VOLUME 47 | ISSUE 1 | 2025

PSYNOPSIS

CANADA'S PSYCHOLOGY MAGAZINE

FIRST RESPONDERS AND OTHER PUBLIC SAFETY PERSONNEL – PSYCHOLOGICAL IMPACTS OF SERVICE

PSYNOPSIS

CANADA'S PSYCHOLOGY MAGAZINE

Psynopsis is the official magazine of the Canadian Psychological Association. Its purpose is to bring the practice, study, and science of psychology to bear upon topics of concern and interest to the Canadian public. Each issue is themed and most often guest edited by a psychologist member of the CPA with expertise in the issue's theme. The magazine's goal isn't so much the transfer of knowledge from one psychologist to another, but the mobilization of psychological knowledge to partners, stakeholders, funders, decision-makers, and the public at large, all of whom have interest in the topical focus of the issue. Psychology is the study, practice, and science of how people think, feel, and behave. Be it human rights, healthcare innovation, climate change, or medical assistance in dying, how people think, feel, and behave is directly relevant to almost any issue, policy, funding decision, or regulation facing individuals, families, workplaces, and society.

Through *Psynopsis*, our hope is to inform discussion, decisions, and policies that affect the people of Canada. Each issue is shared openly with the public and specifically with government departments, funders, partners, and decision-makers whose work and interests, in a particular issue's focus, might be informed by psychologists' work. The CPA's organizational vision is a society where understanding of diverse human needs, behaviours, and aspirations drive legislation, policies, and programs for individuals, organizations, and communities. *Psynopsis* is one important way that the CPA endeavours to realize this vision.

PSYNOPSIS

CANADA'S PSYCHOLOGY MAGAZINE

THE OFFICIAL MAGAZINE OF THE CANADIAN PSYCHOLOGICAL ASSOCIATION

SUBMISSIONS

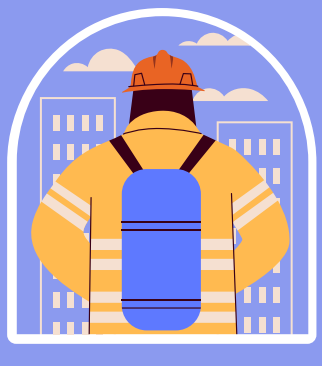
Please send your articles to psynopsis@cpa.ca.
Please visit cpa.ca/psynopsis for additional submission details and editorial guidelines.

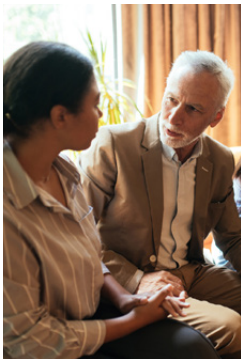
CANADA POST POSTE CANADA PUBLICATION MAIL POSTE PUBLICATION

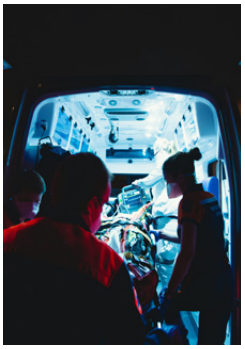
AGREEMENT REGISTRATION NUMBER NUMÉRO DE CONTRAT D'INSCRIPTION 40069496

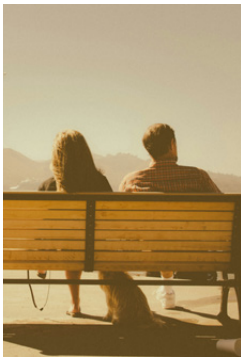
ISSN 1187-11809

FIRST RESPONDERS AND OTHER PUBLIC SAFETY PERSONNEL









MESSAGE FROM THE GUEST EDITORS

R. Nicholas Carleton, Ph.D., R.D.Psych., FCAHS, MCRSC

Professor, Department of Psychology, University of Regina, Regina, SK

Kelly Dean Schwartz, Ph.D., R.Psych.

Associate Professor, School and Applied Child Psychology, University of Calgary, Calgary, AB

First responders (e.g., firefighters, paramedics, police) and other public safety personnel (PSP; e.g., border services, correctional workers, Indigenous emergency managers, operational and intelligence personnel, public safety communicators, search and rescue personnel) include approximately 350,000 currently serving trauma-exposed professionals who provide a broad range of services to Canadians.

PSP, their leaders, and their families are necessarily at increased risk for various mental health challenges resulting from extraordinary exposures to potentially psychologically traumatic events (PPTEs), as well as other operational and organizational stressors. Readers may be surprised to learn that the public are generally exposed to five or fewer potentially psychologically traumatic events in their lifetimes,[1-3] whereas PSP will be exposed to hundreds or thousands as a function of their service.[4] The PPTE exposures are compounded by organizational stressors (e.g., staff shortages, inconsistent leadership styles) and operational stressors (e.g., shift work, public scrutiny) that negatively impact individual PSP mental health.[5]

The mental health challenges for PSP include substantially high risks for diverse mental health challenges, such that as many as 65% of serving PSP may screen positive for one or more disorders (e.g., post-traumatic stress disorder, major depressive disorder, panic disorder, generalized anxiety disorder) at any given time,[6] and as many as one in 10 may try to die by suicide at least once in their lives.[7] The stressors go beyond impacting front-line PSP and their leaders, however, with a significant call to now focus on how operational stressors impact PSP families.[8] The extraordinary and unique stressors facing PSP, their leaders, and their families require tailored assessments, interventions, and supports at the individual, family, organizational, and political levels.[9] Systemic and structural solutions are urgently needed to mitigate the challenges PSP experience in trying to protect and serve their communities.

The current special issue brings to light many critical areas for consideration. We begin with a look at the current state of public safety personnel and their psychological needs (Handley), with a specific focus on policing (i.e., RCMP: Lefurgey & MacEachern). We then explore challenges and solutions in embarking on longitudinal research with PSP (Andrews) and the diverse pathways for delivering psychological support for PSP (Deschênes, Gendron, Farges, Marin, and Carleton). Next we look at the methods for providing psychological services to PSP via internet-based cognitive behaviour therapy (CBT: Hadjistavropoulos, McCall, & Price) and group therapy (Black) to PSP members, considering the strengths and challenges of each approach.

The next two papers focus on the need for designing and delivering upstream psychoeducation and support for first responders (McElheran) and for family members living with first responders (Duffy & Schwartz), both of which highlight the need to address operational stress before it impacts personal, professional, and familial functioning. We close with a call to address the importance of building resilience pathways that promote thriving and well-being for PSP and their families (Kamkar).

PSP, their leaders, and their families experience extraordinary strengths and risks, and we are so pleased to highlight the empirical research, clinical expertise, and critical discourse that are actively addressing the psychological injury and operational stress of our Canadian PSP and first responder community.

MESSAGE FROM THE CEO

Lisa Votta-Bleeker, Ph.D.
CEO, CPA, and Editor-in-Chief, *Psynopsis*

Welcome to Volume 47, Issue 1 of *Psynopsis*: First Responders and Other Public Safety Personnel – Psychological Impacts of Service

Many thanks to Dr. Nicholas Carleton and Dr. Kelly Schwartz, both for their work in this area and their oversight of this issue.

When I joined the CPA's Head Office staff in 2009, one of the first portfolios for which I assumed oversight was our work in the areas of emergency preparedness and disaster response. As part of this work, I sat on various coalitions and alliances of different organizations. Our work looked at how to facilitate getting psychologists to the emergency/disaster sites, the short- and long-term impacts of different types of emergencies and disasters on individuals, families, schools, and communities, and on the role of psychologists in helping those impacted. Many a meeting was had and many presentations were given on the need to address these issues. In recent years, I have joined other coalitions that had a focus on first responders (FR) and other public safety personnel (PSP), and I have had occasions to talk to members doing research in this area and/or delivering services to this group of professionals. In doing so, I realized that in our prior work, "those impacted" typically meant individuals who had lost their homes or loved ones as a result of the emergency/disaster and/or who were exposed to ongoing media footage of the event. "Those impacted" rarely meant our FR and other PSP on scene at the emergency/disaster, nor did it mean looking at the singular and repeated psychological impacts that come with high exposure to trauma, occupational stress, and chronic pressure. The articles in this issue address those areas and many more, while also highlighting the value psychologists can provide to PSP organizations in both providing psychological services and in mental health-related decision-making.

