

**Evaluating the Effectiveness of the  
Georgia Public Safety Resiliency Training Program**

by

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“My father, who instilled the importance of effective training for public safety personnel into the fiber of my being, and who pushed me out of my comfort zone to become an instructor.”

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“My mother, who instilled the importance of always striving to grow and perform at the highest levels.”

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<sup>1</sup> All research committee members are graduate faculty at the Middle Georgia State University in Macon, Georgia.

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### Abstract

Public safety personnel face unprecedented exposure to incidents that profoundly impact their mental and psychological well-being. These impacts can range from depression, anxiety, anger, burnout, sleep problems, alcohol and drug abuse, and disorders related to post-traumatic stress. The Georgia Public Safety Resiliency Training Program was created to enhance the health and wellness of public safety personnel by providing comprehensive, evidence-based resiliency training that supports their mental, emotional, and physical well-being. Although this course is believed to be well-designed and effective in reducing the stigma surrounding mental health while equipping participants with the knowledge and skills to thrive both personally and professionally, it remains essential to validate these assumptions through systematic research.

This research is designed to answer the question: “To what extent do the participants who completed the Georgia Public Safety Resiliency Training Program perceive the benefits of this training in promoting and sustaining healthy lifestyle behaviors?” Using post-training surveys, this research evaluated students’ perceptions of the benefits of incorporating mindfulness, gratitude, and counting blessings strategies to promote healthy lifestyle behaviors as a direct result of this training program. A mixed-methods analysis was employed to summarize the quantitative findings, and a content analysis was conducted on the qualitative responses to identify common themes. Specifically, the tested outcomes include students' attitudes toward stigma reduction, the practical application of mindfulness, gratitude, and counting blessings strategies in daily life, and their collective impact resulting in healthy lifestyle behaviors, and ultimately improved job performance and career longevity. This mixed-methods approach strengthened the findings and provided a more robust, comprehensive picture of the program's outcomes, enabling researchers to gain a deeper understanding of the program’s real-world impact and identify areas for improvement and expansion.

The results of this study have important implications for validating the program design and delivery strategies, supporting future funding and the program's expansion, including the potential addition of training boosters and in-service training. From a public policy perspective, this study supports a top-down strategy of executive-level resiliency training to drive a cultural shift within public safety from a reactive model to a proactive model of caring for responders’ well-being. This program prepares responders for the effects of repeated exposures to trauma and high-stress situations by building resiliency strategies into initial training, field training, and continuing education. As a result, agencies must adopt policy frameworks that support responder health and provide comprehensive well-being resources as standard practice. Ultimately, this study’s findings may lead to the publication of a comprehensive national model for public safety resiliency training and responder-centric public policy frameworks, ensuring holistic well-being for responders.

*Keywords: public safety, resiliency, pre/post-training, survey research, program evaluation.*

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## **Introduction**

Public safety personnel are dedicated public servants who have chosen a career of putting their lives on the line to protect and serve others. In the United States in 2020, there were an estimated 4.6 million career and volunteer firefighters, law enforcement officers, emergency medical technicians, paramedics, 911 operators, and others who serve in a public safety capacity (Parkinson, 2020). Law enforcement and other public safety disciplines have long been regarded as stressful occupations with some common stressors including exposure to violent crimes, deaths and human suffering, major disasters, threats to their personal safety, shiftwork and extended overtime shifts, growing concerns with legal and social consequences of duty-related actions, and stigma in seeking mental health support (Nam et al., 2024). While these are known stressors, the gravity of these critical professions can no longer withstand systemic disregard for the implications for individual responders and their personal lives, and for their work performance and career longevity.

## **Program History**

In Georgia, significant effort is underway to improve the mental health and well-being of public safety personnel and to lessen the stigma of mental health among public safety responders. The Georgia Office of Public Safety Support was established in 2019 with the passage of House Bill 703. This effort aims to provide psychological first aid and peer support to mitigate the impact of critical incidents and traumatic events on Georgia's public safety personnel. The Office of Public Safety Support provides

confidential peer counseling, critical incident stress debriefings, and post-critical incident seminars (Georgia Office of Public Safety Support, 2022). However, given the culture of public safety, many responders still expressed concern about engaging with a state agency for peer support services due to the problems of stigmatization, even though O.C.G.A. § 24-5-510 was amended in 2020 to ensure that communications between public safety personnel and the Office of Public Safety Support's peer counselors are privileged (GA Code § 24-5-510, 2024).

