFPSG that group crisis intervention in some form after a critical incident should NOT be optional. This represents best practice.

The training portion of this policy does not apply to the licensed clinician members within the group.

Group Intervention Flowchart





Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



12-19-04

Date: 12/17/2019, 02/16/2020

Standard Operating Guideline (SOG): JFPSG Selection and Training

Purpose: To establish Group selection methods and appropriate training requirements for members of the JFPSG as required by Illinois State Law (5 ILCS 840/1).

Policy:

Initial Selection

The initial group selection was performed with the input of the Lead Agencies (both IAFF Local 44 and 2369). The slots were divided among the locals by seniority, Clinicians (who are required for direction), Clergy/Religious, Retirees, and one Elected Official.

Future Selection

Future members will be selected based upon the needed personnel. When Fire Department members leave the group, an effort will be made to replace them with someone of similar seniority and department rank. An email will be sent to JFD personnel and retirees requesting volunteers. Clinicians and Clergy/Religious replacements will be recruited by those members within the Group. Interested parties will reply as interested and the Steering Committee/Group will determine by consensus who will be added to the Group.

Initial Training

All members of the Joliet Firefighters Peer Support Group who provide actual individual peer support services to anyone under the auspices of the Group shall be educated in proper peer support and individual crisis intervention methods and accepted as a member by the JFPSG.

Acceptable training shall include the International Association of Firefighters (IAFF) Peer Support Program, the International Critical Incident Stress Foundation (ICISF) Assisting Individuals in Crisis Program, the Illinois Peer Support Network Training Program Mental Health First Aid (MHFA) or another program approved by the Group.



This does not preclude others from participating in the Group and providing service that does not include direct peer support activities such as record keeping, etc.

All members must read and agree to the Standard Operating Guidelines in order to act as a Peer Supporter representing the Group.

Continuing Education

All JFPSG members must complete five hours of continuing education (CE) per year. The individual peer supporter is responsible for documenting their own training on the attached form and submitting the form to the group coordinator by December 31 of the calendar year in the form of email or physical form. The example below may be used. In addition, the form will be posted on the MEMBERS area of the website.

The CE may include in-person classes, online classes, seminars, group training, article review, and experience hours (if you provide actual peer support). The training must be in a peer support or mental health field to be counted. If the supporter is unsure, they will contact the team coordinator for input.

If the training is not completed, the peer will be placed on the inactive list and cannot provide peer support services as a representative of the JFPSG until the training is completed and documented.

Due to licensing requirements, the JFPSG Clinicians are not required to adhere to this policy.



JFPSG Continuing Education Log 2020

Name: _____

Date Submitted: _____

Total Hours for 2020: _____

DATE	SOURCE	HOURS
Example: 1/30/2020 thru 2/2/2020	ICISF GRIN Class	27



Joliet Firefighters Peer Support Group

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Standard Operating Guideline



02-20-05

Date: 02/15/2020

Standard Operating Guideline (SOG): Monthly Meetings

Purpose: To establish appropriate requirements for the holding of regular monthly meetings to discuss JFPSG events, policy changes, education, and usage.

Policy: The JFPSG will hold a meeting once per month to discuss team business. The date for the meeting will be scheduled at the conclusion of the previous month's meeting and will be held at a date, time, and location agreed to by the meeting attendees. Every attempt will be made to stagger the meetings across all firefighter shifts to enable attendance at the meeting. Peer supporters will be notified via email in advance of the meeting by the Group Coordinator.

Group meetings may also be used to present brief continuing education training for the Group. Attendance of these meetings or viewing the post-meeting video may be used as Group continuing education (CE) hours. See SOG 01-19-04.

A presentation discussing the content of the meeting will be made available to the Group at-large on the members only portion of the JFPSG website (jfdpeersupport.com). Team members are expected to review this portion of the website if they are unable to attend the meeting to remain current regarding group business, activation, and progress.



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



02-20-06

Date: 02/15/2020

Standard Operating Guideline (SOG): Psychological First Aid (PFA) recommendations

Purpose: To establish appropriate recommendations for the training of members of the Joliet Fire Department in principles of psychological first aid (PFA).

Policy: It is the recommendation of the JFPSG that all members of the Joliet Fire Department and their loved ones be trained in basic principles of psychological first aid (PFA) either in-person or online. The purpose of this is to have a basis for recognizing mental health issues when they occur, whether at work or home and being able to intervene in a positive manner.

There are several excellent courses that are free to take online. These include programs through Johns Hopkins University and the National Child Traumatic Stress Network (NCTSN).

The JFPSG has members certified as Mental Health First Aid Instructors as well. Free classes will be offered periodically.

The JFPSG has developed its own form of PFA. A brief version is explained on the following page. It relies on the 5 Rs of reflection, reassurance, resiliency, relationships, and resources.

*Disclaimer: This is a skeleton of the program. Training and practice are required.

Prior to this, if your loved one says that they are suicidal or homicidal, call 911 immediately.

Reflection: Listening to your loved one. Reflect what they say back to them. This act displays understanding.

Reassurance: Negative reactions to certain events are normal. Comfort and reassurance are needed.

Resiliency: Promote health coping.

Relationships: Interpersonal communication is a key to successful resolution

Refer: If necessary, see professional counseling care.



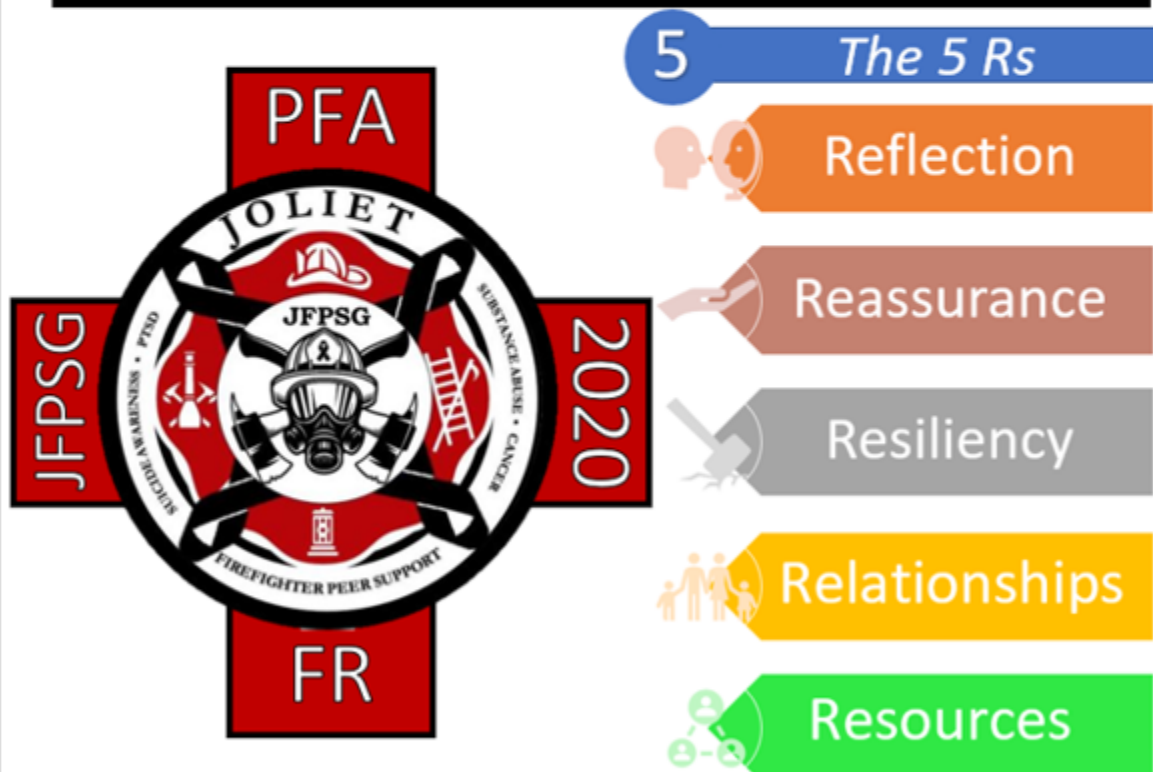
Joliet Firefighters Peer Support Group (JFPSG)

Tips and Tricks to Manage Stress and to Help Others

The 5 R's

Joliet Firefighters Peer Support Group Psychological First Aid for First Responders

JFPSG PFA-FR



Quick Reference

Updated 12/07/2020



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



02-20-07

Date: 02/15/2020

Standard Operating Guideline (SOG): Data Sheet

Purpose: In order to ascertain Group use and effectiveness, it is necessary to gather certain data from our contacts. Peer Supporters will not take notes in the presence of the person requiring aid (as per SOG 02-20-12) but will complete a Data Sheet after the contact has been completed. There is no confidential or identifying information on the Data Sheet.