The jobs undertaken by our FR and other PSP ensure our safety as citizens. We, as members of the public, are intrinsically reliant on these people – even though we often take their jobs for granted. Psychology, and psychologists, have helped people impacted by horrible events throughout the history of the profession. It is incumbent upon all of us in the profession to remember that "those impacted" include those who rush in to help. As such, we can, and should, thank them for the difficult jobs they do on our behalf. We also can, and should, support them in doing those jobs.

FROM THE PRESIDENT'S DESK

Anita Gupta, Ph.D., R.Psych., C.Psych.
President, CPA

Trauma-informed approaches have been described as moving from "What is wrong with you?" to "What has happened to you?" A healing-centred approach goes beyond thinking of trauma as isolated experiences and considers how psychological trauma and healing are experienced collectively, and how to move towards fostering well-being. The articles in this very important issue of *Psynopsis* on first responders (FR) and other public safety personnel (PSP) address the trajectory of where the field was, is, and needs to be. It considers psychological needs from prevention all the way to fostering thriving, not only for the trauma-exposed professionals themselves but also for their family members, through various individual, group, and organizational interventions. Rather than a one size fits all approach, there are growing options for FR and other PSP to access information and care fitting with their needs. And, it is clear reading these articles that psychologists will continue to identify gaps and find solutions to best support FR and other PSP who face danger and threat as they act to keep others safe.

The Federal Framework on PTSD Act only received Royal Assent in 2018, a mere seven years ago. Tremendous advancements have been made since that time, and also much work remains in identifying how to best support those who support so many, our FR and other PSP. It is clear by reading the articles in this issue that psychologists are central to this field, in developing and providing evidence-based interventions that can be accessed in a variety of ways, by training a growing number of clinicians to be able to do this important work effectively, by advocating for the needs of FR and other PSP with policy makers, and by fostering vital partnerships with PSP organizations.

While it may not be possible to eliminate the inherent danger and emergency that FR and other PSP face on the job, there is much that can be done to protect and prevent these individuals from the experience of living with minds and bodies that may have become at risk of being in a too frequent state of emergency and threat. In fact, as the articles in this issue make clear, there is much that can be done to support and foster greater satisfaction, connection, self-compassion, well-being, and even thriving.

I would like to express my gratitude to everyone who contributed to this issue of *Psynopsis*, to those who work with FR and other PSP, to those who are loved ones of FR and PSP, and especially to those who are FR and PSP themselves.

PUBLIC SAFETY PERSONNEL (PSP) AND PSYCHOLOGY IN CANADA – WHERE WE'VE BEEN AND WHERE WE'RE GOING

Kyle Handley, Psy.D., Senior Director, Wellness,
York Regional Police, Aurora, ON

Psychologists and public safety personnel (PSP) have been linked for decades to support the goal of increasing public safety through mental health prevention, treatment, and policy; and program design, through this connection, has undergone a significant shift the past decade or so. Parallel to the increase in the broader cultural awareness around mental health and discussion of stigma, PSP services across the country began to acknowledge what had been present, but masked, all along – that our PSP experience mental health impacts as a result of the routine exposure to traumatic images, content, and events in the course of their work.

When this issue rose to the surface, however, psychologists were under-resourced and underprepared relative to their involvement with other population groups such as university students or military personnel. By comparison, there were few psychologists exclusively providing services to PSP and even fewer opportunities to participate in training specific to this population.

As more and more provinces adopted a proactive stance in mitigating the mental health risk to PSP through legislation, such as the mandating of post-traumatic stress disorder (PTSD) prevention plans in PSP organizations or the presumption that PTSD diagnoses are work-related when employees make workplace injury claims, psychologists were in greater demand than ever to advise organizations, conduct research, develop PSP mental health programming, and treat first responders and other PSP, and their families.

The sharp increase in demand for psychologists also revealed a gap. While government grants and research dollars began to grow alongside these legislative changes, practitioners eager to serve this population found that there was a lack of training and supervision options available to help build competence, skill, and capacity in working with PSP. Questions from PSP leaders about how to develop effective and evidence-based programs around suicide prevention, mental health awareness, stigma reduction, and more were also challenging to address due to the limited amount of research and practitioners working with Canadian PSP. This gap was often filled by private companies who recognized a market opportunity to capitalize on the influx of mental health spending. While these off the shelf solutions satisfied the desire among PSP to offer programming for mental health, these solutions at times lacked the scientific rigor and led to an environment where PSP organizations across the country had multiple different, proprietary approaches to addressing the same issues.

Acknowledging the need for greater collaboration, expertise, and representation, psychologists began to form informal consultation groups to share knowledge on working with PSP and to identify priorities for how psychologists can assist in creating ethical and evidence-based approaches to PSP care. Listservs and journal discussion clubs were formed, representation on committees and professional associations related to PSP increased, and academic groups and conferences dedicated to Canadian PSP research were launched. These developments served a crucial role in demonstrating the value psychologists can provide PSP organizations as partners in mental health-related decision-making.

These steps towards integrating psychologists into the mental health framework for PSP nationwide have been promising, but further progress is needed to ensure that both psychologists and PSP organizations are well-equipped to manage the current and future issues the profession will face. There remains a lack of formal education opportunities for those seeking training on working with PSP. The body of research for Canadian PSP is expanding, but there are limited avenues to assist practitioners with translating this knowledge into practice. Psychologists are assisting with advising PSP organizations on policy and programming, but the collective advocacy to help shape a new paradigm in PSP mental health has only begun to take shape.

Fortunately, there are some initiatives occurring within Canada that can be instructive to how we may proceed as a discipline to further entrench psychology as a key component of the PSP environment. One such initiative in Quebec has seen the École nationale de police du Québec, the central training institution for police recruits across the province, partner with the provincial college of psychology to offer training on cultural competence and policing-specific considerations to practitioners, to aid them in their work with police clients. This type of partnership between the provincial policing infrastructure and the licencing body for psychologists represents a very progressive step towards providing formalized training for practitioners, addressing the shared goal of increasing competence and capacity among those who will be treating PSP in the province. This approach should serve as a model for other provinces who wish to build the network of psychologists available to meet the rise in demand for mental health services for PSP.

Recent years have also seen psychologists elevated to advocacy roles that support the decision-making for PSP policy and mental health funding priorities. The Canadian Association of Chiefs of Police, the policing association comprised of senior leadership from police services across the country, has formed a full-time committee for psychological services to help advise police leaders on mental health topics and develop and disseminate policy and programming recommendations through their vast information network. Partnerships of this type that see psychologists at the table where discussion regarding mental health of PSP is taking place are a crucial component of ensuring that PSP leaders are equipped with accurate and reliable sources of information during key decision-making.

Lastly, this very issue of *Psynopsis* demonstrates the Canadian Psychological Association's (CPA) recognition of PSP mental health as a growing need in the community and one that psychologists are uniquely positioned to address. The support of the CPA in highlighting this population and the work that is being done through journal articles, presentations, workshops, and perhaps one day a dedicated section, will aid in keeping CPA members current with the research and opportunities around PSP mental health and give space to the growing needs of this population and this budding discipline of psychology.

If Canadian psychologists can continue to progress in these directions and capitalize on this fast-growing area of the field, the benefits that will come from the professionalization of this branch of psychology in Canada will surely be felt in PSP organizations, PSP members, and PSP families.

