



Understanding PTSD program implementation processes in Alberta first responder organizations

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IWH Speaker Series

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Research team and stakeholders

IWH:

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Stakeholder advisory committee:

- Bonnyville Regional Fire Authority
- Canadian Institute for Public Safety Research and Treatment (CIPSRT)
- Calgary Police Service
- Edmonton Fire Rescue Services
- Edmonton Police Service
- Health Sciences Association of Alberta
- Legacy Place Society
- Lethbridge Fire and Emergency Services
- Lethbridge Police Service
- Red Deer Emergency Services
- Rocky View County Fire Service
- Town of Bonnyville
- Tsuut'ina Nation Police Service
- Waterloo Regional Police Service (Ontario)
- Wayfound Mental Health Group

Key messages

Six themes related to implementation experiences:

- Getting buy-in first
- Collaborating and champions
- Ongoing awareness building
- Ensuring adequate resources
- Importance of planning
- One-size does not fit all

Implementation processes:

- Planning phase:
 - Small teams, champions
 - Informal assessments
- Implementation phase:
 - Rush to deliver, need to revisit planning
 - Staffing and training challenges
- Maintenance phase:
 - Evaluation challenges
 - Need for program flexibility to meet various and changing needs

Background

- PTSI is a considerable burden for first responders, their families, their workplaces, and society at large
- The scientific evidence about the effectiveness of PTSI interventions is modest at best. Regardless of the state of the scientific evidence, first responder organizations must develop ways to protect workers
- A previous research project suggested implementation of PTSI programs was a challenge for first responder organizations:

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Workplace Programs to Reduce Post-traumatic Stress Injuries Work Disability: First Responder Experiences

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Research project objectives and methods

- Objective 1: to examine current implementation approaches as well as key facilitators and challenges in Alberta first responder organizations
- Objective 2: to co-develop a practical implementation strategies for use by first responder organizations for PTSI policies and programs
- The research project includes two stages:
 - **Stage 1:** Semi-structured interviews with key informants involved in program implementation from Alberta first responder organizations to determine current processes and challenges
 - **Stage 2:** Conduct workshops to co-develop practical implementation strategies for PTSI policies and programs with Alberta first responders

Implementation Framework (PRISM + QIF)

We were guided by Implementation Science frameworks: 1) Practical Implementation Sustainability Model (PRISM) and 2) the Quality Implementation Framework (QIF)

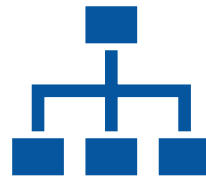


Phase 1: Planning

Assessment strategies

Decisions about adaptation

Capacity-building strategies



Phase 2: Implementation processes and structure

Structural features for implementation

Ongoing implementation support strategies



Phase 3: Maintenance (Sustainment)

Learning from experience (Key lessons)

Results: Interview participant characteristics

- Interviewed 20 key informants from fire, police, paramedic organizations in Alberta who had a role in program delivery (implementation)

	Years in current job		Age (Years)				Gender		Total
	< 20	≥ 20	18-34	35-44	45-54	55 and >	Man	Woman	Total
Fire	6	3	0	2	5	2	7	2	9*
Paramedic	3	0	2	1	0	0	1	2	3
Police	4	1	0	3	0	2	4	1	5
Multiple FR organizations	1	2	0	0	0	3	3	0	3

**Note: 2 participants worked in combined (fire and paramedic) service*

Programs being implemented

- Peer Support/Peer-to-Peer Support
- Critical Incident Stress Management (CISM)
- Critical Incident Stress Debriefing (CISD)
- Critical Incident Peer Support
- Reintegration
- Road to Mental Health Readiness (R2MR)
- Resilient Minds
- Resilient Responders
- Before Operational Stress (BOS) program
- Mental Health First Aid
- Member/Employee (Family) Assistance Program
- Chaplaincy/Pastoral Care Program
- Support for Operational Stress Injury
- RE: Building Families
- Emergency Family Counselling Program
- Pacific Assistance Dogs Society (PADS)
- Health and Wellness Program

