

FINDING THE RIGHT HELP:

ADVOCATING FOR EFFECTIVE TRAUMA THERAPY FOR PUBLIC SAFETY PERSONNEL

SAMANTHA ZAHRA
AEMCA, MACP, RP

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Why Choosing the Right Therapist/Therapy Matters

- Public Safety Personnel (PSP) are routinely exposed to potentially psychologically traumatic events as part of their occupation.
- Trauma is a transdiagnostic risk factor for a multitude of mental health disorders among PSP.
- This exposure increases the risk of developing clinically significant mental health symptoms.
- A Canadian study found that **44.5%** of PSP screened positive for symptoms consistent with at least one mental health disorder, with **23.2%** screening positive for PTSD (Carleton et al., 2018).
- Seeking support is an important step. But access to therapy alone does not guarantee access to effective treatment.
- What matters is receiving treatment that addresses PSPs specific needs, from a clinician equipped to provide it.

The Hidden Barriers to Effective Treatment

Barriers to seeking care

Mental Health Stigma

Stigma surrounding mental health can prevent PSP from seeking support, particularly when they fear being judged, perceived as incapable, or experiencing negative professional consequences.

Complex Systems and Difficult Navigation

Navigating mental health services can be overwhelming, particularly when PSP are unsure where to begin, what type of support they need, or how to access appropriate care.

Previous Experiences of Feeling Misunderstood

Previous experiences of feeling dismissed, misunderstood, or unsupported when seeking help can discourage PSP from reaching out again, particularly when trust in mental health professionals has been compromised.

Occupational Cultures That Discourage Disclosure

Workplace cultures that emphasize strength, self-reliance, and the ability to manage difficult experiences can discourage PSP from acknowledging psychological difficulties or seeking support.

Barriers within care

Cultural Disconnect Between Clinicians and PSP

There is often a cultural disconnect between clinicians and PSP, where providers do not understand the realities, demands, and unique stressors associated with being a PSP.

Limitations of Generic Talk Therapy

Generic talk therapy may provide emotional support but often does not directly address the psychological processes maintaining trauma-related symptoms, limiting meaningful progress in recovery.

Misdiagnosis and Inappropriate Treatment

PSP may be misdiagnosed or placed into treatment approaches that do not adequately address their trauma-related symptoms, resulting in care that is poorly matched to their clinical needs.

Limited Access to Qualified Trauma-Focused Clinicians

A shortage of clinicians with specialized training in evidence-based, trauma-focused therapies can limit access to effective treatment and delay meaningful recovery.

NOT ALL THERAPY IS CREATED EQUAL

We often hear the terms trauma-informed and trauma-focused used interchangeably.

It is important to note that trauma-informed and trauma-focused care represent two distinct approaches.

This difference can completely change the quality of care received.

Understanding this distinction is essential when evaluating treatment options, as it can significantly influence whether the care provided effectively addresses trauma-related symptoms.

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UNDERSTANDING THE DIFFERENCE

Trauma-informed ≠ Trauma-focused

Both matter. They serve different purposes in care.

01 | FOUNDA TION

TRAUMA-INFORMED

A way of delivering care

Recognizes how trauma may shape a PSPs experiences and responses.

02 | TREA TMENT

TRAUMA-FOCUSED

A way of treating trauma-related symptoms

Uses structured interventions, assessments and evidence-based treatments.

A KEY QUESTION: Is the clinician trained to provide the trauma-focused treatment I need?

Distinction: A clinician can be trauma-informed without having specialized training in evidence-based treatment.

01 | FOUNDATION

TRAUMA-INFORMED

Thoughtful Communication:
Uses sensitive, respectful communication that recognizes the potential impact of trauma.

Avoid “Re-traumatization”:
Prioritizes emotional and psychological safety to reduce the risk of “re-traumatization”.

Potential Reinforcement of Avoidance:
May unintentionally reinforce avoidance due to a primarily focus on managing symptoms without addressing the underlying trauma-related thoughts, emotions, and memories.

Variable Clinical Training:
Being trauma-informed does not necessarily mean a clinician has specialized training in evidence-based, trauma-focused treatments.

TRAUMA-FOCUSED THERAPY IS NOT RE-TRAUMATIZATION

Three misconceptions worth challenging

“Talking about trauma means reliving it.”	Remembering an event in therapy is not the same as the event happening again. Treatment works with the memory and its meaning in the present.
“If it feels distressing, the trauma is happening again.”	A memory can evoke strong emotions without recreating the original danger. Distress during processing is not, by itself, re-traumatization.
“It is better not to revisit traumatic memories.”	Avoidance maintains PTSD. Trauma-focused treatment helps people approach memories, beliefs, and reminders that have remained difficult to process.

