

FINDING THE RIGHT HELP:
Advocating for
Effective Trauma
Therapy in Public
Safety Personnel

Samantha Zahra, AEMCA, MACP, RP



Why Choosing the Right Therapy Matters

- Public Safety Personnel (PSP) are routinely exposed to potentially traumatic events as part of their occupation.
- This exposure increases the risk of developing clinically significant mental health symptoms.
- Trauma is a transdiagnostic risk factor for a multitude of mental health disorders among PSP.
- A Canadian study found that 44.5% of PSP surveyed screened positive for clinically significant symptom clusters consistent with one or more mental health disorders (Carleton et al., 2018).



The Hidden Barriers to Effective Trauma Treatment

- Stigma surrounding mental health continues to act as a barrier, preventing PSP from seeking or engaging in care.
- Mental health systems can be complex, difficult to navigate, and stigmatizing, making it challenging for PSP to access the right care at the right time.
- There is often a cultural disconnect between clinicians and PSP, where providers may not fully understand the realities and demands of first responder work.
- Generic talk therapy often does not address the underlying function of trauma, which can limit meaningful progress in recovery.
- Many PSP are misdiagnosed or placed into generic therapy approaches that do not adequately address trauma - related symptoms.
- The lack of clinicians who are trained in trauma -focused, evidence-based therapies limits access to effective treatment.



The Difference Between Therapy and Effective Trauma Treatment

Not All Therapy Is Created Equal

We often hear the terms trauma-informed and traumafocused used interchangeably, but it is important to note that they are not the same thing.

Understanding this difference can completely change the quality of care received.

Trauma -Informed Care

Clinicians understand that trauma exists

Are sensitive in how they communicate

Avoid “re-traumatization”

May unintentionally reinforce avoidance

Might not be trained in evidence-based practices

Trauma -Focused Care

Clinicians are trained to treat the effects of trauma

Provide frontline, evidence-based treatments

Use manualized and structured modalities

Conduct measurement-based care to track outcomes and progress

Do not collude with avoidance

What Effective Treatment Looks Like

Evidence-Based Therapy

This term gets used a lot, but what does it actually mean?

It means the therapy has been:

- Studied in controlled research trials
- Proven to reduce symptoms
- Replicated across different populations
- Reviewed by independent experts
- Provides a clear structure

- Produces larger and more reliable improvements
- Systematic reviews show trauma-focused therapies are more effective than non-directive counselling (Cusack et al., 2016)
- Trauma-focused therapies consistently outperform non-specific therapy for PTSD (Cusack et al., 2016)
- Non-specific therapy feels supportive, but may not lead to real recovery

Therapy	Full Name	Core Focus	How It Works	Structure	Best Fit For	Key Strengths	Potential Challenges
CPT	Cognitive Processing Therapy	Thoughts & beliefs related to trauma	Identifies and challenges “stuck points” (e.g., guilt, shame, safety beliefs)	Structured, typically 12 sessions with worksheets/homework	Individuals struggling with guilt, self-blame, or meaning-making	Strong evidence in military/PSP populations; highly structured	Requires cognitive engagement and homework
PE	Prolonged Exposure	Avoidance & fear responses	Gradual exposure to trauma memories and avoided situations	Structured, typically 8–15 sessions with repeated exposure exercises	Individuals with high avoidance, fear, or reactivity	Considered gold standard; strong symptom reduction	Can feel intense; requires willingness to engage with memories
EMDR	Eye Movement Desensitization and Reprocessing	Trauma memory processing	Uses bilateral stimulation (e.g., eye movements) while recalling trauma	Structured but flexible phases; varies in length	Individuals who prefer less verbal detail or structured exposure	Widely used; effective for many; less homework heavy	Mechanism less clearly understood; variable protocols
CBCT	Cognitive Behavioral Conjoint Therapy for PTSD	Relationship + trauma impact	Treats PTSD within the context of a relationship (partner involved)	Structured, ~15 sessions with both partners present	Individuals in committed relationships impacted by trauma	Improves both PTSD symptoms and relationship functioning	Requires partner participation and readiness