Policy: The Peer Supporter will be required with each initial contact to complete the Data Sheet that is in the MEMBERS area of the website (jfdpeersupport.com). Only one Data Sheet will be completed for each person requiring aid. This will be done after the initial contact. There is a video tutorial on the website to aid in its completion.

Data Sheet

Contact type

- ☐ Active
- ☐ Retired
- ☐ Family
- ☐ Other

Problem Area

- ☐ Abuse
- ☐ Addiction
- ☐ Counseling
- ☐ Depression
- ☐ Family
- ☐ Friend
- ☐ Finances
- ☐ Isolation/Loneliness
- ☐ Job
- ☐ Medical Issues
- ☐ Mental Health
- ☐ Questions
- ☐ Relationships

- ☐ Sexuality
- ☐ Spiritual
- ☐ Suicide/Homicide
- ☐ Other
- ☐ Other...

Referral

- ☐ Yes
- ☐ No

If Yes, name, date and time of referral

Long answer text

Follow Up Plan

Long answer text

Summary. Please DO NOT include any confidential information!

Long answer text



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



02-20-08

Date: 02/15/2020

Standard Operating Guideline (SOG): Request for Outside Aid

Purpose: To establish appropriate requirements for Group use outside the Joliet Fire Department.

Policy: It shall be the policy of the JFPSG that we will not turn away anyone who seeks our aid. If a request is made for the JFPSG in a department other than the Joliet fire Department, the Group Coordinator will be notified immediately. The Coordinator will contact the requesting agency to ascertain whether the team may be of use or if another resource would be more appropriate. The Coordinator will notify a Clinician Member as well. If the Group will be beneficial, the Coordinator will use group text to request volunteers to help. See the Group Activation SOG 02-20-14.

If an individual Peer Supporter is approached for aid from someone outside the usual group, the Peer may provide aid within their training, experience and JFPSG SOG if they wish. A Data Sheet will be completed, and the Coordinator shall be informed.



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



02-20-09

Date: 02/15/2020

Standard Operating Guideline (SOG): Social media and Email

Purpose: To establish appropriate requirements for the use of social media and email communications within the Group and while conducting Group business. This is necessary to maintain continuity of messaging regarding Group activities and to ensure that sensitive or confidential information is not sent via social media or email communications.

Policy:

Social Media

Group members will refrain from posting material as a representative of the Group on social media sites without the expressed approval of the Public Information Officer (PIO). See SOG 02-20-13.

Email Communications

Group members will refrain from using confidential or personally identifiable information in any email sent to any Group member. In addition, City of Joliet email will not be used for group communication due to FOIA and privacy issues.



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



02-20-10

Date: 02/15/2020

Standard Operating Guideline (SOG): Public Information Officer

Purpose: To establish appropriate requirements for acting as the Public Information Officer (PIO) for the Joliet Firefighters Peer Support Group and to establish policy for officially speaking to outside agencies regarding group activities.

Policy: The Public Information Officer (PIO) or their designee will be the only person permitted to make official statements on the group's behalf to outside agencies. This includes social media, the press, fire departments and the like. This is necessary to ensure a continuity in official messages from the Group. Members will refrain from speaking for the Group without consulting the PIO.

There will be minimum standards in place to act as the Primary PIO for the JFPSG. When these are met, the member is eligible to volunteer for the position. It will be assigned by the Group Coordinator. The Group Coordinator and PIO will work together to ensure proper messages are crafted and transmitted.

To act as primary PIO, the following courses must be completed, and certificates submitted to the Group Coordinator.

1. Federal Emergency Management Agency (FEMA) Independent Study (IS) 29A: Basic Public Information Officer Awareness Online – Free online class or G289: Basic Public Information Officer Awareness In-person, an 8-hour class. If you require a FEMA SID number, contact the Group Coordinator.
2. Federal Emergency Management Agency (FEMA) G290: Basic Public Information Officer – Free in-person 16-hour class.

In the absence of the PIO, another group member may be assigned to the role in a temporary capacity. This will be the Secondary PIO. The requirements for this position include:

1. Federal Emergency Management Agency (FEMA) Independent Study (IS) 29A: Basic Public Information Officer Awareness – Free online class or G289: Basic Public Information Officer Awareness In-person, an 8-hour class.



In the event a Secondary PIO is used; the Primary PIO and the Group Coordinator must approve of the Secondary PIO prior to any statements being made on behalf of the group.



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



02-20-11

Date: 02/15/2020

Standard Operating Guideline (SOG): Group Activation

Purpose: To establish appropriate requirements for JFPSG activation.

Policy: The JFPSG may be activated in several ways. This may be In the event a call is made for peer support through the toll-free number, the answering party has the option to handle the issue themselves, refer the caller to another Peer Supporter, or refer the caller to the appropriate Clinician or Religious/Clergy member.

In the event the caller is referred to a Peer Supporter, a Group text will be sent out through the GroupMe application asking for a volunteer to offer peer support. The first caller to respond to the coordinator as available to handle the issue will be given the contact information of the caller and may proceed with the peer support process.

In the event the caller is referred to Clinicians or Religious/Clergy, the call taker will contact the appropriate member via phone and pass on the contact information of the caller. The call taker will be responsible for completing the call and completing the Data Sheet located on the MEMBERS area of the website (jfdpeersupport.com).

If an individual Peer Supporter is called for aid, they may handle the call themselves, following established policy. The Peer must complete a Data Sheet for the caller and inform the Coordinator that a contact was made.



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



02-20-12

Date: 02/15/2020

Standard Operating Guideline (SOG): Notes and Written Communication

Purpose: To establish appropriate guidance for notetaking during peer support sessions, the JFPSG must have an adequate policy to ensure that confidentiality and legal restrictions are adhered to with notes and written communication.

Policy: When a peer supporter is in contact with someone who requires aid, they will not take notes or write down any personal information from the person seeking assistance.

This does not include the Data Sheet that is required with each contact (see SOG number 02-20-09). In addition, this guideline does not apply to the clinician in their professional setting.



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



02-20-13

Date: 02/15/2020

Standard Operating Guideline (SOG): Clinician Referral

Purpose: To establish appropriate guidance for the referral of contacts to the Group Clinician Members.

Policy: When a Peer Supporter feels that immediate intervention by a mental health professional or further care is required when speaking to a contact, they shall follow the following guideline to notify a Clinician Member:

1. Notify the Group Coordinator and explain the situation. If the Group Coordinator is not available, the Peer Supporter may contact the Clinician directly at 815-353-3122.
2. The Group Coordinator will notify the Clinician Member, provide a synopsis of the event, and provide a contact number for the Clinician to call.
3. The Clinician Member will call the contact number and discuss the situation with the Peer Supporter and contact.

In addition, the Peer Supporter shall also contact the Group Coordinator and Clinician when the mandatory reporting criteria listed in SOG 01-19-02 are met.



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



02-20-14

Date: 02/20/2020

Standard Operating Guideline (SOG): JFPSG Annual Behavioral Health Assessment

Purpose: To establish appropriate best practice advice from the JFPSG regarding mental health care to the administration of the Joliet Fire Department regarding annual behavioral health assessments as found in NFPA 1582.