SUPPORTING THE MENTAL HEALTH OF SERVING AND FORMER OFFICERS OF THE ROYAL CANADIAN MOUNTED POLICE BY UNDERSTANDING THEIR TRAUMA EXPOSURES

Sarah Lefurgey, B.Sc., Corporal (Retired), Lived Expertise Advisor, Halifax, NS;

Kate Hill MacEachern, Ph.D., Senior Research Associate,
Atlas Institute for Veterans and Families, Ottawa, ON

The Royal Canadian Mountie is an internationally recognized symbol of Canadiana. Since 1873, the Royal Canadian Mounted Police (RCMP) has served as Canada's national police force, with women joining the ranks in 1974.[1] With more than 19,000 police officers, the RCMP provides contract policing, policing in Indigenous communities, federal policing, and specialized policing services to over 150 communities across the country.[2] For many Canadians, the image of an RCMP officer is one wearing the internationally recognized Red Serge and Stetson, often seen at community events, citizenship ceremonies, and at ports welcoming visitors from cruise ships. What is lesser known to Canadians are the challenges that Mounties face in donning this uniform.

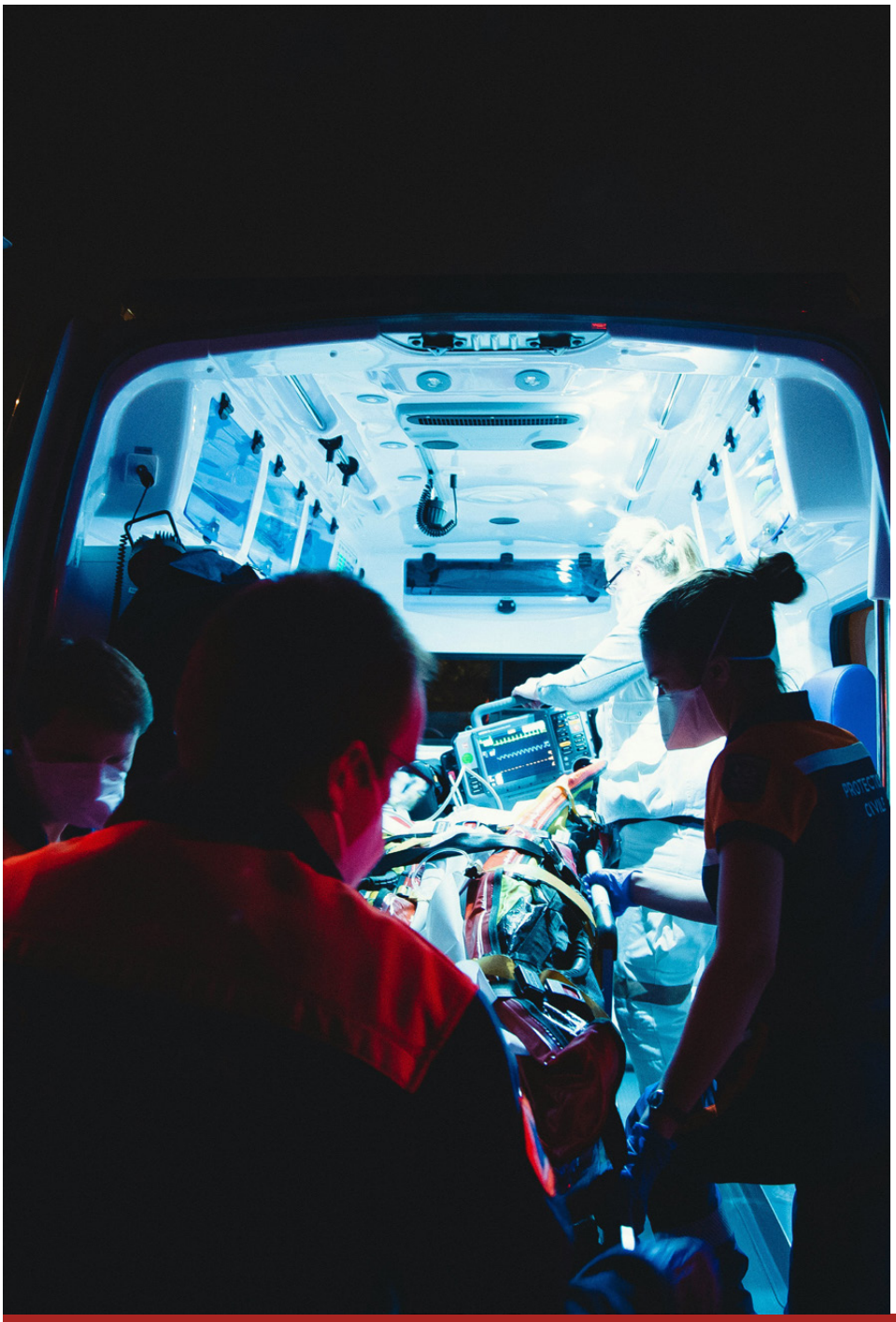
There are inherent and assumed risks to physical safety associated with becoming a police officer. The risks to psychological safety, however, are often not talked about. While most understand the associated risks of policing, many overlook the impact of daily exposure to potentially psychologically traumatic events (PPTEs) on RCMP officers in particular. In a single front-line police shift spanning 12 hours, an officer may respond to an aggravated sexual assault, remove an abused child from the care of their parents, attend to the body of someone who has died by suicide, and investigate a fatal head-on collision. And that is just one shift of hundreds to thousands in a full policing career. To that point, a study by Andrews and colleagues[3] found that, of all public safety personnel (PSP) in Canada (e.g., correctional workers, firefighters, paramedics, police, public safety communicators), RCMP officers reported being exposed to 13 different PPTE types during their careers. This was significantly higher than the number of PPTEs reported by other PSP (11) and is in stark contrast to the average person in Canada who will experience fewer than five PPTEs in their lifetime.[3-6]

Exposure to PPTEs can lead to mental disorders, including post-traumatic stress disorder (PTSD).[7] In the study by Andrews et al., exposure to PPTEs was significantly associated with screening positive for a mental disorder (e.g., generalized anxiety disorder, major depressive disorder, PTSD). Furthermore, a 2018 study of various PSP reported that 50% of participants who identified as RCMP officers screened positive for a mental disorder.[8] With regard to PTSD, recent findings suggest that RCMP officers are twice as likely to screen positive for PTSD compared to other groups of PSP.[9] While PTSD is commonly recognized as a combat injury or response to a singular PPTE (e.g., serious car accident), the experience and treatment of PTSD as a result of multiple PPTE exposures represents a unique challenge for RCMP officers and clinicians.

RCMP officers and their policing counterparts face unique, cumulative PPTE exposures, which means that clinicians treating resulting injuries must have a unique level of specialized training. This is imperative in light of findings reported in 2018 that 25.7% of RCMP officers in the sample reported suicidal ideations in their lifetime.[10] Furthermore, when asked about experiences in the past year, 9.9% reported having suicidal ideations and 4.1% had a plan to do so.[10] These past-year rates of suicidal ideation are consistent with what is reported by military veterans (9.8%; Sweet et al., 2020)[11] and statistically significantly higher than what is reported by the general Canadian population (2.6%).[12]

In order to effectively support the mental health and well-being of serving and former RCMP officers, there needs to be an understanding and recognition of cumulative PPTE exposures. This begins with an acknowledgment of the reality of what an RCMP officer experiences as a part of their daily work. In addition, there needs to be a commitment to better understand how continued PPTE exposures impact the long-term mental health and well-being of officers and former officers of the RCMP through dedicated research. Finally, there is a need for reconsideration of how clinicians interact with and provide treatment for RCMP officers and former officers through specialized training. If we look at the field of medicine, some physicians require specialized training in order to provide tailored services. RCMP officers need access to clinicians with training specific to this population who can best address the PPTE exposures experienced throughout their "daily deployments", to promote recovery and reduce the mental health challenges that are plaguing this population. Guided by lived expertise, researchers and clinicians need to work together to develop evidence-based and trauma-informed training programs specific to treating psychological injuries associated with PPTE in policing.