In furtherance of this effort, in 2021, the Georgia Peace Officer Standards and Training Council established a law enforcement resiliency training program and successfully trained 3,329 officers (Melton, 2024). In 2025, the Georgia General Assembly, recognizing the mental health impacts of public safety service and the need to provide resiliency training to every public safety discipline, moved responsibility and funding for resiliency training to the Georgia Public Safety Training Center for Fiscal Year 2025 (Dunn, 2024). Under direction from state legislators, the Training Center has expanded its resiliency training initiative to encompass all public safety disciplines. The program was adapted to meet the needs of a broader audience and reintroduced as the Georgia Public Safety Resiliency Training Program. Administered under the Training Center's oversight, this peer-to-peer training is offered as an advanced, field-delivered course designed for experienced personnel across multiple public safety fields.

### **Program Overview**

Based on the theoretical frameworks of mindfulness-to-meaning theory, growth mindset theory, and build-and-broaden theory, this course presents resiliency domains

commonly found in other formal resiliency training, such as the Comprehensive Soldier Fitness Program and the FBI National Academy resiliency program, including the cognitive, physical, social, spiritual, and financial domains. The course presents topics including resiliency theory, spirit of gratitude, goals and values, cognitive wellness, effective communication, acceptance and mindfulness strategies, capitalizing on strengths, spirituality resiliency, physical resiliency, and financial resiliency. This team-taught course is designed to help public safety personnel understand the critical importance of recognizing and accepting personal struggles, and to provide a safe space for this acceptance without being overbearing or judgmental, and without the stigma associated with candid conversations about emotions and feelings. The program seeks to provide learning tools and strategies to improve individual and professional resilience. Each participant is allowed space to share and is supported until they are ready to express their feelings and internal issues they may struggle to overcome. Each instructor is trained in peer-to-peer engagement and is available to students who prefer to share privately. Through this unique training approach and course design, public safety personnel are equipped with tools and strategies to improve their personal and professional well-being and, most importantly, to learn that they are not alone. Through this program, the State of Georgia seeks to enhance career-related outcomes for public safety professionals by fostering resilience and well-being. The overarching goal is to strengthen the health, performance, safety, and overall quality of life of Georgia's public safety personnel—both on and off duty.

## **Study Overview**

The purpose of this study is to evaluate the effectiveness of the Georgia Public Safety Resiliency Training Program and to validate course design, structure, and delivery, by assessing perceived benefits of resiliency training on responder mental health and well-being, evaluating stigma reduction related to seeking mental health resources by program participants, exploring the perceived effectiveness of resiliency strategies such as mindfulness, gratitude, and counting blessings, and evaluating participants' application of resiliency strategies post-training and their perceptions of overall perceived benefit of this training. This research is designed to demonstrate positive support for the statement that "Participants will report reduced mental health stigma and increased adoption of mindfulness, gratitude, and counting blessings strategies after completion of this program." This study used post-training surveys to measure pre- and post-training changes in public safety personnel's knowledge and attitudes regarding integrating resiliency principles into their personal and professional lives. A mixed-methods approach is employed using a survey instrument that integrates both quantitative and qualitative analysis to develop a deeper, more meaningful, and comprehensive understanding of the program outcomes. By validating the curriculum and its key strategies through this study, the Training Center will continue to garner legislative and funding support for the further expansion of this program. Such support will allow for program expansion through the development of training for supervisory, managerial, and executive-level personnel to aid in the cultural transition of acceptance of mental health services and strategies for coping and recovering from the trauma and stress experienced by public safety professionals, and to promote booster and in-service type training.