Turning Therapy Into Measurable Progress

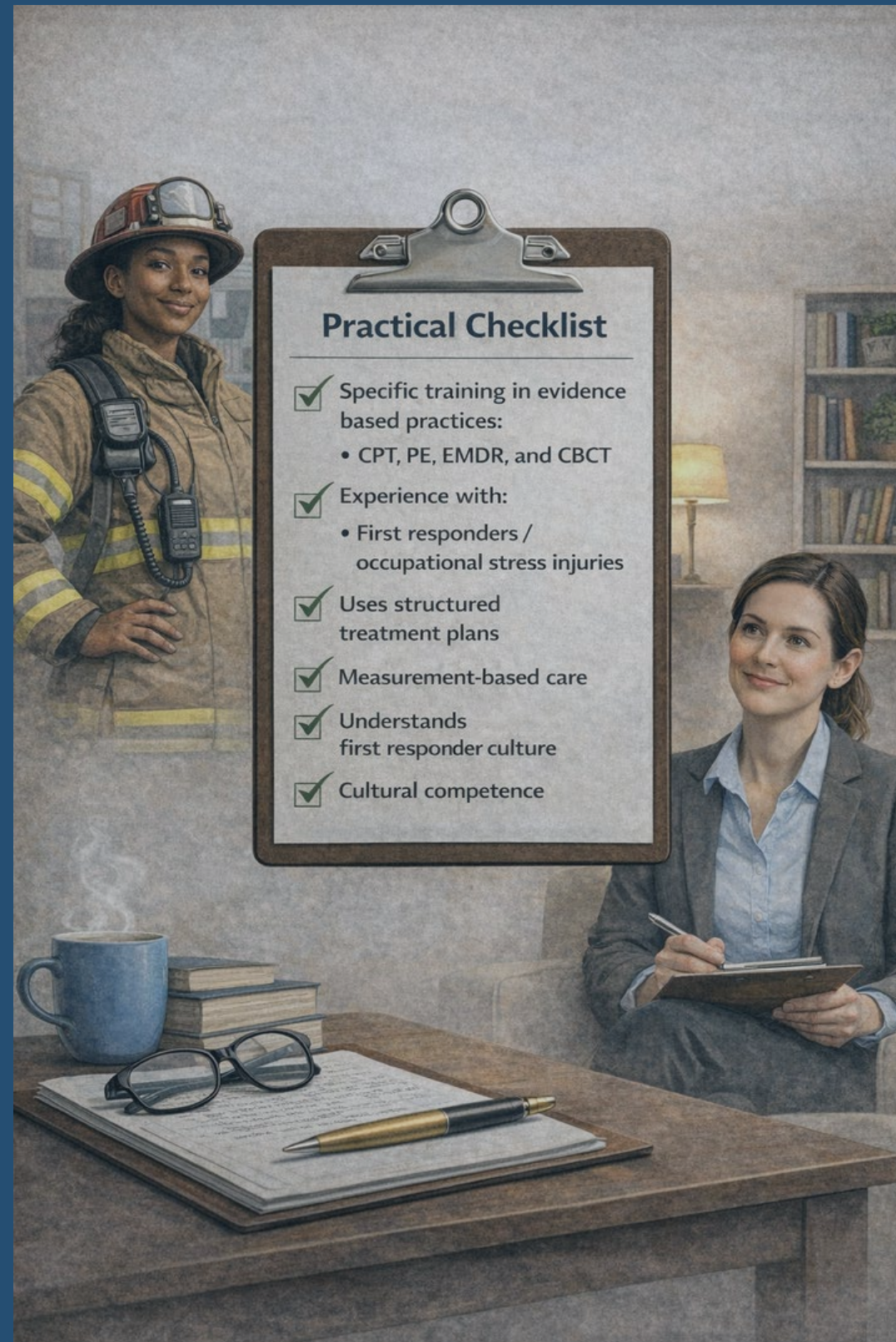
Measurement-based care is a method of delivering therapy in which progress is consistently monitored through standardized tools. The information then guides treatment plan adjustments and monitors outcomes.

WHY DOES THIS MATTER?

PSP benefit from measurement based care because it ensures accountability, provides clear indicators of progress, and helps prevent prolonged engagement with ineffective treatment.

PRECISION MATTERS: CHOOSING A TRAUMA THERAPIST

Finding the right help changes everything.