FOR A COMPLETE LIST OF REFERENCES, PLEASE GO TO CPA.CA/PSYNOPSIS



CONFRONTING CHALLENGES IN LONGITUDINAL RESEARCH FOR PUBLIC SAFETY PERSONNEL

Katie L. Andrews, Ph.D., Research Associate, Psychological Trauma and Stress Systems Laboratory, Department of Psychology, University of Regina, Regina, SK

In Canada, it has been almost 10 years since unprecedented focus on post-traumatic stress disorder (PTSD) among public safety personnel (PSP) prompted the Prime Minister to mandate the 2016 National Action Plan to address PTSD and other post-traumatic stress injuries (PTSIs, e.g., major depressive disorder, panic disorder, generalized anxiety disorder, social anxiety disorder) among Canadian PSP.[1] In response to the National Action Plan, initial data indicated that PSP experience diverse occupational stressors, including potentially psychologically traumatic events, which collectively increase their risk of PTSIs.

In 2018, the Federal Framework on PTSD[2] was enacted to improve recognition, collaboration, and support for those most impacted by PTSD. The call to action included bolstering the collective understanding of PTSD and underscored the need for collaboration between partners, stakeholders, researchers, healthcare providers, employers, and many others to implement regular mental health assessments and promote evidence-based interventions to mitigate mental health challenges for all PSP.

Since 2016, there have been increasing commitments and efforts to provide PSP with evidence-based supports to build resilience and mitigate mental health challenges related to duty-specific stressors.[1,3]

Many proactive and responsive mental health programs for PSP have been proffered, but extant research evidence regarding their effectiveness for mitigating PTSI among PSP remains limited, due in part to program and research designs[4,5] such as absent control conditions and longitudinal data.[4,5] Additionally, programs with broad empirical support do not appear singularly sufficient to accommodate the mental health needs of higher risk populations, such as PSP who experience repeated traumatic exposures and transdiagnostic symptoms.[6–8]

In an effort to address some of the current limitations, the RCMP Longitudinal PTSD Study (RCMP Study)[9] was designed to longitudinally assess integration of a tailored training for PSP entitled Emotional Resilience Skills Training (ERST) into the Cadet Training Program. Alongside ERST, a system of ongoing self-monitoring (i.e., annual, daily, monthly) of environmental factors and individual differences associated with PTSIs has been implemented to proactively support the mental health of RCMP officers. The RCMP Study intends to reduce risk, increase resilience and help-seeking, and enhance treatment efforts, all of which are expected to improve the psychological health and safety of all RCMP members.

At the same time, researchers and stakeholders also sought to extend the benefits of ERST for other PSP by adapting and implementing the ERST into the PSP PTSI Study (www.saskptsistudy.ca).[10] The PSP PTSI Study provided the opportunity to longitudinally assess environmental factors associated with PTSIs, such as PPTE exposures, and assess the impact and effectiveness of ERST and ongoing self-monitoring (adapted from the RCMP Study) on symptoms of PTSIs associated with PPTE exposures among a large diverse sample of Canadian PSP.

The RCMP and PSP PTSI Studies are some of the first collaborative efforts between researchers, stakeholders, employers, and clinicians to progress the National Action Plan and Federal Framework on PTSD by working to demonstrate the effectiveness of interventions for mitigating PTSIs among PSP. While the evidence from the RCMP Study and PSP PTSI Study for ERST and self-monitoring thus far is promising,[11-14] these efforts have highlighted valuable recommendations and unique challenges that should be considered when implementing longitudinal interventions with PSP groups.

Here is what we have learned so far:

- Cross-sectional data collected at single time points (i.e., lifetime estimates), though helpful in estimating current PTSI prevalence, do not allow for potentially important assessments of risk and causality. Robust randomized control trials will allow for observed changes in mental health to be more evidently ascribed to the intervention.
- Longitudinal assessments are necessary to understand the progression of PTSIs and allow for measurable indicators of change when assessing effectiveness of interventions. If possible, this should include data collected starting as early as training, throughout the career, and into retirement.
- Multimodal tools (e.g., daily, monthly, annual surveys, clinical interviews) will allow for expanded data collection, bolstering longitudinal assessments and addressing many of the limitations of cross-sectional data.
- Stigma remains a barrier to timely diagnosis, treatment, and participation in mental health programs among PSP.
- Differing levels of institutional support impact PSP engagement with resources and interventions. Participants who receive training in more supportive or more psychologically safe environments may benefit more from the intervention, may be more likely to have time to complete the training (i.e., paid time participation), and may be less likely to experience attrition from the study.
- Participation burden for PSP can be high on top of an already strenuous occupation but may be mitigated by consistent institutional support, providing paid time participation, and engaging with PSP regularly for feedback and fidelity checks.
- Planning for attrition and working to maintain retention are crucial to longitudinal research with PSP. Attrition may be mitigated by robust randomized controlled trials, with large sample sizes, increasing institutional support, implementing PSP-led training, providing group training, and considering high turnover and career burnout and staff shortages that already plague PSP sectors.

Important advances have been made since the 2016 mandate, but there is still work to be done. There is a need for robust longitudinal assessments of evidence-based mental healthcare treatments and supports to mitigate the mental health challenges of PSP. As we move forward, progressing the National Action Plan and Framework will require continuous collaboration from partners, stakeholders, employers, researchers, healthcare providers, community organizations, federal and provincial government, and, most importantly, people with lived experience, their families, and their support networks.

FOR A COMPLETE LIST OF REFERENCES, PLEASE GO TO CPA.CA/PSYNOPSIS

A bit of prevention theory

Prevention for supporting workplace psychological health includes:

"[...] all means implemented with the aim of avoiding the occurrence of accidents and eliminating the onset of illnesses and disabilities, delaying their progression or aggravation, and mitigating their impact on individuals in order to maximize their potential years of active life" [translation by authors].[1]

A DIVERSIFIED TRAJECTORY OF OCCUPATIONAL PSYCHOLOGICAL HEALTH SUPPORT IN A POLICE ENVIRONMENT: TEAMWORK

REVIEW OF THE PREVENTION CONTINUUM

Andrée-Ann Deschênes, Ph.D., Professor of Public Safety Management, Department of Management, Université du Québec à Trois-Rivières, Trois-Rivières, QC;

Annie Gendron, Ph.D. Researcher, Center for Strategic Research and Development, École nationale de police du Québec, Nicolet, QC;

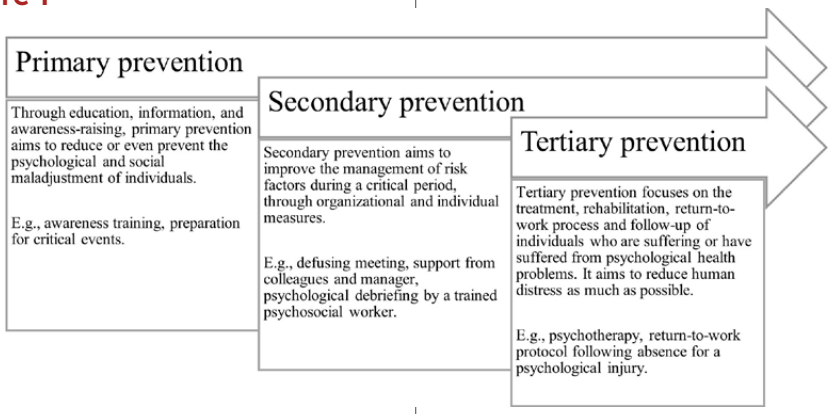
Clémence Emeriau Farges, Ph.D.(c), Department of Psychology, Université du Québec à Trois-Rivières, Trois-Rivières, QC;

Marie-France Marin, Ph.D. Professor, Department of Psychology, Université du Québec à Montréal, QC; and

R. Nicholas Carleton, Ph.D., R.D.Psych., FCAHS, MCRSC, Professor, Department of Psychology, University of Regina, Regina, SK

Prevention in workplace psychological health, like the prevention for any occupational risk, can describe three levels: primary prevention, secondary prevention, and tertiary prevention, which includes rehabilitation.[2,3] The prevention levels comprise a continuum (i.e., the complementary resource series needed at all organizational levels to provide a psychological support trajectory that addresses challenges experienced by police officers.