## **Literature Review**

One of the most crucial aspects of public safety resiliency is to influence positive acceptance and cultural recognition that public safety personnel are not immune to mental health struggles. Another aspect is to teach that there are established pathways to receive help, whether through self-help using personal resiliency strategies or through formal mental health services. This literature review aims to explore the current state of public safety resiliency research in preparation for evaluating the effectiveness of resiliency training in promoting the well-being of public safety responders.

## **History**

Before the COVID-19 pandemic began in 2020, there was limited empirical research on resiliency training specifically tailored to public safety personnel in the United States. During that time, empirical research on resilience training primarily focused on the value of effective coping skills for military personnel in building resilience (de Visser et al., 2016) and the long-term benefits of improving the wellness of healthcare professionals through resilience training (Werneburg et al., 2018). During the same period, several empirical research studies found that enhancing police resilience can be achieved successfully through mental preparedness training (Andersen et al., 2015). This finding was further promoted in 2018 by a set of companion studies that analyzed the efficacy of resiliency training in police officers in the United Kingdom. These studies found compelling evidence that resiliency training led to more resilient police officers who were better equipped to deal with the stressful, uncertain working environments

inherent to police work (Carleton et al., 2022; Doyle et al., 2021; Hesketh et al., 2015; Hesketh et al., 2018).

The U.S. Army began formally incorporating resiliency training in late 2009 through the Comprehensive Soldier Fitness (CSF) program to build resilience and coping skills for service members, promoting growth and allowing them and their families to thrive in the face of challenges and adversity. This evidence-based program has spread across all military branches and focuses on four resilience competencies: mental toughness, goal achievement, optimal performance, and strong leadership skills (Reivich, 2013). Recognizing the value this training would bring to law enforcement officers and the support needed for such a program to succeed, the FBI National Academy Associates (FBINAA) partnered with the U.S. military to attend a train-the-trainer program on Comprehensive Soldier Fitness (CSF). Upon completing this instructor development training, the FBINAA modified the program for law enforcement executives to develop public safety leaders with strategies to change organizational culture regarding behavioral health. While maintaining the core principles, domains, tenets, and competencies established in the military program, the FBINAA course is a 24-hour course that focuses on the resiliency domains of mental, physical, social, and spiritual (FBI National Academy Associates, 2020).

In 2019, the New Jersey Attorney General issued Directive 2019-1, establishing and mandating the New Jersey Resiliency Program for Law Enforcement (NJRP-LE) for all law enforcement officers. This program was designed to equip law enforcement officers with the skills to withstand the stressors inherent to their profession, recover from

the harmful effects and trauma associated with it, and grow in the face of the challenging demands of their work (Grewal, 2019). This program was designed to present a resiliency toolkit that incorporates strategies such as counting blessings, setting goals, leveraging strengths, embracing acceptance, practicing mindfulness, fostering spiritual and physical resiliency, and developing effective interpersonal communication skills (Czepiel, 2019). In 2020, a contingent of representatives from the State of Georgia, comprising staff from the Georgia Peace Officer Standards and Training Council, the Georgia Public Safety Training Center, and other state instructors, attended the New Jersey Resiliency Program for Law Enforcement (NJRP-LE). This group aimed to evaluate the program's implementation for law enforcement officers in the State of Georgia. From this initiative, the Georgia Officer Resiliency Program was established under the auspices of the Georgia Peace Officer Standards and Training Council and began delivery in 2021. The Georgia Officer Resiliency Program, which was modified from the New Jersey program, was presented to seasoned law enforcement officers in an advanced course training format (Georgia Peace Officer Standards and Training Council, 2022).

In the 2024 Georgia General Assembly, the funding and programmatic responsibility for the Georgia Officer Resiliency Program was transferred to the Georgia Public Safety Training Center to expand the training program to include all public safety disciplines (GA FY2025 Appropriations Bill, 2024). The Georgia Public Safety Resiliency Training Program became effective July 1, 2024. It was established to equip public safety personnel — including law enforcement officers, firefighters, medical responders, 9-1-1 operators, emergency managers, prosecuting attorneys, and investigators — with essential tools to develop and maintain resiliency throughout their

careers. Under the Georgia Public Safety Training Center, this expanded public safety course has not only broadened the audience for this program but has also expanded it from advanced training of seasoned public safety personnel to include training cadets, who are citizens learning to have careers in public safety, in the strategies and tools to prepare them for a resilient career in public safety (Greathouse, 2024).

