



# Reintegration Programs: Innovations and Future Directions

CACP Psychological Services Committee  
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## Introduction

Re-integration programs are designed to assist members of first responder agencies as they strive to return to the normalcy of work after impactful critical incidents, an extended leave of absence from work, posttraumatic stress disorder (PTSD) or other psychological injuries. Existing reintegration programs tend to focus primarily on re-exposure to firearms.

## The Edmonton Police Service Model

The Edmonton Re-integration program is widely recognized as an innovative, comprehensive, peer-driven return-to-work program for police officers and other public safety personnel, featuring an interactive process of dealing with stressors leading to psychological distress. The program incorporates elements of peer-support and attempts to foster self-efficacy and self-confidence in officers who may be struggling with stigma associated with mental health issues or following a prolonged absence.

The program has two variants: a **short-term stream** (i.e., for members involved in an officer-involved shooting [OIS] incidents who are currently reporting PTSI symptoms) and a **long-term stream** (i.e., for members involved in a wider range of incidents including OIS, service vehicle collisions, or violent scenes) who may have been off work and experiencing symptoms of PTSD or other mental health conditions. Both program streams are intended to support members in safely and effectively returning to operational duty.

The **short-term program** is comprised of several steps, including:

- Prelude (coordinators will attend the scene of an officer-involved shooting whenever possible, and briefly connect with the member, providing information about the program to come)
- Initial meeting (designed to establish trust in the process)
- Physical dexterity of firearm
- Acclimation to gunfire
- Live fire, officer-directed training
- Reintroduction to normal training;
- Eventual requalification; and
- Follow-up.

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The **long-term program** is designed to 1) assist officers who have been off work for an extended period of time; and 2) provide exposure and training that may be outside the individual scope or capacity of their health-care provider. The program may include skill building and exposure therapy in coordination with the clinician who may not otherwise have access to organizational-specific conditions (e.g., police stations, vehicles, ranges) that may be key for resolving PTSI symptoms.

Close coordination with internal partners (e.g., peer support teams, Labour Relations, HR, Psychological Services, Medical Advisory or others responsible for assessing Fitness-for-Duty, police associations) and external stakeholders (e.g., private practice psychologists, workplace safety boards, special investigations units), is believed to facilitate the effectiveness and comprehensiveness of the program.

## Edmonton Program Outcomes

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In a recent internal review of the program, the short-term program ( $n=97$ ) was reportedly 100% effective in returning members to work.

According to EPS OHS data, the number of days lost due to a PTSI claim dropped considerably after the long-term program was initiated in 2015.

Further, those who were enrolled in the long-term program ( $n=45$ ) had fewer days lost than those who were not.

Almost all members who completed the reintegration survey reported being satisfied with their respective programs.

- 89% in the Short-term program reported being satisfied or very satisfied.
- 100% in the Long-term program reported being satisfied or very satisfied.

The following **areas of strength** were identified:

- There has been a shift towards the de-stigmatization of PTSI.
- Members going through reintegration reported having felt supported during and after their time in the program, which was beneficial to their recovery.
- The program is person-driven, tailored to the individual needs of users, and designed to be supportive in aiding their return to work.

The following **areas for improvement** were also identified:

- Better access to resources, including facilities, or members to help with reintegration activities.

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- There appears to be a need for a full-time reintegration coordinator.
- There is a need for ongoing program support after implementation.

## Considerations for Program Development and Evaluation

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The success of reintegration programs is thought to be contingent on being administered and coordinated by other members of the profession, often referred to as peers. Accordingly, the same opportunities and challenges associated with peer support programs likely also apply to reintegration programs (e.g., training, boundary concerns, and role concerns), particularly regarding the lack of sufficient peer-reviewed evidence (Anderson, Di Nota, Groll, & Carleton, 2020).

Please consider the following when examining current and potential agency programming associated with internal and external partners:

- Surveys and/or focus groups which include members who have themselves been off work can be important sources of information regarding gaps or challenges experienced. Be sure to offer opportunities for participants to provide confidential feedback.
- Engage with return-to-work coordinators, associations, treating clinicians, workplace safety boards, and other external partners regarding their perceptions of barriers and challenges experienced by individuals returning to the workplace. The engagements can also help partners build knowledge of the service to optimize care and recovery and return to work.
- Establish a baseline before embarking on refinements of programming and set up procedures to track outcomes.
- Understand that trust is key when establishing a working alliance between reintegration coordinators and officers returning to work. The program should **not** focus on officer evaluation (i.e., should not be focused on firearm requalification); instead, the program should emphasize support and opportunities for addressing the unique concerns of individual officers working at their own pace with a registered mental health care provider.
- In addition to firearms expertise, a sophisticated understanding of emotional, cognitive, and physiological reactions to stressors, combined with empathy and well-developed listening skills, are key assets for peers working as reintegration facilitators. Consider creating reintegration teams comprised of individuals with a range of skill-sets and specialized knowledge or training that can be called upon as needed.
- Keep in mind that members returning to work after a lengthy absence, even when the absence occurred due to positive circumstances (e.g., maternity or paternity leave,

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international secondment), can benefit from reintegration programs. Procedures, technology, equipment, vehicles, and other elements of policing may have changed, and the individual will likely welcome and appreciate the support and opportunity to address any concerns offered by the organization to ensure they feel well-prepared and fully confident to return to their specific roles.

## Evaluation Recommendations

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Clear and consistent evaluation data must be collected across agencies to better understand how a program impacts participants and provides returns on investment. The same data can also contribute to iterative improvements towards policies for best practices.

Here are a few suggested evaluation questions and criteria for services considering implementing their own reintegration program:

- Was the reintegration program a key component in supporting your return to work? (*Satisfaction*)
- Are there lessons or skills learned during the reintegration program that you plan to use regularly to support your performance and comfort at work? (*Knowledge Acquisition/Skill Application*)
- Long term analyses of return to work retention and lost time due to PTSD using several members and a comparison group of members who did not participate in the program. (*Performance Metrics*)

Please see the CACP document entitled, *Proactive and Non-Crisis Based Mental Health Education for Police Members* for more information on developing evaluation criteria for mental health programming.

## Additional Resources

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Anderson, G. S., Di Nota, P. M., Groll, D., & Carleton, R. N. (2020). Peer support and crisis-focused psychological interventions designed to mitigate post-traumatic stress injuries among public safety and frontline healthcare personnel: a systematic review. *International Journal of Environmental Research and Public Health*, 17, 7645. doi: 10.3390/ijerph17207645

EPS Reintegration Program Evaluation Final Report (Internal document)

Handley, K.D.; Carleton, R.N.; Kamkar, K.; Mackoff, R.; MacMillan-Devlin, J.; Martin-Doto, C.; & Shields, N. (2021). *Proactive and Non-Crisis Based Mental Health Education for Police Members*. CACP Psychological Services Committee, September 2021.