Overarching themes of implementation experiences

Getting buy-in first

Collaborating and
champions

Ongoing
awareness
building

Ensuring
adequate
resources

Importance of
planning

One-size does not
fit all

Theme: Getting buy-in first

“...having the buy-in from the leadership, I would say to get that before you start planning because, without the approval, you won’t get anywhere, right? So, buy-in from the top, and then having the right people in charge of this.” – P8

- from leadership and all levels of the organization

Theme: Collaborating and champions

“All our champions [are] talking to their peers ... we don’t need a marketing strategy because we have this army of champions out there that see the benefit of what they’re doing and are supportive.” -P1

- the need to work together to address PTSI, including having good levels of communication and trust, as well as having program champions involved

Theme: Ongoing awareness building

“Another barrier we continue to struggle with is because we’re under the umbrella of a large municipality, [that] wants us to have the same as everybody else. And that lack of understanding of the work and the constant trauma that [FR] individuals are exposed to is very evident”. -P12

- more aware of mental health than in past, but still a need to build awareness including municipality/province

Theme: Ensuring adequate resources

“I need more facilitators because right now we only have three members that are fully trained. And including our casual staff, we have over [###] workers, so [that’s the] biggest challenge right now”.
-P14

- clear need for ongoing resources to develop, implement, and maintain programs

Theme: Importance of planning

"The more planning we do, and reviewing of material, the better of a product we put out. I think many of us are trying to meet the demand so quick that we aren't thinking it through fully." -P12

- it takes time to get it right, goes against first responder mode to rush in to fix the problem

Theme: One-size does NOT fit all

"one of the things I'm learning is there are a lot more challenges than you think there are going to be, especially because everybody has such unique needs and it's such a sensitive [issue] that has to be dealt with. It's hard to be writing the perfect flow process" - P14

- need for flexibility in the program content, as well as in how it is implemented (delivered)

Implementation process

- While there was variation, there were common implementation processes across fire, paramedic, and police described in the interviews
- It was consistently noted that there were challenges with finding information or learning about program implementation to guide the teams involved
- PTSI programs were urgently needed

Planning phase

- Many were in planning stage
- First step is getting buy-in, felt this was easier due to culture change
- Start with small teams of the “right people” (credible, trustworthy), usually those identified as program champions
- Side of the desk approach
- Participants rarely reported conducting a formal assessment of ‘needs’, ‘fit’ or ‘capacity’
- Organizational capacity not always there
- Approval processes for space and staff were challenging

Implementation phase

- Some were in this phase of delivering the program to members
- Returned to planning activities as program delivery was underway
- Formal implementation plans outlining implementation tasks and timelines not developed – “rushing to deliver”
- Very little mention of formal evaluation but some evaluation was required to get approvals and funds
- Additional staffing and training needs often noted when demand for programs increased

Maintenance (Sustainment) phase

- Few felt there were in this phase but reflected on lessons learned
- Noted the need for programs (and delivery) to be flexible to meet various member needs related to PTSI/mental health
- Key challenge was the demand to provide ‘proof’ that the program was being used and was effective (continual)
- Many felt unequipped to conduct formal evaluations
- Also described challenges to maintain confidentiality of program users with informal program evaluations
- Few mentioned evaluation of implementation

Study strengths and limitations

Study Strengths	Study Limitations
Based on the experiences of a range of firefighting, paramedic, and police organizations and service providers	Different FR organizations included, but missing information from corrections, border services, and public safety communications
Interview data provided rich information	Focus on Alberta, need to consider difference across in other Canadian provinces and territories
iKTE approach included an advisory committee that aided us with recruitment and interpretation	Emphasis on early stages of program implementation
iKTE workshops provided immediate feedback and allowed for development of implementation strategies	We may not have captured views that oppose the need for workplace PTSD programs

Discussion

- Many Alberta FR organizations were developing and implementing PTSI programs
- An improved organizational culture was key to doing so
- Key implementation challenges noted:
 - Lack of formal implementation plans, evaluation and resources
- Next steps:
 - We are working on objective #2 and plan to share the co-created implementation strategies soon, stay tuned
 - A new research team is examining the implementation of a comprehensive RTW program in a police service

Key messages

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Questions?



Thank you

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