### **Evidence-Based Theories Related to Effective Public Safety Resiliency Training**

Whether explicitly related to the COVID-19 pandemic experience or driven by other factors that inform empirical research, the research landscape surrounding resiliency training for public safety personnel has grown exponentially since 2020. This literature review will address several key theories, competencies, and strategies taught in the Georgia Public Safety Resiliency Training Program.

#### ***Public Safety Resiliency***

While the foundation of existing resiliency programs in New Jersey, and originally in Georgia, was primarily focused on law enforcement responders, there is clear evidence that first responders, including firefighters, law enforcement officers, emergency medical, emergency management, and emergency communications personnel, who respond to emergencies including natural and man-made disasters and other traumatic events, may experience critical affects to their mental and physical well-being as a direct result of performing such critical tasks in the course of their professional work (Crowe et al., 2017). These events and their impacts are exacerbated by other factors of public safety work, including unusually long shifts, irregular work schedules due to additional employment, reduced or improper sleep patterns, physical and mental

stressors, and the inherently dangerous nature of the work they perform (Crowe et al., 2017; Meadows et al., 2016). One older study found that “proximity, durations, and intensity of exposure,” which are beyond the first responder's control, play a significant role in the impact on first responders’ well-being (Benedek et al., 2007, p. 57). Research on the effects of critical incident exposure is well documented; however, the efficacy of resiliency training for first responders has been limited. Ongoing research on empirically driven interventions shows some positive indicators of improved well-being and resilience (Wild et al., 2020).

In addition to studies specific to law enforcement officers, several studies have focused on newly trained firefighters and paramedics, finding that resiliency training delivered in a modular format within a 16-week program improves well-being after critical incidents (Werneburg et al., 2018; Wild et al., 2020). There are no empirical studies specific to 911 emergency communications personnel or local jail officers. There is, however, research supporting resiliency training for correctional officers (Hillhouse et al., 2023; Smith, 2021), who are also eligible to participate in the Georgia Public Safety Resiliency Training Program.

As a result of this Literature Review, there are identified areas of future research related to this study, evaluating the effectiveness of resiliency training for basic law enforcement cadets, basic firefighter training, basic emergency communications officer training, and basic jail officer training provided through the Georgia Public Safety Training Center, using longitudinal studies to evaluate pre-training, post-training, and follow-up evaluations once exposed to critical incidents on the job. Overall, these studies

support the Georgia Public Safety Resiliency Training Program's multi-disciplinary approach to resiliency training.

### ***Mental Health & Stigma***

Historically, the culture that first responders worked in was one of stigmatization and disdain for the needs or concerns of the mental health of first responders. Primarily, this professional group operated under the "if you cannot stand the heat, get out of the kitchen" mindset. However, with the growing rates in public safety responder suicides and the increase in officer-involved use of force incidents in the last decade or so, public safety personnel and agency administrators began considering mental health as a legitimate concern (Edwards et al., 2021) for the safety of personnel and their fitness for duty.

The stress-awareness era began with a confluence of attention to police stress and agency administrators recognizing that stress significantly impacts public safety responders. In this era of stress awareness, administrators in public safety agencies have begun to focus on stress management training and critical incident debriefing (both group and individual) for public safety personnel. This was followed by the establishment of formal public safety peer support and a post-critical incident seminar for public safety personnel involved in highly traumatic events (Edwards et al., 2021).

The negative stigma associated with seeking mental health services, especially in a public safety culture, has continued to hinder recovery. One stress-awareness era study, specifically targeted to law enforcement officers, found that there is a direct correlation between an officer's perceptions of confidentiality of mental health services, stigma

potential, and the officer's willingness to engage in mental health services (Tucker, 2015). More recent studies have shown that stigma is pervasive and culturally rooted in some public safety agencies (Fix et al, 2024) to include law enforcement officers (Fix et al., 2024), firefighters (Senger et al., 2023), dispatchers/911 operators (Verble et al., 2024), and correctional officers (Johnston et al., 2022; Schultz & Ricciardelli, 2024). To address the needs of public safety responders, administrators must foster supportive work environments that openly acknowledge the need for mental health services (Fix et al., 2024). A recent study by Papazoglou (2023) provides evidence-based confirmation that public safety organizations must prioritize the mental health of their responders, given its direct influence on resiliency and operational readiness.