Figure 1



What is a psychological support trajectory?

Effective and optimal support for psychological health in the workplace requires more than implementing primary, secondary, and tertiary prevention measures. As psychosocial practitioners, we must adopt holistic, ongoing approaches framing psychological health as evolving processes, influenced by multiple factors throughout an individual's career. Each career stage can present unique personal and professional challenges. Individuals' needs vary by several factors (e.g., personal vulnerabilities, resilience, quality of social and professional support network, cumulative exposure to stressors), which must be considered for tailoring interventions. The support trajectory is designed to provide the right intervention at the right time, whether to prevent problems, intervene quickly in the event of difficulties, or accompany workers during recovery and return to a fulfilling working life. Success requires relevant, impactful, and flexible interdisciplinary collaborations.

Why this is so important?

Data analyzed by the l'Université du Québec à Trois-Rivières (UQTR) et l'École nationale de police du Québec (ENPQ) Research Chair in Occupational Psychological Health in Public Security found that ~75% of police report exposures to one or more potentially psychologically traumatic events (PPTEs) during their career.[4] PPTE exposures can make police officers' psychological health vulnerable, but are not necessarily the direct (or only) cause of symptoms or peritraumatic distress. In fact, how exposed police are treated by their police organization, and the available supports, are risk determinants for workplace psychological distress.[5]

Psychological prevention management is complex because vulnerability to developing different pathologies after PPTE exposure varies greatly between individuals and over time[6]: police who react poorly to an initial PPTE exposure may also develop clinically significant symptoms from a subsequent exposure; accordingly, solutions must consider diverse factors that modulate vulnerability. Individual risk factors include sex and gender, hormonal profile, certain personality traits, and previous PPTE exposures. Organizational risk factors include support systems.[5]

The available research suggests three key conclusions. First, the role of police organizations is crucial for preventing workplace psychological health challenges, particularly after PPTEs. A proactive, structured organization can greatly influence members' psychological well-being. Second, diverse complementary and well-structured preventive organizational activities are far more effective than improvised or ad hoc interventions, and activities must be adapted to serve police officers' specific needs. Third, the activities must be supported by culturally competent psychosocial counsellors available 24/7. Such professionals are key for providing prompt and appropriate support, particularly at critical moments. Their understanding of challenges specific to police facilitates trust with police, fostering effective interventions, and helps prevent long-term negative repercussions on psychological health.

Who is responsible for prevention?

Workplace psychological health is not just the responsibility of health specialists in police organizations; everyone involved must be a stakeholder. As an organization, do I prioritize a prevention trajectory? As a colleague, am I kind to my fellow workers? As a manager, do I provide adequate, consistent, and proactive support? As a union representative, do I ensure my members receive quality support? As a psychosocial counsellor, do I offer best practice services adapted to police realities? Preventing workplace psychological health injuries depends on an organizational culture where everyone plays their part appropriately.

FOR A COMPLETE LIST OF REFERENCES, PLEASE GO TO CPA.CA/PSYNOPSIS

Recognizing that public safety personnel (PSP), who are responsible for ensuring the safety of citizens, experience high rates of mental health challenges and face significant treatment barriers to treatment – such as limited time, geographical location, and concerns about privacy and stigma – the Government of Canada invested in the development and evaluation of internet-delivered cognitive behavioural therapy (ICBT) tailored for PSP. This initiative, called PSPNET, is led by Dr. Heather Hadjistavropoulos and housed at the University of Regina.

Interest in creating this care option for PSP comes from the fact that ICBT offers private and convenient mental health treatment that can be accessed virtually anytime and anywhere. In this approach, clients receive treatment strategies through an online course, sometimes independently and sometimes with therapist support.

INTERNET-DELIVERED COGNITIVE BEHAVIOURAL THERAPY TAILORED TO PUBLIC SAFETY PERSONNEL: DEVELOPMENT OF AN ACCESSIBLE OPTION FOR MENTAL CARE

Heather D. Hadjistavropoulos, Ph.D., Professor, Psychology and Director, PSPNET, University of Regina, Regina, SK;

Hugh C. McCall, Ph.D., Research Associate, PSPNET, University of Regina, Regina, SK;

Jill A. B. Price, Ph.D., Research Associate, PSPNET, University of Regina, Regina, SK

Therapist support typically consists of secure, brief, weekly messages and/or phone calls, which are designed to complement rather than replace online treatment materials. Hundreds of research studies have demonstrated that ICBT is effective in treating symptoms of anxiety, depression, post-traumatic stress, and more.[1] Moreover, these findings remain when ICBT is offered in clinical practice.[2]

To develop PSPNET, interested parties participated in interviews and focus groups[3] to tailor previously established, evidence-based ICBT courses for Canadian PSP. This process led to the creation of the first PSPNET therapist-guided transdiagnostic ICBT course, called the PSP Wellbeing Course, designed to address a wide range of mental health concerns. This course was rolled out first in Saskatchewan and subsequently in Québec, Nova Scotia, New Brunswick, Prince Edward Island, and Ontario. Efforts are underway to extend therapist-guided services to other Canadian provinces and territories. Subsequently, PSPNET expanded to offer a PTSD-specific ICBT course, called the PSP PTSD Course. Recognizing that some PSP do not want therapist assistance, PSPNET expanded to offer the PSP Wellbeing Course in a self-guided manner, which is now available across the country. PSPNET then collaborated with the Family Matters Research Group at Queen's University and the Child Trauma Research Centre at the University of Regina in the creation of PSPNET Families to provide resources to support the mental health of families. This initiative led to the development of a self-guided ICBT course tailored to addressing mental health symptoms (i.e., depression, anxiety) in spouses and significant others of PSP.[4]

While research continues, PSPNET's research to date has demonstrated that clients with clinically significant symptoms report large reductions in symptoms of anxiety and depression as well as moderate reductions in PTSD symptoms when enrolled in the PSP Wellbeing Course.[5]

Importantly, statistical analyses have revealed no differences in symptom change over time based on gender, linguistic group (English or French), occupational group, and years of occupational experience. Research has similarly shown the PSP PTSD Course is also effective and acceptable to PSP among clients with clinically elevated symptoms of PTSD.[6] Research on the self-guided PSP Wellbeing Course has been similarly positive.[7] Across all courses, satisfaction has been extremely high, showing that greater than 96% of clients report that treatment was worth their time. PSPNET has also published research addressing a range of other topics, such as the impacts of the COVID-19 pandemic on PSP, the potential impact of adding elements (e.g., mindfulness meditation, an online discussion forum) to PSPNET's courses, perspectives of PSP leaders on tailored ICBT, and PSP's experiences seeking and engaging in ICBT.

Each course offered by PSPNET consists of five core lessons that guide clients through key concepts and skills. These lessons cover (1) understanding symptoms and the cognitive behavioural model of treatment; (2) strategies for identifying and modifying unhelpful thoughts; (3) strategies for managing common physical symptoms of psychological problems; (4) skills to overcome avoidance and increase participation in meaningful activities; and (5) strategies for maintaining long-term well-being. Each lesson includes text, diagrams, case stories, suggested homework assignments, audio, and video content. In addition, a wide range of supplementary resources has been developed to support clients with various issues, such as problems with sleep, intimate relationships, motivation, anger, and alcohol use. PSP have expressed appreciation for several key features of the PSPNET courses, including the structured yet flexible format of ICBT, the practical and relevant content, the ease of access, the inclusion of additional resources, relatable examples, and the ongoing support provided by therapists.[8]

As of December 2024, PSPNET has enrolled 1308 clients in therapist-guided ICBT courses, 779 clients in self-guided ICBT, and 235 in self-guided ICBT for spouses and significant others. A core principle of PSPNET has been to develop a service with and for PSP following the advice of PSP. Current efforts include tailoring an ICBT course focused on sleep for PSP and evaluating the benefits of ICBT for Indigenous PSP, PSP leaders, and clients seeking services for subthreshold symptoms. Ongoing research also aims to enhance the case stories for PSP, which are important for helping PSP feel less alone and provide inspiration for making mental health changes. Ultimately, by making ICBT available to PSP and continually conducting research with and for PSP, PSPNET aims to ensure that PSP receive the free, convenient, and confidential mental health care they deserve.