Policy: The JFPSG officially recommends that the Joliet Fire Department adheres, at a minimum to NFPA 1582, 2018 Edition recommendations regarding mental health assessments being part of the annual physicals. See below.

7.7.23 Occupational Stress Awareness Consultation.

7.7.23.1 The fire department physician shall, during the annual physical, inform the member of, and assess for the heightened risks of, stress associated with occupational exposures related to fire fighting.

7.7.23.2 The fire department physician shall make the member aware of common adverse signs and symptoms of occupational stress, inform the member of practices that might limit the damaging effects of occupational stress, and provide the member with referral to licensed behavioral health specialists trained to recognize and treat stress-related disorders in first responders as indicated.

Source: NFPA 1582, 2018 Edition



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



02-20-15

Date: 02/20/2020

Standard Operating Guideline (SOG): Critical Incident Intervention

Purpose: To establish appropriate best practice advice regarding actions post-critical incident.

Policy: JFD SOP 15 shall be used to determine when critical incidents occur. See Appendix B.



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



02-20-16

Date: 02/20/2020

Standard Operating Guideline (SOG): Quarterly Station Visits and Outreach

Purpose: To establish appropriate best practice for the JFPSG to visit stations to perform outreach activities.

Policy: The JFPSG shall visit each fire station across the three shifts once every quarter. During these visits, the Peer Supporters will discuss goings on with the group as well as any issues put forth by firefighters.

The JFPSG Coordinator will schedule time one week in advance with the company officer, ensuring that the visit does not pose a problem to operations. Participation in the visit will be voluntary for the fire crews and volunteers will be sought among the Group for the visits.



2020 Visit Schedule

Quarter 1	Quarter 2	Quarter 3	Quarter 4
1 A B C	A B C	A B C	A B C
3 A B C	A B C	A B C	A B C
4 A B C	A B C	A B C	A B C
5 A B C	A B C	A B C	A B C
6 A B C	A B C	A B C	A B C
7 A B C	A B C	A B C	A B C
8 A B C	A B C	A B C	A B C
9 A B C	A B C	A B C	A B C
10 A B C	A B C	A B C	A B C



2021 Visit Schedule

Quarter 1	Quarter 2	Quarter 3	Quarter 4
1 A B C	A B C	A B C	A B C
3 A B C	A B C	A B C	A B C
4 A B C	A B C	A B C	A B C
5 A B C	A B C	A B C	A B C
6 A B C	A B C	A B C	A B C
7 A B C	A B C	A B C	A B C
8 A B C	A B C	A B C	A B C
9 A B C	A B C	A B C	A B C
10 A B C	A B C	A B C	A B C



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



02-20-17

Date: 02/20/2020

Standard Operating Guideline (SOG): Seminar

Purpose: To establish appropriate best practice for the JFPSG to perform outreach to the families of firefighters.

Policy: The JFPSG understands how important the families of firefighters are to their personal well-being. The JFPSG shall schedule a family mental health seminar at least once per year to be held at a fire station to be decided by the Group. The seminar shall be conducted by the Clinician Members with support from the Group and be geared toward family mental health issues. Specific educational topics will be decided by the Group.

The seminar will be announced using department email and will be done if conditions allow.



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



02-20-18

Date: 02/20/2020

Standard Operating Guideline (SOG): Online Training Newsletter

Purpose: To establish appropriate best practice for the JFPSG to provide regular, relevant information to families via the website (jfdpeersupport.com). or Facebook page.

Policy: The JFPSG shall occasionally post online classes or videos and encourage families and firefighters to view. Topics will depend upon the issues that are presenting themselves in the fire department at the time.



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



02-20-19

Date: 02/20/2020

Standard Operating Guideline (SOG): Monthly Newsletter

Purpose: To establish regular written communications to firefighters, families, and retirees regarding the peer support group.

Policy: The JFPSG shall distribute a monthly newsletter via email to the main groups that the JFPSG serves. These include firefighters, retirees, and firefighter families to enable us to provide up to date information and tips.

The family newsletter shall be distributed to the firefighters via department email and forwarded to the spouses and families by the individual firefighters.



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



02-20-20

Date: 02/20/2020

Standard Operating Guideline (SOG): Contact List

Purpose: To establish a guideline for updating Group contact information.

Policy: The JFPSG shall update the contact list in the following situations:

- A member leaves the group

- A member is added to the group

- Annually in December



Joliet Firefighters Peer Support Group

"Firefighters Helping Firefighters and their Families"

Date: December 16, 2020

Peer Support Contacts

Active	Retiree	Clergy/Religious	Clinician	Suicidologist	Elected Official/Spouse
Ed	Arambasich	eja1951@gmail.com	217-316-4335		
Chris	Bay	u4ruko@gmail.com	815-216-1740		
James	Boyd	boyd1114@yahoo.com	815-671-0630		
Matt	Christensen	firemac127@sbcglobal.net	779-875-5146		
Tom	Douglas	thomas-douglas@sbcglobal.net	815-342-4574		
Justin	Farrar	justkfar@sbcglobal.net	815-730-0850		
Chris	Groh		815-739-3448		
Jeremy	Hoffman	puphoffman@sbcglobal.net	815-353-6956		
Aaron	Kozlowski	akozlowski44@yahoo.com	815-922-5348		
Nate	Kren	nate.kren@gmail.com	815-210-2933		
Jim	Larson	larsmedic7@comcast.net	815-955-7041		
John	Lukancic	johnlukancic@msn.com	815-530-2196		
John	Miller		815-955-6094		
Nancy	Nelson	nnelson.aspire@gmail.com	815-353-3339		
Stan	Nowicki		815-954-1365		
Mike	Nurczyk	mnurzjfd@comcast.net	815-529-0193		
Courtney	O'Brien	cobrien.aspire@gmail.com	815-353-3122		
Chris	O'Hara	christophero'hara54@gmail.com	815-791-3063		
Matt	Pasteris	matt_pasteris@yahoo.com	815-671-6390		
Dominick	Perona	dominickperona@gmail.com	815-909-4384		
Jan	Quillman	janquillman@att.net	815-726-7071		
Burke	Schuster	burkeschuster@gmail.com	815-730-3897		
Mary Frances	Seeley	hotlineconsultant50@gmail.com	815-341-9124		
Carissa	Silunas	csilunas.aspire@gmail.com	815-416-9636		
Terry	Smith	catholichotline@gmail.com	630-988-7395		
Mike	Stapp	mks2457@yahoo.com	815-690-6507		
Mike	Stromberg	iamberg4@yahoo.com	815-258-6880		
Aubrey	Thornton	athornton.aspire@gmail.com	815-255-0652		
Pat	Wojewoda	patrickwojewoda@sbcglobal.net	815-258-4725		
Floyd	Woods	blotus9@gmail.com	815-409-1877		

The Joliet Firefighters Peer Support Group Toll-Free Number:

CALL or TEXT (855) JFD-PEER



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



02-20-21

Date: 02/20/2020

Standard Operating Guideline (SOG): Active Firefighter Death, All Causes

Purpose: To establish a guideline for JFPSG response to an active firefighter death.

Policy: If an active firefighter of any rank dies either on or off duty, the following shall be done.
See Appendix E: Firefighter Death Checklist.

Notify Group Coordinator.

Group Coordinator will contact Fire Chief/Deputy Chief for verification and direction.

Group Coordinator will send Group Text to all Peers Support Group Members.

Confidentiality announcement.

Group Coordinator coordinates next steps with the Fire Chief/Deputy Chief.

Group Coordinator/Clinician will meet with Fire Chief/Deputy Chief.

Coordinator will keep the Group informed about progress/planning.

Chief/Deputy Chief/Coordinator will notify NI CISM for advice/protocol/service.

*JFPSG will support the NI CISM Team and provide surveillance to fire department members and their families to identify members in severe distress.

*JFPSG members will provide individual assistance if members are able.