### ***Resiliency Theory***

The foundation of resiliency training is grounded in several evidence-based theories, including mindfulness-to-meaning theory, growth mindset theory, and the “broaden and build” theory.

#### **Mindfulness-to-Meaning Theory.**

The importance of mindfulness is supported by multidisciplinary studies across various scientific fields, including psychology, psychiatry, neuroscience, social sciences, behavioral sciences, and philosophy (Garland et al., 2015, 2017), as well as in the educational field (Ergas & Hadar, 2019). This theory is foundational to resiliency training, which presents a set of cohesive strategies that include practicing mindful attention, decentering from thoughts, reinterpreting situations using cognitive reappraisal, intentionally reframing situations using positive emotions, and actively assessing deeper

meaning (meaning-making), all with the goal of building a sense of purpose, enhancing resilience, rather than coping, and improving overall well-being (Garland et al., 2015, 2017; Steger, 2012). Teaching mindfulness skills has a transformative effect on learning, allowing participants to reinterpret life's challenges, giving them greater meaning, evoking positive emotions, and developing resilience (Garland, Kiken, et al., 2017). This theory is foundational to the curriculum and course design of the Georgia Public Safety Resiliency Training Program, specifically the spirit of gratitude, counting blessings, cognitive wellness, mindfulness strategies, and physical resiliency (Greathouse, 2024).

### **Growth Mindset Theory.**

Extensive research has been conducted on motivation and personality across a wide range of fields. However, one important, evidence-based theory is the impact of a growth mindset on a person's resiliency, which has been extensively studied by Carol S. Dweck and David S. Yeager. According to Dweck, a growth mindset instills confidence in people's ability to learn from and improve their lives, aligning their core values with their personal objectives. These researchers have proposed a two-eras approach to the evolution of mindset research, highlighting how it significantly influences behavior and achievement. The first era is characterized by the development of the theory that mindset can positively or negatively impact challenge-seeking and resilience in individuals. The second era is ongoing and concerns the development of growth mindset intervention strategies that can be replicated in education and the social domain, including their roles in mental health, coping strategies, resilience, and overall well-being (Dweck & Yeager, 2019). In recent studies, Dweck, Yeager, and their research colleagues have demonstrated

that people can be taught the underlying principles of growth mindset and learn to apply these strategies successfully in their own lives. The success of this strategy hinges on teaching individuals to reframe their interpretations of adversity and challenges from a fixed to a growth mindset, using resilience strategies (Dweck & Yeager, 2019; Olson & Dweck, 2008; Yeager & Dweck, 2012). The Georgia Public Safety Resiliency Training Program addresses growth mindset in an introduction to resiliency, the spirit of gratitude and counting blessings, cognitive wellness, and physical wellness (Greathouse, 2024).

### **Broaden-and-Build Theory.**

The broaden-and-build theory was first posited by Barbara Fredrickson and developed to analyze positive emotions that previous research had largely overlooked. Empirical studies have clearly determined that negative emotions, such as fear, narrow a person's focus and limit their ability to see broader pictures and alternative reactions (Fredrickson, 1998, 2001, 2004). Studies of the broaden-and-build theory, on the other hand, have shown that positive emotions expand thinking and actions, enhancing problem-solving (Fredrickson, 1998, 2001, 2004; Celestine, 2016). A key element of this theory is "resource building," which posits that positive emotions lead to enhanced physical, cognitive, and social resources, ultimately resulting in improved well-being. This accumulation of physical, cognitive, and social resources is durable and can be drawn upon when needed. According to Fredrickson and Joiner, the broaden-and-build theory has been empirically shown to demonstrate that positive emotions not only enhance well-being but also lead to the development of future positive emotions (Fredrickson & Joiner, 2002). This process, known as broadened thinking, is a key

concept in public safety resiliency, as outlined in the Georgia Public Safety Resiliency Training Program. It encompasses the principles of gratitude, counting blessings, mindfulness, cognitive wellness, active constructive responding, and rebalancing thinking (Greathouse, 2024).