- ✓ Specific training in evidence -based best practices (e.g., CPT, PE, EMDR, CBT-I)
- ✓ Experience working with PSP / occupational stress injuries
- ✓ Cultural competence training / personal experience
- ✓ Use of structured treatment plans
- ✓ Treatment plans are guided by an assessment and the case conceptualization
- ✓ Utilize measurement -based care
- ✓ Trained in the treatment of PTSD and other trauma -and-stressor related disorders (e.g., GAD, SUD, insomnia)
- ✓ Follow frontline treatment recommendations (ISTSS, VA/DoD, APA, NICE)

How to Choose an Effective Trauma Therapist

ASK QUESTIONS:

Choosing the right therapist starts with asking the right questions.

CORE QUESTIONS

- What traumafocused therapies are you trained in?
- How do you typically treat PTSD and other trauma related disorders?
- What does a typical session look like?
- How long does treatment usually take?
- How do you measure progress?
- Do you create a case conceptualization for each client?
- Are you actively in supervision/consultation?

OURCOME AND ACCOUNTABILITY

- What outcomes should I expect, and when?
- How will we know if this is working?
- What do we do if it's not working?

FIT AND EXPERIENCE

- Do you have experience working with PSP?
- How do you adapt therapy for occupational stress injuries?
- Have you taken cultural competence training?
- Have you worked with PSP through WSIB/WCB? If so, have they experienced a successful RTW or retraining?

The right therapist will:

- Name a specific approach (e.g., CPT or PE)
- Explain it clearly
- Describe a structured process
- Collaboratively set therapeutic goals
- Talk about tracking progress

Clinical Indicators to Consider

BE MINDFUL IF YOU HEAR:

- “I use a little bit of everything”
- “I have never heard of that therapy”
- “We’ll just talk and see where the session takes us”
- “Let’s just focus on coping skills”
- “I don’t like labeling approaches”
- “I have not been trained in that therapy, but it’s just a protocol, so I can follow the book”
- “I treat trauma”

TAKE NOTE IF:

- They offer no clear treatment model
- Their answers are vague
- No clear timeline or structure to therapy
- They say they treat PSP and are not trained in any evidence-based, frontline treatment modalities
- They indicate expertise across all mental health conditions without specific focus





How to Get the Most Out of Therapy

#1 TIP FOR PSP: START THERAPY BEFORE YOU “NEED” IT

Approach therapy like your life depends on it, because in many ways it does.

Be an active participant in your therapy rather than remaining passive or complacent.

Therapy should not feel stagnant over time, and a lack of progress is important to address.

Research shows that early improvement is often linked to better long term outcomes (Delgadillo et al., 2014).

Greater client engagement is associated with improved treatment outcomes (Hibbard & Greene, 2013).

“Get active in your own rescue”

Marcus Aurelius

Expect the same level of quality in your therapy as you do in your career.

Be active in your therapy. Ask questions, stay curious, and check in with yourself.

After 4–6 sessions, consider if you are learning anything new, if there is direction, and if anything is changing.

Therapy should feel purposeful. If it feels stagnant, pay attention and ask questions.

Therapeutic connection matters, but approach matters more.

The best outcomes happen when you have both a strong relationship and an evidence-based method (Norcross & Lambert, 2018).



Key Information for Families

Support your loved one by encouraging the right help, not just any help.

Normalize that it may take more than one therapist to find the right match.

Support without pressure: stay involved, listen, and reinforce that effective help is worth finding.

Ask questions together about therapist training, approach, and experience working with PSP.

Pay attention to progress and function, not just attendance.

Roadmap for Securing Effective Therapy



1. Recognize the risk of repeated trauma exposure
2. Engage in therapy before you “need” it
3. Choose the right therapist
4. Ask questions upfront
5. Understand what evidence-based therapy entails and how to recognize it
6. Be an active participant in your own therapeutic process
7. Ensure measurement-based care is utilized
8. Watch for red flags when choosing a therapist
9. Involve and educate family members
10. Sustain longterm mental wellness by taking part in effective therapy

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Question & Answer

Contact

Samantha Zahra

 szahra@frontline9consulting.ca

 www.frontline9consulting.ca

 [@frontline9consulting](https://www.instagram.com/frontline9consulting)