*The Group will make no public statements about the event without JFD approval.



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



02-20-22

Date: 02/20/2020

Standard Operating Guideline (SOG): Active Firefighter Injury

Purpose: To establish a guideline for JFPSG response to a firefighter injury.

Policy: If an active firefighter is severely injured on or off duty, the JFPSG will send at least one member to the hospital to be with the firefighter until family arrives. After family arrives, the Peer will remain for as long as needed.

If this will be an extended timeframe, other peers may be called in for relief.



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



02-20-23

Date: 02/20/2020

Standard Operating Guideline (SOG): Operations Manual

Purpose: To establish a written guideline for JFPSG operations

Policy: The JFPSG shall adhere to a comprehensive Operations Manual. Contained within the manual will be all pertinent group information.

The Operation Manual shall be updated as changes occur and will be reviewed in its entirety in June of each year.



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



02-20-24

Date: 05/10/2020

Standard Operating Guideline (SOG): Virtual Meetings

Purpose: To establish appropriate guidelines for the holding of online virtual meetings using the Zoom online meeting platform. Meetings may be scheduled for the group members or for help – seekers in a group support – type setting to enable peer support to be provided.

Policy: in the event an online virtual meeting will be held, the group coordinator or their designee shall schedule the meeting through the Zoom online meeting platform. All meetings will require an identification number and password to access the meeting to ensure that unauthorized users are not present.

The moderator of the meeting shall have the authority to manage the meeting as they see fit. This includes allowing access, muting and removal of participants from the site.

All peer support group member meetings shall be recorded to pass them along to nonparticipating supporters. All support group meetings involving help seekers shall not be recorded to maintain privacy and confidentiality.

It shall be explained to all participants of the support group meetings that confidentiality is expected.



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



12-20-25

Date: 12/16/2020

Standard Operating Guideline (SOG): Suicide Prevention Plan

Purpose: Suicide is an ever-increasing problem within the fire service community. The JFPSG is committed has developed a Suicide Prevention Plan for use within the Joliet Fire Department.

Policy: The JFPSG will prepare and present a Suicide Prevention Plan to the Fire Chief or his designee. This plan will be updated annually to ensure best practice is followed.

It will be reviewed and approved by one or more of our licensed clinicians and updated annually. See separate document.



Joliet Firefighters Peer Support Group

"Firefighters helping Firefighters"

Standard Operating Guideline



12-20-26

Date: 12/16/2020

Standard Operating Guideline (SOG): FYRE Program

Purpose: To establish appropriate a method for first year employees and first year retirees to have special access to the peer support program.

Policy: The JFPSG will compile a program to ensure that first year recruits and first year retirees are cared for. This will include clinician care and regular contact of the firefighter by an assigned peer supporter. This plan will be updated annually. See separate document.



AA

The Joliet Firefighters Peer Support Group (JFPSG) Appendix A: Illinois Law Governing Peer Support, Illinois

5 ILCS 840/1

Overview

The State of Illinois has enacted 5 ILCS 840/1. This law addresses the establishment, training, and actions of peer support groups within the Illinois emergency response community. See the following pages.

Bills & Resolutions

Compiled Statutes

Public Acts

Legislative Reports

IL Constitution

Legislative Guide

Legislative Glossary

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(example: HB0001)

 Go

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 Go

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Search By Keyword

 Go

 Go

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Because the statute database is maintained primarily for legislative drafting purposes, statute changes are sometimes included in the statute database before they take effect. If the source at the end of a Section of the statutes includes a Public Act that has not yet taken effect, the current law that is currently in effect may have already been removed from the database and you should refer to that Public Act to see the changes made to the current law.

()

(5 ILCS 840/1)

Sec. 1. Short title. This Act may be cited as the First Responders Suicide Prevention Act.

(Source: P.A. 101-375, eff. 8-16-19.)

(5 ILCS 840/5)

Sec. 5. Definitions. In this Act:

"Emergency services provider" means any public employer that employs persons to provide firefighting services.

"Emergency services personnel" means any employee of an emergency services provider who is engaged in providing firefighting services.

"Law enforcement agency" means any county sheriff, municipal police department, police department established by a university, the Department of State Police, the Department of Corrections, the Department of Children and Family Services, the Division of Probation Services of the Supreme Court, the Office of the Statewide 9-1-1 Administrator, and other local or county agency comprised of county probation officers, corrections employees, or 9-1-1 telecommunicators or emergency medical dispatchers.

"Peer support advisor" means an employee, approved by the law enforcement agency or the emergency provider, who voluntarily provides confidential support and assistance to fellow employees experiencing personal or professional problems. An emergency services provider or law enforcement agency shall provide peer support advisors with an appropriate level of training in counseling to provide emotional and moral support.

"Peer support counseling program" means a program established by an emergency services provider, a law enforcement agency, or collective bargaining organization to



train employees to serve as peer support advisors to conduct peer support counseling sessions.

"Peer support counseling session" means communication with a peer support advisor designated by an emergency services provider or law enforcement agency. A peer support counseling session is accomplished primarily through listening, assessing, assisting with problem-solving, making referrals to a professional when necessary and conducting follow-up as needed.

"Public safety personnel" means any employee of a law enforcement agency.

(Source: P.A. 101-375, eff. 8-16-19.)

(5 ILCS 840/10)

Sec. 10. Establishment of peer support program; applicability. Any emergency services provider, law enforcement agency, or collective bargaining organization that creates a peer support program is subject to this Act. An emergency services provider, law enforcement agency, or collective bargaining organization shall ensure that peer support advisors receive appropriate training in counseling to conduct peer support counseling sessions. Emergency services personnel and public safety personnel may refer any person to a peer support advisor within the emergency services provider or law enforcement agency, or if those services are not available within the agency, to another peer support counseling program that is available and approved by the emergency services provider or law enforcement agency. Notwithstanding any other provision of this Act, public safety personnel may not mandate that any employee participate in a peer support counseling program.

(Source: P.A. 101-375, eff. 8-16-19.)

(5 ILCS 840/20)

Sec. 20. Confidentiality; exemptions.

(a) Any communication made by an employee of an emergency services provider or law enforcement agency or peer support advisor in a peer support counseling session and any oral or written information conveyed in the peer support counseling session is confidential and may not be disclosed by any person participating in the peer support counseling session and shall not be released to any person or entity.

(b) Any communication relating to a peer support counseling session made confidential under this Section that is made between peer support advisors and the supervisors or staff of a peer support counseling program, or between the supervisor or staff of a peer support counseling program, is confidential and may not be disclosed.

(c) This Section does not prohibit any communications



between counselors who conduct peer support counseling sessions or any communications between counselors and the supervisors or staff of a peer support counseling program.

(c-5) Any communication described in subsection (a) or (b) is subject to subpoena for good cause shown.

(d) This Section does not apply to:

(1) any threat of suicide or homicide made by a participant in a peer support counseling session or any information conveyed in a peer support counseling session related to a threat of suicide or homicide;

(2) any information mandated by law or agency policy to be reported, including, but not limited to, domestic violence, child abuse or neglect, or elder abuse or neglect;

(3) any admission of criminal conduct; or

(4) an admission or act of refusal to perform duties to protect others or the employee of the emergency services provider or law enforcement agency.

(e) All communications, notes, records, and reports arising out of a peer support counseling session are not subject to disclosure under Section 7.5 of the Freedom of Information Act.

(e-5) A department that establishes a peer support counseling program shall develop a policy or rule that imposes disciplinary measures against a peer support advisor who violates the confidentiality of the peer support counseling program by sharing information learned in a peer support counseling session with department personnel who are not supervisors or staff of the peer support counseling program, unless the information is related to the exemptions in subsection (d).

(f) A cause of action exists for public safety personnel or emergency services personnel if the emergency services provider or law enforcement agency uses confidential information obtained during a confidential peer support counseling session conducted by a law enforcement agency or by an emergency services provider for an adverse employment action against the participant.