Trauma-focused therapy will bring up difficult memories and emotions, but experiencing distress while processing a traumatic event(s) does not mean the PSP is being re-traumatized.

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KEY TAKEAWAY: **Feeling distressed is not the same as being traumatized.**

Distinction: **Active PTSD treatment using evidence-based therapeutic approaches designed to reduce PTSD symptoms and address the processes that maintain them.**

02 | TREATMENT

TRAUMA-FOCUSED

Specialized Training:
Clinicians are trained to treat the processes that maintain trauma-related symptoms.

Evidence-Based Treatment:
Uses frontline, evidence-based therapies for PTSD.

Structured Approaches:
Follows structured, manualized treatment protocols.

Measurement-Based Care:
Regularly monitors symptoms, progress, and treatment outcomes.

Directly Address Avoidance :
Actively addresses trauma-related avoidance rather than reinforcing it.

EFFECTIVE TREATMENT IS INTENTIONAL

Trauma-informed care shapes how a clinician approaches you. Trauma-focused treatment addresses the PTSD symptoms and you are experiencing.

Both matter, but they serve different purposes.

Finding a clinician with clinical competence to provide evidence-based PTSD treatment is essential when that treatment is indicated.

The aim is to find a clinician who knows how to treat the presenting concern.

This distinction between trauma-informed versus trauma-focused is central to making educated treatment decisions and advocating for effective care.

What Effective Treatment Looks Like

Therapeutic approaches that have been scientifically evaluated and demonstrated effectiveness for specific conditions.

What Does Evidence-Based Treatment Actually Mean?

- Treatment has been studied through controlled research and reviewed by independent experts.
- Research demonstrates meaningful symptom reduction that produces larger and more reliable symptom improvement.
- Findings have been examined and replicated across settings and populations.
- The approach has a coherent treatment rationale and recognizable structure.
- Systematic reviews show trauma-focused therapies are more effective than non-directive approaches (Cusack et al., 2016).
- Trauma-focused therapies consistently outperform non-specific therapy for PTSD (Cusack et al., 2016).

EVIDENCE-BASED TRAUMA TREATMENT

Different pathways to recovery based in evidence and research

Treatment is intended to directly address the symptoms and processes maintaining PTSD to support recovery.

CPT — COGNITIVE PROCESSING THERAPY

TRAUMA-RELATED BELIEFS

Identifies and challenges stuck points involving guilt, self-blame, shame, safety, trust, power/control, esteem, and intimacy.

Structured; often 12 sessions, with between-session exercises.
Best fit: Demonstrating guilt, self-blame, shame, inability to conceptualize trauma(s).

PE — PROLONGED EXPOSURE

AVOIDANCE & FEAR

Gradually confronts trauma-related memories and avoided situations to reduce fear, distress, and continued avoidance.

Structured; often 8–15 sessions, with between-session exercises.
Best fit: Presenting with high avoidance, fear, and/or reactivity.

EMDR — EYE MOVEMENT DESENSITIZATION AND REPROCESSING

TRAUMA MEMORY PROCESSING

Processes traumatic memories using a phased approach with bilateral stimulation.

Structured phases; treatment length varies.
Best fit: Demonstrate a preference for less verbal detail or structured exposure.

CBCT — COGNITIVE-BEHAVIORAL CONJOINT THERAPY FOR PTSD

PTSD & RELATIONSHIPS

Addresses PTSD and its effects on interpersonal relationships through a conjoint framework.

Structured; often 15 sessions involving both individuals.
Best fit: Those in committed/interpersonal relationships impacted by symptomology.

KNOW WHAT EFFECTIVE TREATMENT LOOKS LIKE

Who Sets the Standards for PTSD Treatment?

Clinical practice guidelines review research and identify treatments with evidence of effectiveness.

RECOGNIZED GUIDELINES

VA / DoD · United States
PTSD Clinical Practice Guideline (2023)

APA · United States
PTSD Clinical Practice Guideline (2025)

ISTSS · International
PTSD Prevention & Treatment Guidelines

NICE · United Kingdom
Post-Traumatic Stress Disorder (NG116)

WHO · Global
Guidelines for Psychological Interventions for PTSD

WHY CLINICIANS USE THEM

Stay current
Research and recommendations evolve.

Choose appropriate care
Match treatments to the symptoms and individual.

Evaluate progress
Explain the plan and reassess when care stalls.