For more information about PSPNET, including our peer reviewed research, visit www.pspnet.ca.

FOR A COMPLETE LIST OF REFERENCES, PLEASE GO TO CPA.CA/PSYNOPSIS

GROUP APPROACHES TO WORKING WITH TRAUMA-EXPOSED PROFESSIONALS (TExP): COMBATTING SHAME AND ISOLATION IN TRAUMATIZED FIRST RESPONDERS AND OTHER PUBLIC SAFETY PERSONNEL

Timothy G. Black, Ph.D., R.Psych., National Clinical Director, Wounded Warriors Canada, Victoria, BC

There are unique challenges to treating traumatized individuals that are best dealt with in one-on-one counselling and psychotherapy. A robust and effective therapeutic relationship with an individual care provider can be a lifeline for trauma-exposed professionals (TExP)[1] who are ill and injured. As important as individual therapy can be for recovery from post-traumatic stress injuries (PTSI), there are also limits to what can be accomplished within a one-on-one relationship that group counselling and psychotherapy approaches can provide, specifically in the areas of trauma-related shame and isolation.

The author advocates for a both/and approach to recovery from traumatic injury, recognizing the different and complementary contributions of individual and group approaches to counselling and psychotherapy. Traumatized individuals often deal with shame[2] and isolation[3,4] as some of the most insidious aspects of the recovery process, and anecdotal evidence would suggest some trauma sufferers may even experience a kind of "treatment isolation effect" (TIE), particularly in the current era of online sessions delivered remotely in one's home. In these cases, group counselling and psychotherapy can provide the opportunity to address both shame and isolation directly, by providing: 1) potentially therapeutic interactions with non-therapists (i.e., fellow group participants), and 2) the opportunity to risk judgment by their peers by doing work in a less "private" environment in the presence of others.

Effective trauma therapists help clients learn to self-regulate, self-soothe, meditate, ground, etc., in a quiet place free from distractions at home. The injured client is encouraged to take time away from family or friends when they get triggered to calm their nervous systems and return to a state of being within one's Window of Tolerance[5] (WoT). Group counselling and psychotherapy approaches to trauma recovery require people to engage in regulation strategies in the presence of others, reinforcing social connection as an important aspect of self-regulation and recovery. Clients who learn to regulate and self-soothe in the presence of fellow group participants are prevented from engaging in avoidance and isolation behaviours. Being part of a group is the opposite of isolating oneself and can create a sense of connection during recovery from trauma (see Herman's Tri-Phasic Model[6]). Group counselling can be a "bridge" between the safety, security, and relative isolation of an individual therapist's office and the unpredictable world of people "out there". Groups can also be instrumental in addressing traumatic shame in ill and injured TExP.

TExP work environments rely on teamwork, group cohesion, and "having each other's backs". One of the most challenging aspects of PTSI for injured TExPs is that they are often relieved of their duties and sent home or, if still working, hide their symptoms from peers out of fear of judgment. Being removed from the work environment is often experienced as shameful, especially when one's friends and coworkers on the job continue to be put in harm's way, while the injured TExP "sits at home" recovering. Many injured TExP feel there is something wrong with them and they are different from their peers, ashamed of the fact that they were injured when others were not. Group counselling for these injured TExP can address this shame directly in ways individual therapy may not be able to.

When a client is seeing their individual therapist and feeling ashamed that they are uniquely injured and unable to handle what happened to them, the therapist may reassure their client, speak about the research on rates of injury, and encourage them to not judge themselves. These are all appropriate strategies to combat the client's self-recrimination. However, there is no substitute for validation and normalization provided by one's peers, especially in TExP work cultures. TExP clients can and often will dismiss their therapist's attempts at validation as a well-meaning professional, who "doesn't really get it". However, being a member of a group of six to eight TExP peers who validate one's experiences is far more difficult to dismiss, especially since all of the TExP peers "do get it" and are similarly injured.

It can be tempting to position individual and group therapy as merely two different options for injured TExP. However, this would not be the most helpful approach for recovery and subsequent return to connection with friends, family, and community. Wounded Warriors Canada advocates for a progress-based, "trauma gains" approach to recovery, where finding an individual trauma therapist is one important gain on the road to healing and, at some point, becoming part of a group constitutes another gain accomplished on the path to reconnection. The question should not be: "Should an individual go to group or individual therapy?" Rather, the question ought to be: "When is one ready for individual therapy, and when will they be ready for group?"

FOR A COMPLETE LIST OF REFERENCES, PLEASE GO TO CPA.CA/PSYNOPSIS

First responders (FRs) – including police officers, firefighters, and paramedics – are frequently exposed to potentially psychologically traumatic events (PPTEs), with as many as 45% reporting experiencing one or more mental disorders.[1] The impact of such operational stress and trauma often extends beyond the individual FR, however, affecting their families, particularly spouses and significant others (SSOs).[2] Spouses and significant others often bear a significant burden supporting FR members, and they are identified by FRs as a primary resource ahead of physicians, psychologists, and even work colleagues.[3] The toll of this exposure to operational stress and the load of being a primary caregiver can lead to relational challenges, impacting their own well-being.[4,5] The growing recognition of the impact of public safety personnel (PSP) work on spousal well-being has underscored the need for support programs that address the unique strengths and needs of FR families.[6-8]

As the number and quality of prevention and intervention programs for FRs grow, we are finally beginning to see the development and delivery of supports and resources that are

BECAUSE THEY DESERVE IT: PUTTING FAMILIES FIRST IN FIRST RESPONDER FAMILIES

Hanna Duffy, Ph.D., R.Psych., Clinical Supervisor, Centre for Wellbeing in Education, University of Calgary, Calgary, AB;

Kelly Dean Schwartz, Ph.D., R.Psych., Associate Professor, School and Applied Child Psychology, University Calgary, Calgary, AB

strategically designed to consider the experiences of family members living with a FR. These include specialized interventions like the Spousal Resiliency Program through Wounded Warriors Canada,[9] online resources such as the PSPNET Families Wellbeing Hub and its SSO Wellbeing course, and upstream psychoeducation and support programs like Re: Building Families.[2]

The Spousal Resiliency Program (Wounded Warriors Canada)

The Spousal Resiliency Program offers support and resources to spouses and partners of FRs and veterans. Focusing on building resilience, the program provides peer support, education, and skill-building opportunities within a safe and confidential environment, through multi-day retreats. Participants learn coping mechanisms for stress and anxiety, connect with others facing similar challenges, and gain insights into mental health, communication, and relationship dynamics. By emphasizing self-care and providing a supportive space, the program empowers spouses to navigate the unique demands of FR family life and prioritize their own well-being.

PSPNET Families Wellbeing Hub (PSPNET)

The PSPNET Families Wellbeing Hub is an online platform offering comprehensive resources and support tailored to the unique needs of PSP families. Recognizing the substantial impact of PSP work on family dynamics, the hub provides educational materials, self-help tools, and information on mental health and coping strategies. A key component of the hub is the SSO Wellbeing course, a cognitive behaviour therapy (CBT)-based program designed to equip spouses and partners with practical skills to manage stress, anxiety, and other mental health challenges. This self-paced course allows SSOs to prioritize their well-being while navigating the complexities of supporting a PSP member.