(Source: P.A. 101-375, eff. 8-16-19.)

(5 ILCS 840/25)

Sec. 25. Judicial proceedings. Any oral communication or written information made or conveyed by a participant or peer support advisor in a peer support counseling session is not admissible in any judicial proceeding, arbitration proceeding, or other adjudicatory proceeding, except to the extent necessary to enforce subsection (f) of Section 20.

(Source: P.A. 101-375, eff. 8-16-19.)



(5 ILCS 840/30)

Sec. 30. First Responders Suicide Task Force.

(a) The First Responders Suicide Task Force is created to pursue recommendations to help reduce the risk and rates of suicide among first responders, along with developing a mechanism to help reduce the risk and rates of suicide among first responders. The Task Force shall be composed of the following members:

(1) the Director of State Police or his or her designee;

(2) the Director of Public Health or his or her designee;

(3) 2 members of the House of Representatives appointed by the Speaker of the House of Representatives, one of whom shall serve as co-chair;

(4) 2 members of the House of Representatives appointed by the Minority Leader of the House of Representatives;

(5) 2 members of the Senate appointed by the President of the Senate, one of whom shall serve as co-chair;

(6) 2 members of the Senate appointed by the Minority Leader of the Senate;

(7) 2 members who represent 2 different mental health organizations, one appointed by the Minority Leader of the House of Representatives and one appointed by the Minority Leader of the Senate;

(8) one member who represents an organization that advocates on behalf of police appointed by the Speaker of the House of Representatives;

(9) one member who represents the Chicago Police Department appointed by the Minority Leader of the House of Representatives;

(10) 2 members who represent organizations that advocate on behalf of firefighters appointed by the President of the Senate;

(11) one member who represents the Chicago Fire Department appointed by the Minority Leader of the Senate; and

(12) one member who represents an organization that advocates on behalf of sheriffs in the State of Illinois appointed by the President of the Senate.

(b) Members of the Task Force shall be appointed within 30 days after the effective date of this Act and shall serve without compensation. The Task Force shall begin meeting no later than 30 days after all members have been appointed. The Department of State Police shall provide administrative support for the Task Force, and if the subject matter is either sensitive or classified, the Task Force may hold its hearings in private.

(c) The Task Force shall issue a final report to the General Assembly on or December 31, 2020 and, one year after the filing of its report, is dissolved.

(Source: P.A. 101-375, eff. 8-16-19.)



(5 ILCS 840/35)

Sec. 35. Other provisions of law. Nothing in this Act limits or reduces any confidentiality protections or legal privileges that are otherwise provided by law or rule, including, but not limited to, local ordinance, State or federal law, or court rule. Any confidentiality provision enacted by local ordinance on or after the effective date of this Act may not diminish the protections enumerated in this Act.

(Source: P.A. 101-375, eff. 8-16-19.)

(5 ILCS 840/105)

Sec. 105. (Amendatory provisions; text omitted).

(Source: P.A. 101-375, eff. 8-16-19; text omitted.)

(5 ILCS 840/110)

Sec. 110. (Amendatory provisions; text omitted).

(Source: P.A. 101-375, eff. 8-16-19; text omitted.)

(5 ILCS 840/115)

Sec. 115. (Amendatory provisions; text omitted).

(Source: P.A. 101-375, eff. 8-16-19; text omitted.)

(5 ILCS 840/117)

Sec. 117. (Amendatory provisions; text omitted).

(Source: P.A. 101-375, eff. 8-16-19; text omitted.)

(5 ILCS 840/120)

Sec. 120. (Amendatory provisions; text omitted).

(Source: P.A. 101-375, eff. 8-16-19; text omitted.)



(5 ILCS 840/130)
Sec. 130. (Amendatory provisions; text omitted).
(Source: P.A. 101-375, eff. 8-16-19; text omitted.)

(5 ILCS 840/135)
Sec. 135. (Amendatory provisions; text omitted).
(Source: P.A. 101-375, eff. 8-16-19; text omitted.)

(5 ILCS 840/999)
Sec. 999. Effective date. This Act takes effect upon
becoming law.
(Source: P.A. 101-375, eff. 8-16-19.)

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AB


The Joliet Firefighters Peer Support Group (JFPSG)

Appendix B: Joliet Fire Department Policy Governing Critical Incidents and Peer Support

SOP #15

Overview

The Joliet Fire Department has provided a Standard Operating Procedure for the management of critical incidents and peer support. Please see the following pages.

<u>SUBJECT:</u> Critical Incident Stress Procedure	JOLIET FIRE DEPARTMENT
<u>DIVISION:</u> Administration	STANDARD OPERATING PROCEDURE
	#15 Date: 02-16-18 Page 1 of 2 01-14-20(Revised) 02-26-20(Revised)

Authority: Fire Chief

Goal: The goal of this Procedure is to create a standard departmental response for Critical Incident situations and give guidance to all levels of employees on the Joliet Fire Department

Critical Incident Criteria:

Critical Incidents: Shall be defined as a situation faced by personnel that cause them to experience unusually strong emotional reactions that have the potential to interfere with the ability to function afterward. It is not required for a scene to be considered a "major disaster" to constitute a Critical Incident.

Examples of Critical Incidents include, but are not limited to:

- Mass casualty incidents;
- Death or serious injury to a civilian resulting from fire department operations (motor vehicle crash);
- Death or serious injury of a JFD or JPD employee;
- Death or serious injury to the public that involves;
 - Children
 - Family member of responder
 - Friend of responder
- Loss of life that follows extraordinary or prolonged expenditures of physical or emotional energy in a rescue attempt;
- An unusual or distressing circumstance that may produce immediate or delayed emotional reactions that surpass normal coping mechanisms;
- Any other instance that the Company Officer or Battalion Chief deems critical in nature.

Procedure:

1. Any JFD member recognizing their own or another employee's involvement in a Critical Incident using the above criteria shall immediately inform their Company Officer. This is to be done regardless of the time.



2. The Company Officer shall immediately inform their respective Battalion Chief, regardless of the time.
3. The Battalion Chief shall immediately review the facts surrounding the event and determine whether it falls within the *Critical Incident Criteria*. The Battalion Chief shall evaluate if there are known aspects of the employee's life experience that could adversely compound the employee's reaction such as:
 - a. Recent exposure to a similar situation;
 - b. Recent death of a family member;
 - c. Family member who sustained serious injury as a result of a similar incident;
 - d. The victim of the Critical Incident is known to the employee.
4. If the Battalion Chief determines that the incident falls within the *Critical Incident Criteria*, they shall immediately notify the Deputy Chief. The Deputy Chief or his designee shall notify the Critical Stress Management Provider listed below.
 - Northern Illinois Critical Incident Stress Management Team
 - 1-800-225-2473
5. The Critical Incident Provider and the Deputy Chief will schedule a Critical Incident Stress Debriefing (CISD) for all personnel present at the response. This will be done as soon as possible and may be on or off-duty. Attendance for the CISD will be encouraged but remain voluntary for the effected employees.
6. If the Battalion Chief or Incident Commander determines that an incident falls within the definition of a critical incident, contact shall be made with the Joliet Fire Department Peer Support Team via the provided 24hr. contact number. Information provided to the Peer Support Team member shall include:
 - a. Date and time of the event.
 - b. Employees involved in the incident.
 - c. Roles of employees involved in the incident.
7. During active critical incidents, Central Command will contact the Peer Support Team via the 24hr. contact number. The Peer Support Team will contact personnel directly involved in the incident by responding to the scene, hospital or fire station. Contact will be made the next workday for anyone not seen the day of the incident.
8. A current list of Peer Support Team members, with contact numbers, will be placed in each station. It will be the responsibility of the Peer Support Team to maintain the list and provide updates when needed.



Contact Numbers

855-533-7337 – JFD Peer Support

815-353-3122 – Mental Health Clinician

Personnel may also contact any member of the Peer Support Team they choose from the provided list.