A KEY QUESTION: Which PTSD treatment guidelines inform the clinicians approach?

KNOW WHAT EFFECTIVE TREATMENT LOOKS LIKE

Why Clinical Practice Guidelines Matter

They turn research into recommendations for care, so treatment is guided by evidence, not clinician preference.

01

KNOW YOUR OPTIONS

Understand which treatments are supported by research for your specific condition.

02

ASK INFORMED QUESTIONS

Ask why a treatment is being recommended and what evidence supports it.

03

EXPECT ACCOUNTABILITY

Your clinician should know relevant guidelines, explain their approach, and monitor whether it is working.

A KEY QUESTION: How do we know if we are using the right treatment approach for me?

PROGRESS SHOULD NOT BE A GUESS

Measurement-based care makes treatment outcomes visible.

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STRUCTURED TREATMENT PLANNING

Is there a clear direction?

Effective trauma treatment should have a clear purpose, with identifiable goals and a plan that reflects the individual's symptoms, needs, goals, and circumstances.

01	**ASSESS**	Appropriate clinical assessment and identification of treatment needs
02	**DEFINE GOALS**	Clearly established goals and expected outcomes
03	**EXPLAIN WHY**	A rationale for the selected treatment approach
04	**SET EXPECTATIONS**	An explanation of what treatment will involve and its anticipated course
05	**REVIEW & ADJUST**	Regular opportunities to evaluate progress and adjust the plan

CASE CONCEPTUALIZATION

Does the therapist understand what is maintaining the symptoms?

More than what happened: understanding why symptoms persist and what needs to change.

CUMULATIVE EXPOSURE

Repeated traumatic experiences

TRAUMA-RELATED BELIEFS

Guilt, responsibility, trust, safety

AVOIDANCE

Memories, emotions, reminders

OCCUPATIONAL CONTEXT

Moral injury, institutional betrayal

DAILY FUNCTIONING

Relationships, sleep, work, life stressors

PROTECTIVE FACTORS

Strengths, supports, resources

WHY IT MATTERS FOR PSP

Two first responders may experience similar events yet develop different symptoms and have different therapeutic goals. A working formulation guides treatment selection and evolves as new information emerges.

A KEY QUESTION: Based on the assessment, what do you believe is maintaining my symptoms, and how will treatment address those factors?

Turning Therapy Into Measurable Progress

Measurement-based care is a method of delivering therapy in which progress is consistently monitored through standardized tools.

This information guides treatment plan adjustments and monitors outcomes.

PSP benefit from measurement-based care as it ensures accountability, provides clear indicators of progress, and identifies when changes are needed to ensure treatment is effective.

- Use the information to refine the formulation, treatment plan, or approach.
- Measurement supports accountability and helps prevent prolonged ineffective treatment.
- Review results collaboratively: What is improving? What remains unchanged?
- Use standardized measures at baseline and at meaningful intervals.
- Monitor symptom change alongside functioning, sleep, relationships, and occupational goals.

A KEY QUESTION: What standardized assessment tools will be used to measure my symptoms and track my progress throughout treatment?

Precision Matters: Choosing a Trauma Therapist

01

CULTURAL COMPETENCE

Experience working with PSP/ Occupational Stress Injuries.

Cultural competence training/lived experience.

Approaches experiences with curiosity, without making assumptions.

02

CLINICAL COMPETENCE

Specific training in evidence-based best practices for PTSD and other trauma-and stressor-related disorders.

Utilizes appropriate assessments and formulates a case conceptualization.

03

CLINICAL PROCESS

Follows a clear, structured treatment plan.

Tracks symptoms and progress using measurement-based care and makes adjustments when clinically indicated.

Follows first-line/frontline treatment guidelines.

A KEY QUESTION: How do your training, approach and treatment plan fit my presentation and goals?

Questions to ask a potential therapist

A few well-informed questions can tell you a lot about the care you will receive.

TRAINING & APPROACH

- ☐ What therapies are you trained in?
- ☐ How do you treat PTSD and related conditions?
- ☐ What does a typical session look like?
- ☐ How long might treatment take and what can I expect?
- ☐ How do you measure progress?
- ☐ Do you create a case conceptualization?
- ☐ Are you in active supervision/consultation?

PSP FIT & EXPERIENCE

- ☐ Have you worked with PSP and for what presenting concerns?
- ☐ How do you adapt tx. for occupational stress injuries?
- ☐ Have you had cultural competence training?
- ☐ Do you have WSIB/WCB and return-to-work experience?