Re: Building Families Program (Family First Responder Inc.)

Family First Responder Inc. is dedicated to building and delivering evidence-informed programming to FRs and their families. Its first program, Re: Building Families (RBF), is a psychoeducational and support program specifically designed to address the impacts of operational stress on the personal, social, and mental health of spouses and partners in FR families. Built on the knowledge gathered from focus groups[10] and online surveys,[11] the RBF program consists of six structured modules that combine psychoeducation, workbook activities, and opportunities for reflection and discussion. Participants gain a comprehensive understanding of operational stress and FR culture, emphasizing the importance of open communication, mutual support, and embracing personal identity both within and outside the family context. The RBF program explores communication styles and relational patterns that affect family support, and provides strategies, practical tools, and insights to enhance spousal well-being and navigate the unique challenges of living in a FR family. Results are showing a very positive and statistically significant trajectory of change in levels of stress, depression, and anxiety, and in several areas of relationship functioning (e.g., communication, affective responsiveness), and family satisfaction.[2]

With these notable programs and resources identified, there is still much work to do to in ensuring FR family members have accessible and available supports within their reach. Of note are several key areas that deserve attention. First, the number of evidence-informed programs for families is very low (i.e., only the RBF program to date), and this is concerning given the plethora of programs marketed to military and first responder families that are sorely lacking in both theoretical grounding and empirical validity. Secondly, and related to this, there is a dearth of mental health professionals (i.e., psychologists, clinical social workers) who have the expertise and competence to deliver trauma-sensitive programming to families with recognized credentials and specialized training. Third, as programs are piloted and tested, there continues to be an issue with FR families being made aware of and participating in such programs due to information gridlocks and organizational priorities that place the value of family programming far down the ladder. Finally, as the number and severity of PPTEs increases for FRs, and acknowledging the lack of affordable and trauma-informed tertiary interventions, it is imperative that we devote energies to providing more upstream, prevention-based mental health services to FRs and their families.

As the field of FR family support continues to evolve, a proactive and upstream approach to program development will be crucial in effectively building on the strengths and addressing the unique needs of FR spouses and their families. Peer-reviewed publications on the theoretical[12] and empirical[10] foundations for the RBF program will go well to support our passionate advocacy for first responder families and how they deserve access to evidence-informed programming on par with that made available to the wider first responder community.

FOR A COMPLETE LIST OF REFERENCES, PLEASE GO TO CPA.CA/PSYNOPSIS

MENTAL HEALTH TRAINING FOR THE FRONT-LINE: MOVING FROM REACTIVE TO PROACTIVE

Megan McElheran, Psy.D., R.Psych., Wayfound Mental Health Group, Calgary, AB

In the context of data published by Statistics Canada in 2023,[1] psychological resources available to Canadians have become increasingly sparse. According to their sampling up to the end of 2021, there were psychologists available to Canadians at a ratio of 2000:1. The ability to access psychological supports has become increasingly challenging for Canadians, let alone for Canadians who provide specialized services to our communities.

Public safety personnel (PSP, e.g., law enforcement officers, firefighters) are tasked with safeguarding the well-being of our communities and our nation. Their occupations involve tremendous risks. From a psychological perspective, understanding has grown in recent years regarding the significant psychological risks faced by PSP, with data suggesting that up to 43.5% of PSP would screen positive for at least one mental health condition[2] (e.g., post-traumatic stress disorder [PTSD], major depressive disorder).

As knowledge grows regarding the unique risks faced by PSP, combined with understanding how vulnerable PSP are to mental health decline in the context of their occupations, novel solutions are required to protect their mental wellness. There is a general shortage of psychologists that are able to provide culturally competent evidence-based mental health care when PSP develop mental health conditions; as such, emphasis needs to be put on prevention and proactive interventions.

Recent efforts have been made towards developing training and early intervention programs for PSP, especially since presumptive PTSD legislation was enacted in most Canadian provinces and territories by 2015.

In my clinical career treating PSP with operational stress injuries such as post-traumatic stress disorder, my clients often commented that they wished they had known things learned in treatment earlier in their careers. Clients perceived that they could have potentially taken better care of their psychological health had they had more literacy and understanding regarding the impact of operational stress and how to monitor different components of mental health. This led to the development of the Before Operational Stress (BOS) program, which has been deployed to PSP since 2018. Positioned as a training program designed to enhance the proactive psychological protection skills of participants, evaluations of the BOS program[3,4] have evidenced statistically significant mental health improvements for participants on conclusion of training.

Proactive training components

Whatever form of proactive training PSP complete, there are certain training objectives designed to prevent the onset of an operational stress injury, a sampling of which are described below.

Earlier intervention

Common sense dictates that addressing problems sooner should reduce long-term consequences. In the physical health context, there has been consistent encouragement for decades regarding the importance of being proactive in the service of illness and injury prevention (e.g., seeing the dentist for routine hygiene to prevent gum disease and cavities). The mental health field has been slower to adopt proactive approaches, with unfortunate consequences. Someone struggling with post-trauma psychological symptoms without spontaneous resolution by 12 months post-exposure is unlikely to fully recover without clinical intervention. Ipso facto, the longer someone waits to access support, treatment, and intervention, the more challenging recovery becomes. An important goal of proactive training programs is to help PSP to identify when they may be experiencing mental health decline relative to organizational and operational stress exposure. In the road to mental readiness (R2MR),[5] problems are identified by teaching about the mental health continuum and providing a straightforward mechanism for PSP to monitor their mental wellness. The goal is earlier recognition of injuries and earlier access to support.

Increase help-seeking behaviour

If PSP can be trained how to detect negative mental health changes by way of increasing mental health monitoring, proactive training can also encourage help-seeking behaviour. In fact, in the first evaluation of the BOS program, at times up to 20% of participants identified that due to what they had learned in training, they had sought ongoing mental health treatment since they saw that there were mental health issues that required further intervention. This is a positive outcome. PSP face relentless exposures to potentially psychologically traumatic events; therefore, encouraging early and frequent mental health service engagement provides a proactive strategy with beneficial outcomes from upstream training.

Decrease stigma

By instituting organizational upstream mental health training, potential negative attitudes towards mental health discussions can be minimized. Proactive training programs have the benefit of normalizing conversations regarding mental health and help to validate for all members of PSP organizations that the psychological risks faced are legitimate and in fact quite common.

FOR A COMPLETE LIST OF REFERENCES, PLEASE GO TO CPA.CA/PSYNOPSIS

NAVIGATING THE PSYCHOLOGICAL CHALLENGES OF PUBLIC SAFETY SERVICE: BUILDING RESILIENT PATHWAYS

Katy Kamkar, Ph.D., C.Psych., Clinical Psychologist; Associate Professor, Department of Psychiatry, Temerty Faculty of Medicine, University of Toronto, Toronto, ON

Public safety personnel (PSP) serve as the backbone of the national safety and emergency response. They face high exposure to potentially psychologically traumatic events, and these experiences, coupled with occupational stressors and personal factors, can increase the risk of mental health challenges, including anxiety, depression, post-traumatic stress symptoms, and burnout.[1]

Resiliency pathway interventions for PSP are essential to support psychological and emotional health, given their roles characterized by high exposure to trauma, occupational stress, and chronic pressure. Resiliency interventions help promote well-being, quality of life, proactive coping with stressors, job satisfaction, and organizational effectiveness, thereby enhancing both individual and collective health.

Setting resiliency pathways

Trauma-informed training equips PSP with skills and strategies to recognize signs of stress and trauma, as well as proactive coping techniques. Mental health literacy and psychoeducation programs aid in recognizing common psychological trauma responses,

identifying early symptoms of stress and burnout, reducing stigma, and fostering proactive coping mechanisms.[2]

Additionally, many organizations have established peer support networks to provide a safe, confidential space for PSP to discuss workplace or personal struggles with colleagues who understand the unique pressures of their roles. Peer support promotes collective resilience and encourages help-seeking behaviours and open dialogue.[3]

Resiliency interventions also include a variety of stress management and mindfulness practices, such as sensory grounding techniques, deep breathing, progressive muscle relaxation, and guided meditation. These techniques enhance emotion regulation, help PSP manage the intensity of their work demands, build cognitive focus and mental agility, and optimize decision-making processes.