AC

The Joliet Firefighters Peer Support Group (JFPSG)

Appendix C: General Peer Support Contact Checklist, Individual

IAFF Model A-B-C

☐

A: Approach

Establish rapport

Calm, active listening

☐

B: Basics

What is the immediate problem?

What are immediate needs?

☐

C: Coping

Ask about past and current coping strategies

Steer person away from dangerous or unhealthy strategies

Include support system

Follow up**

☐

Complete Data Sheet

Website, MEMBER area

**** No contact without at least 1-follow up.**

AD

The Joliet Firefighters Peer Support Group (JFPSG)

Appendix D: Suicidal/Homicidal Checklist (SCALDS)

☐

S Safety: Peer SAFETY is the main priority

Means

Weapons

Threatening manner

☐

C Call: CALL 911, get help coming

Some problems need professional help

☐

A Alert: ALERT the JFPSG Coordinator, when possible

May not be immediately

Help with immediate problem first

☐

L Let: The JFPSG Coordinator will LET a member clinician and Suicidologist know what is happening

☐

D Do not: DO NOT leave person alone if possible and safe

Stay on phone

Stay with them

The Joliet Firefighters Peer Support Group (JFPSG)

Appendix E: Firefighter Death Checklist

☐

Notify Group Coordinator.

☐

Group Coordinator will contact Fire Chief/Deputy Chief for verification and direction.

☐

Group Coordinator will send Group Text to all Peers Support Group Members. Confidentiality announcement.

☐

Group Coordinator coordinates next steps with the Fire Chief/Deputy Chief.

☐

Group Coordinator/Clinician meets with Fire Chief/Deputy Chief.

☐

Coordinator will keep the Group informed about progress/planning.

☐

Coordinator will notify NI CISM for advice/protocol/service for Briefings, Defusings and CISD meetings.

***JFPSG will support the NI CISM Team and provide surveillance to fire department members and their families to help identify members in severe distress.**

***JFPSG members will provide individual assistance if members are able.**

***The Group will make no public statements about the event without express permission of the Fire Chief/Deputy Chief.**

AF

The Joliet Firefighters Peer Support Group (JFPSG)

Appendix F: Critical Incident Checklist

Critical Incidents are defined in JFD SOP #15. When an incident occurs:

- ☐ Notify Group Coordinator/Designee. Battalion Chief will ensure this is done
- ☐ Group Coordinator/Designee will discuss the matter and the Coordinator will offer service of the Group and explain Group Intervention Options
- ☐ The Coordinator will contact a Clinician member to inform them of the event
- ☐ The Coordinator will send a group text to the Group to inform them as to the event and the follow up plan or need for peers
- ☐ JFD Policy is clear in this matter referring to critical incident stress debriefings (CISD) in that they must be requested, they are not required
- ☐ If a CISD is requested, the NI CISM will be contacted and the JFPSG Coordinator will offer assistance of the JFPSG

*JFPSG will offer peer support to anyone who needs it.



2

The Joliet Firefighters Peer Support Group (JFPSG) **Appendix G: Contact List**

The JFPSG contact list is attached.



Joliet Firefighters Peer Support Group

"Firefighters Helping Firefighters and their Families"

Date: December 16, 2020

Peer Support Contacts

Active	Retiree	Clergy/Religious	Clinician	Suicidologist	Elected Official/Spouse
Ed	Arambasich	eja1951@gmail.com	217-316-4335		
Chris	Bay	u4ruko@gmail.com	815-216-1740		
James	Boyd	boyd1114@yahoo.com	815-671-0630		
Matt	Christensen	firemac127@sbcglobal.net	779-875-5146		
Tom	Douglas	thomas-douglas@sbcglobal.net	815-342-4574		
Justin	Farrar	justkfar@sbcglobal.net	815-730-0850		
Chris	Groh		815-739-3448		
Jeremy	Hoffman	puphoffman@sbcglobal.net	815-353-6956		
Aaron	Kozlowski	akozlowski44@yahoo.com	815-922-5348		
Nate	Kren	nate.kren@gmail.com	815-210-2933		
Jim	Larson	larsmedic7@comcast.net	815-955-7041		
John	Lukancic	johnlukancic@msn.com	815-530-2196		
John	Miller		815-955-6094		
Nancy	Nelson	nnelson.aspire@gmail.com	815-353-3339		
Stan	Nowicki		815-954-1365		
Mike	Nurczyk	mnurzjfd@comcast.net	815-529-0193		
Courtney	O'Brien	cobrien.aspire@gmail.com	815-353-3122		
Chris	O'Hara	christopherohara54@gmail.com	815-791-3063		
Matt	Pasteris	matt_pasteris@yahoo.com	815-671-6390		
Dominick	Perona	dominickperona@gmail.com	815-909-4384		
Jan	Quillman	janquillman@att.net	815-726-7071		
Burke	Schuster	burkeschuster@gmail.com	815-730-3897		
Mary Frances	Seeley	hotlineconsultant50@gmail.com	815-341-9124		
Carissa	Silunas	csilunas.aspire@gmail.com	815-416-9636		
Terry	Smith	catholichotline@gmail.com	630-988-7395		
Mike	Stapp	mks2457@yahoo.com	815-690-6507		
Mike	Stromberg	iamberg4@yahoo.com	815-258-6880		
Aubrey	Thornton	athornton.aspire@gmail.com	815-255-0652		
Pat	Wojewoda	patrickwojewoda@sbcglobal.net	815-258-4725		
Floyd	Woods	blotus9@gmail.com	815-409-1877		

The Joliet Firefighters Peer Support Group Toll-Free Number:

CALL or TEXT (855) JFD-PEER

AH

The Joliet Firefighters Peer Support Group (JFPSG)

Appendix H: Glossary of Terms

Overview

The following terms and definitions reflect commonly used language and terminology within the Joliet Fire Department. These terms may be referenced for better understanding of the sections that follow.

2-11 Alarm – The alarm one level above the box alarm. It results in callback of a shift, the fire chiefs, the mechanics, and the chaplains.

3-11 Alarm – The fire alarm response one level above the 2-11. It is reserved for large fires.

4-11 Alarm - The fire alarm response one level above the 3-11. It is reserved for very large fires.

5-11 Alarm - The alarm one level above the 4-11. It is the highest level of JFD response.

24/48-hour schedule – The schedule, that most of the Joliet Fire Department works. This consists of 24 hours on duty, followed by 48 hours off duty. The shifts are divided into A, B and C-Shifts. When a Firefighter works scheduled overtime, they work the next calendar day. For example, an A-Shift Firefighter will work overtime on the B-Shift.

A-Shift – A 24-hour shift. Part of the three-platoon system, where the entire year is staffed by 3 alternating 24-hour shifts.

Ambulance – Generally staffed by 2 personnel, an Apparatus Operator and Firefighter. A vehicle that responds to both fire and emergency medical calls for service. These apparatuses provide primary medical care and transport to the hospital for definitive treatment.

Apparatus – A term which generically refers to any vehicle that is operated by the Joliet Fire Department. Examples include ambulance, engine, truck, quint, and tower.

Apparatus Operator (AO) – A rank within Local 44. The promotion from Firefighter to Apparatus Operator is achieved by seniority. The specialty of this group is operating various fire department vehicles including ambulances, engines, trucks, the tower, and the quint.

Attack group – A functional group operating at a structure fire. The attack group is responsible for finding and extinguishing the fire and performing search and rescue of the fire building. At



most structure fires there are more than one attack groups assigned.

B-Shift - A 24-hour shift. Part of the three-platoon system, where the entire year is staffed by 3 alternating 24-hour shifts.

Battalion Chief (BC) – A rank within Local 2369. Responds to emergencies. The highest rank of the “line” firefighters, however, some are bid to “staff” positions. The “line” BCs are officers located at Station 1 and 8 and work 24/48 shifts. They manage the stations within their respective battalions and assume command at fires and other major incidents. BCs are usually paramedics as well and manage the other officers in their battalion. The other officers (Lieutenants and Captains) manage the AO and FFs. The two “staff” positions that are filled by BCs include Training and Operations Chief.