RESULTS & NEXT STEPS

- ☐ What outcomes should I expect?
- ☐ When and how will we know it's working?
- ☐ What will we change if we aren’t seeing progress?

Bring this to your first visit.

RED FLAGS TO RECOGNIZE

Recognizing red flags helps you ask better questions and make informed decisions about your treatment.

BE MINDFUL IF…

- ! No clear treatment model
- ! Vague answers about tx. approach
- ! No clear timeline or structure for therapy
- ! Claim PSP expertise without training in evidence-based, frontline treatment modalities
- ! Claims expertise across all mental health conditions without a specific focus

TAKE NOTE IF YOU HEAR…

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

What a Clear Answer Sounds Like

- The clinician names and details the treatment model(s) they plan to utilize.
- Provide rationale for why the treatment is appropriate.
- They describe how assessment and conceptualization informs the treatment plan.
- Explain the typical structure, goals, expected outcomes and required effort.
- Invite questions and collaborative decision-making.
- Describe how progress will be measured and when treatment will be reviewed.
- Explain how and when adjustments will be made to the treatment plan.

How to Get the Most Out of Therapy

#1 TIP FOR PSP: Start therapy before you "need" it.

Get active in your own rescue.

Marcus Aurelius

Take an active role in your care.

01 SHOW UP ACTIVELY

Ask questions, stay curious, and participate. Engagement is associated with improved treatment outcomes (Hibbard & Greene, 2013).

02 LOOK FOR POSITIVE SHIFTS EARLY

After 4–6 sessions, ask: Is anything changing for me? Early improvement is linked to better long-term outcomes (Delgadillo et al., 2014).

03 SPEAK UP IF PROGRESS STALLS

Therapy should be purposeful and progressive. Raise concerns and discuss adjustments if you feel stuck.

04 EXPECT QUALITY CARE

Look for both a qualified and experienced clinician with an evidence-based approach.

A Practical Check-In After 4-6 Sessions

- Can I explain what we are working on and why?
- Have I learned anything new about my symptoms or the processes maintaining them?
- Is there a clear direction and are my goals understood?
- Are we checking whether anything is changing?
- If progress is limited, can we talk openly about what to adjust?
- Is a strong therapeutic rapport developing, or do sessions feel more like casual conversations without a clear therapeutic purpose?
- The best outcomes happen when you combine strong rapport with evidence-based best practices (Norcross & Lambert, 2018).

Key Information for Families

Your support matters. So does the quality of the care your loved one receives.

01	**ASK TOGETHER**	Ask questions together about clinician training, approach, and experience working with PSP.
02	**EXPECT A PROCESS**	Normalize that it may take more than one conversation to find the right therapeutic match.
03	**LOOK FOR CHANGE**	Pay attention to progress and changes in function and symptoms, not just attendance.
04	**SHOW ENCOURAGEMENT**	Stay involved, listen, and reinforce that effective help is worth finding and sticking with.

Shared knowledge strengthens advocacy, supports informed decisions, and helps ensure access to effective treatment.

THE ROADMAP TO EFFECTIVE TRAUMA THERAPY

A practical sequence from recognizing risk to sustaining recovery.

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Roadmap for Securing Effective Therapy

Five steps. A clearer path to treatment that works.

01

RECOGNIZE AND ACT EARLY

Recognize the risk of repeated trauma exposure.

Engage in therapy before you “need” it.

02

CHOOSE AND ASK QUESTIONS

Choose a qualified clinician.

Ask questions upfront and throughout therapy.

03

UNDERSTAND EFFECTIVE CARE

Know what evidence-based therapy entails and how to recognize it.

Be an active participant in your own therapeutic process.

04

TRACK & REASSESS

Ensure measurement-based care is utilized.

Watch for red flags when choosing a clinician.

05

INVOLVE FAMILY & SUSTAIN

Involve and educate family members.

Sustain long-term mental wellness by taking part in effective therapy.

Effective care is intentional. You should ask questions at every step.

THE RIGHT HELP IS WORTH FINDING

Effective trauma therapy is not simply about receiving support. It is about accessing the right treatment, understanding the process, and having a meaningful role in your recovery. You deserve care that is backed by evidence, guided by your needs, and measured by meaningful progress.

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Questions & Contact

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CONSULTING

Samantha Zahra

Founder | Frontline 9 Consulting
Registered Psychotherapist & Primary Care Paramedic
Organizational Health & Culture Advisor

szahra@frontline9consulting.ca
www.frontline9consulting.ca
@frontline9consulting
(905) 975-2529

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