

Chapter 15

“More Than Peer Support: Organizational and Relational Intervention Model”: First Responder Assistance Program (F.R.A.P.)

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ABSTRACT

The chapter describes a replicable and innovative approach designed to assist first responder communities through the mental health challenges they face in their personal and professional lives. The First Responder Assistance Program (FRAP) strives to create a healthy environment, through a unified structure, three tiered organizational and relational intervention approach, inclusive of peer support, peer chaplaincy support, and clinician involvement. The FRAP Model establishes a direct correlation between organizational wellness, and the individual health of its members. It emphasizes a “top to bottom” organizational intervention, with the understanding that no matter how much help is provided to the individual, the environment must be addressed in order to obtain sustainable results. It stresses a “holistic” approach to healing with a focus on post traumatic growth and the systematic building of individual and organizational resilience.

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THE QUESTION

I was sitting in the Fire Chief’s Office making a presentation about the needed expansion of our Peer Chaplaincy Program, when he asked a question for which I had no comprehensive answer, at least none that was satisfying to my own mind. “Why are we having more problems with first responder mental health now than we have ever had in the past?” The Chief continued with his line of questioning, not necessarily seeking an answer from me, but more in a rhetorical fashion, externally processing something that obviously he had been wondering for quite some time. He said, “The calls haven’t changed. We used to run difficult trauma calls back in the day.” As the conversation continued, some obvious possibilities, all with some merit, were posed as reasonable answers:

- Awareness has been heightened, so perhaps what was once hidden, now has come to light
- Maybe the stigma has lessened because we are talking more openly about mental health
- The advent of social media may not allow for a space to disconnect
- Perhaps it is the increase in the sheer volume and intensity of calls
- Or maybe the pace of present-day living is affecting our ability to cope

Now it is here that I must interject that neither the Fire Chief nor I (Chaplain Mario Gonzalez) are sociologists or researchers, but with over 60 years of combined experience as first responders, I think there is some merit and validity to our suppositions.

As we moved on to the task at hand, deciding we were not going to find a definitive answer in the time allotted for our meeting, the question continued to roam in my mind. Are traumatic calls truly adversely affecting and wounding first responders more today than they did in the past? Were former generations of first responders just tougher and more resilient than us, or were they just better at hiding their emotional pain and woundedness? The more I thought, meditated, and prayed about this, the more convinced I became that the answer to both questions is “yes”. Perhaps first responders of yester-year, were both tougher and better at hiding their emotional pain than their contemporary brothers and sisters.

Now before I’m taken out to the woodshed by my fellow first responders for having made such a statement, let me just say that I believe we are plenty tough. A lot of what came out of my short impromptu brain storming session with the Fire Chief raised more questions than provided answers. I happen to believe that this is actually good. It is always in the space where hard questions are asked with integrity, that good answers are birthed. Yes, some good work is being done in the area of breaking down the ingrained culture of invincibility and stigma associated with seeking assistance in our first responder community. But are we being shortsighted in what we mean by changing the culture?

Yes, in most Departments, peer support is now considered as an important component in the battle for first responder mental health. But do we have measurable outcomes that our inventions are effective? Although PTSD and other anxiety driven mental health challenges are now topics of conversation in most first responder communities, are we looking at these topics from the most appropriate and helpful perspectives? Are Department administrations “being forced” to take reactionary measures due to new laws and incidents within their organizations? Are they willing to take the necessary steps to not only implement but institutionalize well thought-out support programs? Is their willingness to intervene, truly motivated by a desire to improve the lives of their most precious asset...their people?

In this chapter we will attempt to address some of these questions and provide the best answers from our optic, based on the many years of experience helping the public as well as then pivoting to help

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