Bid (Bid system) – The system by which firefighters choose the station and shift on which they will work. Bids are filled by rank seniority. When a firefighter accepts a bid, they work at that station exclusively until they are promoted or accept another bid when it becomes available.

Box Alarm - The fire alarm response one level above the still alarm. It is reserved for fires that require slightly more manpower (or special equipment) during a structure fire.

C-Shift - A 24-hour shift. Part of the three-platoon system, where the entire year is staffed by 3 alternating 24-hour shifts.

Call-out – A call-out occurs when current manpower needs exceed the on-shift personnel. Using computer software, off-duty firefighters are contacted to report to work.

Certified in Critical Incident Stress Management (CCISM) – A University of Maryland Baltimore County (UMBC) issued certification. Requires International Critical Incident Stress Foundations (ICISF) courses in individual and group crisis intervention and a written certification examination.

Captain – A rank within Local 2369. Responds to emergencies. The Captain works 24/48 shifts. The second highest “line” rank. May “work-up” as the Battalion Chief rank. A Captain is bid to each station and is responsible for the station, across the 3 shifts. This is referred to as the “House Captain.” Most stations have only one captain across the 3 shifts. Stations 1, 6, and 8 have Captains on all shifts. In this case, the Captain with the highest seniority of referred to as the “Senior Captain.” They assume the House Captain role. They supervise the Lieutenants on other shifts at their stations as well as the AO and FF on their own shift.

Chief (Fire Chief) – The Fire Chief is responsible for the overall operation of the fire department. The Chief is a “staff” officer and works 8-hour shifts.

Clergy -, Religious group affiliated peer support group members. They care for spiritual health of the JFD and their families.



Clinician – Licensed mental health professionals. May specialize in social work, counseling, or other fields.

Combined Area Rescue Team – A specialized team within the Joliet Fire Department. This team is a combination of area specialists in the fields of confined space rescue, high angle rescue, and structural collapse rescue.

Command – The command function is assumed at all incidents, large or small. The governing concept being that one person must be in charge when operating at an incident.

Coping – The ability to use personal techniques effectively to aid in dealing with stress. Successful coping results in increased resilience when critical incidents occur.

Crisis (reaction)– A state of being where established coping mechanism fail.

Critical Incident – An incident defined by the Joliet Fire Department is SOP #15. May result in a crisis reaction.

Depression – A psychological condition that includes persistent feelings of sadness and loss of interest.

Deputy Chief - The Deputy Fire Chief is second in command of the fire department. The Deputy Chief is a “staff” officer and works 8-hour shifts.

Engine – An engine is a piece of fire apparatus that carries water in a tank. Its primary function is to transport personnel, hose, and water to the scene of a structure fire. The water tank on an engine usually holds between 500 and 1000 gallons.

EMS – Emergency medical services.

EMS Coordinator – A staff Lieutenant who is responsible for emergency medical services management within the fire department.

Fire Investigation Team – A specialized Joliet Fire Department team. Their purpose is to identify the origin and cause structure fires within the city of Joliet.

Firefighter – A sworn member of the Joliet Fire Department. All sworn personnel may be referred to by this name.

Front-line – Refers to fire apparatus that is in service daily.

Full arrest – EMS response category that is characterized by the pulseless and non-breathing status of the patient. Common functions during this incident response include CPR, intubation,



and medication administration. The cause of a full arrest may be medical or traumatic in nature.

Group crisis intervention – The act of discussing critical incidents with groups in the form of group briefings, defusings, and critical incident stress debriefing (CISD).

Hazardous Materials Response Team – A specialized team within the Joliet Fire Department. Their purpose is to respond to and mitigate hazardous materials incidents.

Helping Hand – The weekly video newsletter produced by the JFPSG. It is available on the homepage of the JFPSG website jfdpeersupport.com.

Honor Guard – A specialized team within the Joliet Fire Department. Their purpose is to represent the joint fire department and various activities including funerals, parades, and other public functions.

International Association of Firefighters Peer Support Program – The peer support program introduced by the IAFF to teach individual crisis response, active listening, and stress coping techniques.

International Critical Incident Stress Foundation (ICISF) – A group that teaches the concepts of critical stress management in individual or group settings.

Lieutenant – The lowest ranking of the Officers of the Joliet Fire Department. The Lieutenant is responsible for managing the personnel at an engine house as well as managing the crew at incidents.

Local 2369- Union of Joliet Fire Department Officers through the International Association of Firefighters. Lieutenants, Captains and Battalion Chiefs are members. The supervisors of the fire department belong to this Union.

Local 44 – Union of Joliet Firefighters through the International Association of Firefighters. Apparatus Operators and Firefighters are members of this Union.

Officer – The general term used to describe the ranks of Lieutenant, Captain, and Battalion Chief within the Joliet fire department

Operations Chief - The Battalion Chief level officer in charge of the daily operations of the Joliet Fire Department. The Operations Chief works 40-hour weeks.

Outreach – The act of the Peer going to the contact, not requiring the contact to come to the Peer.



Paramedic – A member of the fire department who has earned a license as an emergency medical technician, paramedic level. The training for this designation requires approximately one year, a rigorous didactic portion and clinical experience.

Peer Support – Psychological first aid performed by peers within the fire department or approved and trained outside support personnel.

Post-traumatic Stress (PTS) – A normal reaction that follows a stressful or perceived stressful situation.

Posttraumatic Stress Disorder (PTSD) – A psychiatric disorder characterized by exposure to trauma and four symptom clusters. These symptom clusters include intrusion, avoidance, negative cognitions and mood, and alterations in arousal and reactivity.

Psychological First Aid (PFA) – Critical initial intervention for those who have been part of a critical incident.

Quint – A quint is a piece of fire apparatus that includes both a large aerial aspect (ladder) as well as a tank and pump to deliver water to the fire.

Rapid intervention team (RIT) – A functional group operating at a structure fire. The rapid intervention team's purpose is to provide for firefighter safety and to search and rescue lost, entrapped, or injured firefighters.

Resilience – The ability to “bounce back” from a traumatic experience.

SOS Team – Specialized team within the Joliet Fire Department. Their purpose is to respond with Joliet Police Tactical Officers to provide medical care.

Search and rescue – the process by which firefighters find and remove victims from within a structure fire.

Standard Operating Guideline (SOG) – Flexible rules to be used for the direction of the JFPSG.

Standard Operating Procedure (SOP) – The defined techniques for dealing with various fire and EMS responses. Standard operating procedures are rules put in force to ensure a consistent response to common events. There is typically less flexibility with a standard operating procedure than there is with a standard operating guideline.

Still Alarm – The most basic full fire response associated with the JFD. This response includes approximately 17 firefighters. Most structure fires are extinguished using this alarm. It should be noted that this response may be used for other incidents besides fires. Examples are hazardous materials and EMS.



Stress – A positive (eustress) or negative (distress) reaction that is felt during a challenging situation. People respond differently

Structure fire – A response incident during which a structure is on fire, supply lines are laid, ventilation and search and rescue occurs, and the fire is extinguished.

Substance abuse – Also known as substance use disorder (SUD). Overindulgence or dependence on an addictive substance.

Suicidology – The scientific study of suicidal behavior. This includes suicide causes and prevention.

Supply line – A hose line connected from a fire hydrant to a fire engine to provide water for structural firefighting operations.

Surveillance – In the peer setting, the observation of personnel for stress reactions.

Training Chief – The Battalion Chief level officer in charge of the training program for the Joliet Fire Department. The Training Chief works 40-hour weeks.

Triple Zero – The act of an EMS crew confirming the death of an individual. This includes a physical assessment and cardiac monitor rhythm evaluation. When this is completed, the coroner is typically notified and performs body removal.