Education on sleep hygiene, particularly regarding the impact of shift work and irregular schedules on health, sleep patterns, and cognitive functioning, has also been widely implemented.[4] Recognizing sleep as a pillar of resilience ensures PSP maintain mental, physical, and social health.

Alongside sleep hygiene, maintaining physical fitness through regular exercise has been emphasized, given the interconnected nature of physical and mental health in building emotional resilience. Exercise boosts endorphins, reduces stress, and improves mood, serving as a protective factor against the psychological toll of PSP work.

Post-incident follow-ups, support, and education to process potentially psychologically traumatic events are increasingly common,[5] as are programs that support family members with resources, counselling, and connections to community networks. When families are prepared to support their loved ones, PSP are more likely to experience a stable, supportive home environment.

Leadership training focused on resilience-building and empathy is essential for fostering a culture of wellness and a supportive organizational culture. Resiliency programs that involve leaders as advocates and role models have been shown to increase engagement and trust.[6]

Cognitive-behavioural strategies are essential tools for managing stress, anxiety, and other challenging emotions. These strategies focus on identifying and reframing negative or unhelpful thought patterns, which can exacerbate psychological distress and stress and negatively impact our coping and decision-making processes. A variety of techniques such as thought challenging, cognitive restructuring, and behavioural activation can help towards building balanced, constructive perspectives. The cognitive behavioural process helps towards emotional regulation and improves overall resilience. As well, personalized development plans such as goal setting and achievements, and finding purpose and meaning, also help towards building resiliency. By providing access to these tools and strategies, PSP can feel more confident in their ability to manage stressors.

Another essential component of resilience is fostering a sense of community and social support. Social connections can significantly buffer against the psychological effects of trauma and chronic stress.[7] We have seen many PSP organizations implementing initiatives to strengthen social support. For instance, team-building exercises, family days, and peer-led activities have increasingly been seen. Additionally, connecting to mental health professionals and community resources further reinforces the importance of seeking help and reducing isolation. Community support helps towards individual resilience and collective strength.

Training on self-compassion has also gained attention, offering PSP a way to counter the mental and emotional toll of their demanding roles. Self-compassion, involving self-kindness, balanced perspective-taking, and non-judgmental acknowledgment of one's struggles, helps PSP manage the feelings of isolation and inadequacy common in high-performance, high-resilience occupations. By embracing self-compassion, PSP can develop greater emotional and psychological resilience, enhancing well-being and reducing burnout risk.[8] Practicing self-compassion allows PSP to process difficult experiences, recover more quickly from setbacks, and maintain a healthier balance between professional demands and personal well-being.

Conclusion

Building resilient pathways for PSP is critical to ensuring their long-term health, work satisfaction, and occupational effectiveness. Through trauma-informed training, peer support, mindfulness, physical fitness, family support, cognitive-behavioural strategies, and self-compassion practices, PSP can develop the psychological and emotional tools needed to thrive in their challenging roles. Organizational commitment to these resiliency pathways helps to improve individual well-being but also foster a culture of empathy and resilience within the public safety workforce.

FOR A COMPLETE LIST OF REFERENCES, PLEASE GO TO CPA.CA/PSYNOPSIS

CPA HIGHLIGHTS

A list of some of our top activities since the last issue of *Psynopsis*.

Be sure to contact membership@cpa.ca to sign up for our monthly Psygnature e-newsletter to stay abreast of all the things we are doing for you!

RELEASE OF CPA POLICY PRIMERS

Knowing that a federal election is around the corner, the CPA recognizes the importance and need to continue to invest in our collective mental health, which brings with it a number of health, social, and economic dividends that benefit individuals, families, communities, and the country as a whole. With the objective of contributing to the country's public policy-making when it comes to mental health, the CPA has developed a policy primer entitled The Federal Government & Mental Health Policy…Preparing for the Next Federal Election. The CPA has focused on a select number of policy issues where the federal government can play a strong leadership role: (1) improving and expanding publicly funded access to psychological services; (2) improving employer-based coverage for psychological services; (3) increasing the number of practicing clinical psychologists; and (4) increasing investment in psychological research.

CPA SIGNS GLOBAL PSYCHOLOGY ALLIANCE (GPA) DEMOCRATIC SYSTEMS AND PSYCHOLOGICAL SCIENCE STATEMENT AND CALL TO ACTION

The CPA has signed a statement published by the GPA, Democratic Systems and Psychological Science: A Collective Statement and Call to Action. The members of the GPA have recognized the profound impact of social and political determinants on mental health and call upon psychologists worldwide to advocate for the protection and promotion of democratic systems as a means to enhance health globally.

CAMIMH RELEASES 3RD ANNUAL MENTAL HEALTH-SUBSTANCE USE HEALTH REPORT CARD

The Canadian Alliance on Mental Illness and Mental Health (CAMIMH) released its third annual mental health-substance use health report card. It is clear that there remains a gap between what the people of Canada expect from their governments and what they are delivering. More must be done to ensure people in need of support for their mental health and substance use health get the care they need, when they need it. See news release and survey results at the Advocacy section of the CPA website.

PSYCHOLOGY MONTH 2025

Our theme for Psychology Month 2025 was Women in Science, where the CPA highlighted the work being done by some incredible psychological scientists. Read profiles of geropsychologist Dr. Jessica Strong, North Pole adventurer Laura Thomas, and Dr. Liisa Galea of CAMH's womenmind™ program at our website. Listen to special *Mind Full* podcasts with Dr. Winny Shen, Dr. Wendy Craig, Dr. Deinera Exner-Cortens, Madeline Springle, and Dr. Sophie Bergeron wherever you get your podcasts.

CPA HIGHLIGHTS

CPA SUPPORTS HISTORIC AMENDMENT TO THE CANADA HEALTH ACT

On World Mental Health Day, Member of Parliament Gord Johns (NDP, Courtenay-Alberni) rose in the House of Commons and tabled Bill C-414, An Act to Amend the Canada Health Act (mental, addictions, and substance use health services). If passed, the Bill will provide the people of Canada access to a wider array of publicly funded services for mental health and substance use health in their communities. Both the CPA and the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) issued news releases in support of this historic piece of legislation. Mr. Johns' news conference, with the CAMIMH co-chairs, can be found on YouTube.

PSYCHOLOGY WORKS Resources

The Canadian Psychological Association has a number of resources under our **Psychology Works** banner including Fact Sheets and Videos.

FACT SHEETS

2-to-5-page documents providing clear and easy-to-understand information on important psychological topics.

There are currently over 90 fact sheets on various topics such as **addictions** (e.g., opioid crisis in Canada, gambling), **pain** (e.g., arthritis, chronic pain), and **healthy living** (e.g., benefits of nature, physical activity), to name a few.

These fact sheets are open to the public and can be shared with clients, colleagues, or anyone who may benefit from them. To view the wide array of *Psychology Works Fact Sheets*, visit cpa.ca/psychologyfactsheets/

VIDEOS

Do you prefer to watch, rather than read your info? Then check out our 24 Fact Sheet videos on topics like – **phobias**, **bipolar disorder**, and **caregiver stress**. You can find all our videos here – cpa.ca/factsheetvideos/

OF PARTICULAR RELEVANCE TO THIS ISSUE OF PSYNOPSIS

See our **Coping with Emergencies, Disasters and Violent Events Fact Sheet** (https://shorturl.at/gqavH) and **Video** (https://www.youtube.com/watch?v=FjIVmCQK32E)

INFORMED. ENGAGED. CONNECTED.

CANADIAN PSYCHOLOGICAL ASSOCIATION
SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE