Evaluating a psychoeducation and support program for *spouses of emergency responders* in Canada

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Introduction

This digest summarises the first evaluation of the Building Families Program, which was developed to fill a gap in proactive, upstream education for emergency responder families. Funded by the Canadian Institutes of Health Research (CIHR), the program responds to the recognition that operational stress from emergency response work impacts family life in various ways, including exposing children and other family members to vicarious trauma. It also responds to the finding that emergency responders generally lean on family more than formal services for support.

The program was a six-week psychoeducational curriculum (with 6 modules) to help spouses of police, fire, and paramedics understand operational stress, communicate better, support their partner sustainably (without neglecting themselves), and maintain their own identity. 228 spouses took part across Alberta, British Columbia, Saskatchewan, and Ontario in the program, which was delivered sequentially, entirely online, in two delivery modalities (facilitated peer-based work, and individual, self-paced learning). Ultimately, the program intended to strengthen the family unit by focusing on recognising and leveraging existing strengths. It did not assume the family was in any way damaged or as something that needs to be rebuilt.

More information about the program design, theories it was based on, and its structure and format is offered in Annex 1.

Purpose and Aims

To evaluate the *impacts* and *effectiveness* of the Building Families Program on spouses/partners of police, fire, and paramedics at three time points:

- T1 (baseline): prior to starting the program
- T2 (post-program): within two weeks of completing RBF
- T3 (3-month follow-up): three months after completion

Across three outcome measures:

- Individual and interpersonal wellbeing
- Family cohesion and spousal support
- Self-reported knowledge of stress impacts, communication, support strategies, and EFR family identity

Methodology

Who? 228 spouses took part in the Building Families Program from Jan 2023–Jul 2024 and while everyone was invited to do the evaluation, not all completed the evaluation survey across every measure and time point.

Demographics of sample? They were mostly female (94.7%), white (86.4%), married/common-law (96.1%), university-educated (56.5% university/grad school). The average age was 38 and 80.7% had children. Their partners worked an average of 45.6 hours a week and were either police (41.2%), fire fighters (33.8%) or paramedics (23.7%).

What? Participants opted to do *either* the facilitated peer group work (90-minute, facilitator-led virtual groups of 4–8) or the self-paced online modules (via self-directed videos and text). 59.2% chose the peer group work and 40.8% chose the self-paced online module work.

Evaluation instrument: Participants completed validated measures (DASS-21, McMaster FAD, Family Satisfaction Scale, Perceived Stress Scale, WHOQOL-BREF, Kessler Psychological Distress Scale, Session Rating Scale)

Analysis: to account for inconsistency in participation, Linear Mixed Models were used because this uses all the data available rather than restricting analysis to only those with complete data across all three time points. Therefore, the stats generated were based on the available sample size, mean scores with standard deviations, and observed score ranges for each measure and subscale, both for the total sample and separately by intervention modality.

The design allowed for a comparison between two learning modes (peer-based and self-paced) by including modality as a fixed-effect moderator in the analysis. Participants weren't randomly assigned since they chose the format they wanted. So, while the evaluation could detect statistical differences between modalities, it wasn't a true experimental comparison of synchronous versus asynchronous delivery.

Bias/Limitations: The authors noted:

- There was no control group so can't make causal claims.
- Comparison between the value of peer group sessions versus online module part is confounded by preference, not randomisation.
- Sample was homogeneous sample, predominantly white, female, highly educated and English-speaking in heterosexual relations. This limits generalisation to diverse groups.
- Spouse-only delivery is not in keeping with family systems approach, which would require others (i.e. children, the emergency responder) to learn and so have the opportunity to influence family change.
- Exclusion criteria removed EFR partners with acute mental health crises, meaning findings may not generalise to higher-need families

Findings

- Post-module scores were high. Around 8 out of ten participants were just as satisfied with one module as another.
- There were immediate (from baseline to post-program) and sustained gains (at 3-month follow-up) across the measures of i) behavioural control, ii) communication, iii) affective responsiveness, and iv) general functioning (FAD subscales)
- Several outcomes (stress, role functioning, problem solving) showed significant improved at the 3-month follow-up (not post-program).
- Stress and family satisfaction measures improved significantly, but only in the self-paced online modules group, and mostly in the follow-up period. The synchronous group's scores on these measures remained stable. This was referred to as 'modality dependent effects'.
- There was no significant change found for the measures of depression, anxiety, affective involvement, or physical/psychological quality of life.

Discussion

- Small effect sizes should be seen as encouraging, and not a disappointing result, after all the Building Families Program is not upstream psychoeducation, and not treatment.
- The evaluation found that improvements in family functioning can stem from change in one member (the spouse).
- The delayed improvements in role functioning, stress and problem solving suggest some benefits take time to translate into practice.
- Modality-dependent effects fit the Transactional Model of Stress and Coping, suggesting families need time to integrate and practise new strategies rather than experiencing instant change.
- The stronger effects found in the self-paced (no facilitator) online module group warrants further investigation. It may point to how the delivery format influences effectiveness, which has practical implications for how programs like this should be resourced and scaled (self-directed formats being more cost-efficient and flexible for busy households).

Recommendations

1. Broaden the program to be a family-wide intervention (couples + children). This is the clearest recommendation
2. Extend support over time, perhaps by adding booster sessions and extended follow-up supports
3. Develop sector-specific and child-focused content. In other words, tailor material to the distinct cultures/pressures of police, fire, and paramedic services and extending the family-systems lens beyond the spousal relationship to address impacts on children, who are noted throughout the introduction as also affected by operational stress exposure.
4. Broaden access to more diverse populations: Given the sample skew (94.7% female, 86.4% White, highly educated, English-speaking), the authors recommend offering bilingual options and building understanding of differences across the cultural norms of diverse emergency responders.

5. Strengthen the evidence base with controlled trial designs, such as a waitlist-control group (to strengthen causal inference) and evaluating the program across different sector or deployment-specific subgroups (e.g., comparing volunteer vs. career, or different EFR sectors)
6. Integrate with complementary support programs for emergency responders, which in their context is primarily the Before Operational Stress (BOS) program that RBF was modelled on.
7. Investigate delivery-modality effects further, noting that the flexible/scalable synchronous-asynchronous delivery structure appeared to work well.

ANNEX

Program Design:

- It was modelled on the 'Before Operational Stress (BOS) program' which provides upstream psychoeducation and support for public safety personnel in Canada.
- It was designed using focus group interview data (with spouses and organisational reps)
- Modules 2–5 map onto the "HOME" model (Honouring culture, Open communication, Mutual support, Embracing identity)
- The content is grounded in four theoretical frameworks:

    1. *Family Systems Theory* (Bowen, 1978). The family functions as an interconnected emotional unit so that the stress of one member transmits through the system via communication and relationship dynamics. On the other hand, the theory posits that supporting one member can produce benefits throughout the family.

    2. *Transactional Model of Stress and Coping* (Lazarus, 1991), Individuals appraise stressors as threats or challenges and respond with coping strategies. Active, direct coping (rather than avoidance) is more protective.

    3. *Role Conflict Theory* (Greenhaus & Beutell, 1985). Addresses the multiple, often conflicting roles emergency responder family members take on due to shift work, unpredictability, and limited presence of the EFR member at home.

    4. *Functional Disconnection and Reconnection* (FD/FR) Model (McElheran & Stelnicki, 2021). Explains how emergency responders necessarily emotionally disconnect during critical incidents to perform their duties, and posits that this must be followed by intentional, functional *re*connection with family. The program was designed to gives spouses tools to understand and support this cycle.

Structure and format

Participants self-selected their preferred modality, was was either:

- *Synchronous*: 90-minute sessions facilitated by a registered mental health professional, in groups of 6–8 spouses, run weekly. This format adds a peer-support element, spouses hear from others navigating similar emergency response work related stressors.

- *Asynchronous*: Fully self-directed, delivered via pre-recorded video and text-based lessons, available 24/7 at the participant's own pace.

Both formats deliver the same core psychoeducational content and include a program workbook, guided reflection exercises, and optional post-session feedback after each module.

The six modules

1. *Module 1: Introduction*. Context, rationale for the program, workbook, and additional resources.
2. *Module 2: Honouring Culture.* Education on operational stressors and how they interact with emergency responder service culture. Encourages participants to understand and take pride in EFR culture.
3. *Module 3: Open Communication*. Positive communication strategies to foster supportive dialogue between spouse and emergency responder partner, including recognising the partner's specific communication needs.
4. *Module 4: Mutual Support*. Moves participants away from unhelpful 'accommodation' behaviours toward healthier ways of supporting their partner, while also learning to recognise and meet their own needs.
5. *Module 5: Embracing Identity*. Helps participants explore their identity as an emergency responder spouse and as an individual beyond that role, and how to balance family and personal values.
6. *Module 6: Review/Integration.* Consolidates learning across the program and provides guidance on applying the material going forward.