Tower – A tower is a type of quint apparatus. In the City of Joliet, the current Tower is housed at Station 6. The difference between a tower and a quint is the fact that the tower has a platform from which to work at elevation.

Truck – A truck is a piece of fire apparatus that is distinguished from an engine by a large ladder atop the vehicle. The personnel assigned to this vehicle generally specialize in search and rescue, ventilation, and heavy rescue.

Ventilation – The act of removing smoke, heated gases, and other products of combustion from the structure to enable fire crews to fight the fire. This action is typically completed by truck, quint, or tower fire companies.

Ventilation group – The functional group assigned to perform ventilation functions at a structure fire.

Water supply group – functional group assigned to perform acquisition of water supply functions and structure fire. This includes providing a permanent water source in the form of hydrant water.



The Joliet Firefighters Peer Support Group (JFPSG)

Resource List

Hotline: The Upper Room Crisis Line (888) 808-8724

Suicide is an ever-increasing problem within first responder groups. If you are considering suicide or just need to talk, please seek call, or text the Upper Room. The Upper Room Crisis Hotline is staffed 24/7 and is anonymous.

National Suicide Prevention Lifeline (800) 273-8255

We can all help prevent suicide. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

Link to Illinois State Law Regarding Peer Support

5 ILCS 840/1 is entitled the First Responders Suicide Prevention Act and was enacted in August 2019. The full text is linked below.

IAFF Center of Excellence

Firefighters can make use of the IAFF Center of Excellence 855-972-5115 for help with substance abuse, PTSD, and other recurring behavioral health issues.

Lifeworks

The City of Joliet employee assistance program is through Lifeworks. If you are uncomfortable calling the above resources, call Lifeworks at 888-267-8126.

Illinois Peer Support Network

If you are hesitant to speak with local firefighters, please make use of the Illinois Peer Support Network. They provide an excellent service. Call 855-90-SUPPORT.

Franciscan Firefighter Ministries

A special ministry for firefighters.

St. Florian Society

This group is for first responders in my life who continue to make a difference in my life and the lives of others ministering acts of love and compassion to those in need. Let us keep each other in prayer and confidence as we serve God and his people! Amen. St. Florian pray for us!



Firefighter Cancer Support Network

Since 2005, the non-profit Firefighter Cancer Support Network (FCSN) has provided assistance and one-on-one mentoring to thousands of cancer-stricken firefighters and their families.

International Critical Incident Stress Foundation (ICISF)

Critical Incident Stress Management (CISM) is a method of helping first responders and others who have been involved in critical incidents that leave them emotionally and/or physically affected by those incidents. CISM is a process that enables peers to help their peers understand problems that might occur after an event. This process also helps people prepare to continue to perform their services or in some cases return to a normal lifestyle.

Northern Illinois Critical Incident Stress Management Team

The Northern Illinois Critical Incident Stress Management (NICISM) Team is dedicated to providing immediate comprehensive crisis response interventions and pre-incident stress management education for emergency service personnel throughout the Chicagoland area. Our service area includes the following counties: Cook, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry and Will.

Everyone Goes Home

The Everyone Goes Home® Program, founded by the National Fallen Firefighters Foundation, provides free training, resources, and programs to champion, and implement the 16 Firefighter Life Safety Initiatives. The goal of the Everyone Goes Home® Program is to reduce the number of preventable firefighter line-of-duty deaths and injuries.

Mental Health America

The nation's leading community-based non-profit dedicated to addressing the needs of those living with mental illness.

National Council for Behavioral Health

Find information on all forms of behavioral disorders and Mental First Aid.

National Institute of Mental Health

The National Institute of Mental Health (NIMH) is the lead federal agency for research on mental disorders. NIMH is one of the 27 Institutes and Centers that make up the National Institutes of Health (NIH), the largest biomedical research agency in the world. NIH is part of the U.S. Department of Health and Human Services (HHS).



World Health Organization

WHO, as the directing and coordinating authority on international health within the United Nations system, adheres to the UN values of integrity, professionalism, and respect for diversity.

The values of the WHO workforce furthermore reflect the principles of human rights, universality and equity established in WHO's Constitution as well as the ethical standards of the Organization.

These values are inspired by the WHO vision of a world in which all peoples attain the highest possible level of health, and our mission to promote health, keep the world safe and serve the vulnerable, with measurable impact for people at country level. We are individually and collectively committed to put these values into practice.

Aspire Center for Positive Change

The Aspire Center for Positive Change has partnered with the Joliet Firefighters Peer Support Group to provide clinician support and direction. The professional counselors and social workers at Aspire work with patients of all ages and address a wide variety of mental health issues. Please call or text them if you need clinical support (815) 353-3122.

Catholic Charities LOSS Program

Loving Outreach to Survivors of Suicide (LOSS) is a non-denominational program that supports individuals who are grieving the loss of a loved one by suicide. LOSS offers a safe, non-judgmental environment where survivors of suicide can openly talk about feelings and experiences. We help survivors to find community, direction, and resources for healing. They provide a warm, nurturing network of other survivors; educate members about the grieving process; and support your unique struggle to regain hope and strength.

LOSS Program Office

[721 N. LaSalle Street](#)

[Chicago, IL 60654](#)

Main Line: (312) 655-7283

Fax Line: (312) 948-3340

Divorce Care

Divorce Care is a friendly, caring group of people who will walk alongside you through one of life's most difficult experiences. Don't go through separation or divorce alone.

Divorce Care offers support programs for individuals struggling with divorce. They meet in person at many local sites including Minooka, Plainfield, Naperville, and Aurora.

Sex Addiction - Sex Addicts Anonymous (SAA)

Our primary purpose is to stop our addictive sexual behavior and to help others recover from sexual addiction. Recovery was possible for most of us only when we accepted the fact that we were powerless



over our addictive sexual behavior and that we were incapable of changing without help from outside ourselves. Many of us came to this realization when we started attending SAA meetings. In that setting we heard stories similar to ours and realized that recovery from our malady was possible. We learned through the SAA Fellowship that we were not hopelessly defective.

Gambling Addiction - National Problem Gambling Helpline

The National Council on Problem Gambling operates the National Problem Gambling Helpline Network (**1-800-522-4700**). The network is a single national access point to local resources for those seeking help for a gambling problem. The network consists of 28 call centers which provide resources and referrals for all 50 states, Canada and the US Virgin Islands. **Help is available 24/7 and is 100% confidential.**

The National Problem Gambling Helpline Network also includes **text and chat** services. These features enable those who are gambling online or on their mobile phone to access help the same way they play. One call, text or chat will get you to problem gambling help anywhere in the U.S. 24/7/365.

Help is also available via an online peer support forum at www.gamtalk.org.

Alcoholics Anonymous

Alcoholics Anonymous is an international fellowship of men and women who have had a drinking problem. It is nonprofessional, self-supporting, multiracial, apolitical, and available almost everywhere. There are no age or education requirements. Membership is open to anyone who wants to do something about his or her drinking problem.

Illinois Association of Retired Firefighters

In 1982, The Illinois Association of Retired Firefighters was formed to assist retired and/or disabled firefighters to continue being an integral part of their community. The IARF allows the retiree to maintain contact with friends and co-workers, continue to be informed about problems of retirees, and keeping up to date with solutions to financial problems faced by Firefighters. IARF currently has 26 local Clubs chartered throughout Illinois, in cities like Rockford, Joliet, Peoria, Bloomington, Decatur, Quad Cities, Springfield, and Belleville. Each local club continues to work with and support area AFFI Locals, and we continue to be members of the Associated Fire Fighters of Illinois.

The local clubs plan activities such as visiting elderly members and staying engaged in the community. They encourage the disabled and/or retired firefighters to visit any brother or sister who is hospitalized or is home bound, and to participate in Silent Watch duties for any members who pass.

The Illinois Association of Retired Firefighters began publishing a bi-annual magazine, Disabled and Retired Firefighters, as a way of informing retirees about other clubs' activities in their communities including charity work, public education, visiting the sick and infirmed, and political activities.

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