### ***Resiliency Domains & Tenets***

Experts agree that resiliency and well-being are multifaceted, individualized determinants of overall health (Abadir et al., 2023; Casey, 2011; Cornum et al., 2011; Joyce et al., 2018). However, evidence-based research does not always agree on the terminology for domains or competencies related to an individual's resiliency and well-being. For this research, domains refer to the areas of life that encapsulate how public safety responders experience life and interact with others (FBI National Academy Associates, 2020). The concept of tenets specific to resiliency and domains is not found in scientific research articles.

### **Resiliency Domains.**

Scientific research has identified domains related to aging that include physiological, emotional, and spiritual domains (Resnick et al., 2011), as well as perceptions of self, planned future, social competence, structured style (routines), family cohesion, and social resources (Briganti & Linkowski, 2019). A third study on aging and resilience identified three domains: physical, cognitive, and psychosocial (Abadir et al., 2023). In the military's resiliency training program, Comprehensive Soldier Fitness, General Casey highlighted the importance of the five dimensions of psychological resilience for military personnel, encompassing physical, social, emotional, spiritual, and

family domains (Casey, 2011). The FBINAA course includes mental, physical, social, and spiritual (FBI National Academy Associates, 2020). Additionally, the New Jersey State Police's Officer Resiliency Program mirrors the domains in FBINAA's curriculum. The Georgia Public Safety Resiliency Training Program, the curriculum, and the course design focus on five domains: cognitive, physical, social, spiritual, and financial.

### **Resiliency Tenets.**

While scientific research does not specifically address the tenets of resiliency, the FBINAA and the New Jersey Officer Resiliency Program define tenets as key characteristics within a domain that foster an individual's resilience (FBI National Academy Associates, 2020; Czepiel, 2019). In the Georgia Public Safety Resiliency Training Program, the tenets of the mental domain include self-awareness, adaptability, decision-making ability, and positive thinking. The physical domain's tenets are endurance, nutrition, recovery, and strength. The social domain's tenets are communication, connectedness, teamwork, and social support. The spiritual domain's tenets are perspective, core values, perseverance, and tolerance. The tenets of the financial domain are sustainability, restraint, and flexibility (Greathouse, 2024).

### ***Key Resiliency Strategies***

Mental health professionals rely on proven strategies and interventions to enhance individuals' mental health and overall well-being. While mental health professionals do not lead the Georgia Public Safety Resiliency Training Program, it, along with other similar programs, has applied specific strategies and interventions to enhance the

resiliency and well-being of public safety personnel. Key strategies that are supported by evidence-based research include mindfulness, gratitude, and counting blessings.

### **Mindfulness.**

Public safety professionals work in conditions that are commonly characterized by high risk of stress, burnout, and compassion fatigue (Eddy et al., 2021; Hillhouse et al., 2023; Marquez et al., 2020; Withrow et al., 2023) or lead to occupational exposure to traumatic events such as the death of a partner in the line of duty, or interviewing sexual assault victims (Chopko et al., 2024). Mindfulness meditation has long been recognized for reducing stress, and mindfulness training is intended to teach public safety officials how to use attentional awareness, shift perspective, and to regulate emotion through focusing on a heightened awareness of oneself and their thoughts, feelings, and bodily sensations (Chopko et al., 2024; Hillhouse et al., 2023). The benefits and purpose of mindfulness training for public safety personnel is to reduce issues such as anger, anxiety, sleep problems, depression, suicidal ideation, alcohol use/misuse, burnout, and emotion regulation, and to improve habitual behavior reactions and patterns, and happiness (Chopko et al., 2024; Hillhouse et al., 2023; Wu et al., 2019; Wu et al., 2021;). There is clear empirical research support for the use of mindfulness techniques to assist public safety personnel with positive impacts on their psychological well-being and resiliency (Brown & Ryan, 2003; Garland et al., 2015, 2017; Lu et al., 2023; Wu et al., 2021) while reducing depression, anxiety, and burnout (Hillhouse et al., 2023; Withrow et al., 2023).

**Gratitude.**

Gratitude is defined as a person's tendency to respond with appreciation for perceived benefits in one's life, whether perceived or intentional, and has a positive impact on well-being (Fagley, 2012; McCullough et al., 2002). Gratitude and counting blessings correlate positively with improved well-being and positive life outcomes (Hemarajarajeswari & Gupta, 2021; Krejtz et al., 2014; Yu et al., 2018). Some researchers believe that gratitude and appreciation are the same construct (Wood et al., 2008, 2009), whereas others argue that appreciation is a higher-order, broader construct than gratitude (Lambert et al., 2009). Still, others argue that the term "gratitude" should be preserved for gratitude, separate from appreciation (Fredrickson, 2004; Wood et al., 2008, 2009). A consistent theme across these studies is that gratitude, whether perceived as a construct or not, is associated with increased life satisfaction and improved well-being.

**Counting Blessings.**

Counting blessings activities, which focus consciously on blessings rather than burdens, have led people to realize emotional and interpersonal benefits (Emmons & McCullough, 2003). The act of counting blessings promotes gratitude, well-being, and quality of life (Peng et al., 2021) and can reduce the negative effects of stress while positively impacting long-term mental health (Krejtz et al., 2014). Research has also shown that counting blessings decreases negative effects and enhances gratitude, optimism, and satisfaction with life (Froh et al., 2008).

Overall, there is clear empirical support for the importance of mindfulness, gratitude, and counting blessings in resilience training, as well as for the lasting and self-perpetuating effects of these interventions (Hemarajarajeswari & Gupta, 2021). This study examines the intersection of mindfulness, gratitude, and counting blessings within the framework of resiliency domains and tenets, aiming to reduce the stigma associated with mental health challenges among public safety personnel. As a result, this research fills the gap by validating the effectiveness of a holistic approach, through prescribed resiliency training, that operationalizes these concepts into practical skills for public safety personnel to enhance their well-being and adopt healthy lifestyle behaviors, such as mindfulness, gratitude, and counting blessings. Table 1 presents a correlation of the key resiliency theories to the program’s strategies and topics.

**Table 1: Theory Correlation with Resiliency Strategies and Topics**

Theory	Strategies/Topics
<b>Mindfulness-to-Meaning</b>	Mindfulness, Spirit of Gratitude, Counting Blessings, Cognitive Wellness, and Physical Wellness
<b>Growth Mindset</b>	Introduction to Resiliency, Spirit of Gratitude, Counting Blessings, Cognitive Wellness, and Physical Wellness
<b>Broaden-and-Build Theory</b>	Mindfulness, Spirit of Gratitude, Counting Blessings, Cognitive Wellness, Active Constructive Responding, and Rebalancing Thinking

Note. This table presents a correlation between key resiliency theories relevant to this study and the study program's strategies and topics.

### **Research Design and Methodology**

This research employed a mixed-methods approach, enabling a comprehensive analysis of the program's content and delivery methodology. The data source for this project was a post-training survey, which included both quantitative and qualitative questions.

#### **Data Collection**

The approach to data collection for evaluating the effectiveness of the Georgia Public Safety Resiliency Training Program was solely based on post-training self-report surveys. This method focused on gathering qualitative and quantitative feedback from experienced public safety personnel and was designed to collect data on the participants' knowledge level concerning resiliency principles, of the participants' perceptions related to stigma in seeking mental health resources, the participants' attitudes and perceptions of the effectiveness of resiliency training on the participants' healthy lifestyle behaviors, the participants' attitudes and perceptions of the benefits of incorporating mindfulness strategies in post-training surveys, and the participants' attitudes and perceptions of the benefits of gratitude and counting personal blessings in post-training surveys.

The design of this survey was carefully considered to ensure a high usability format (Grohmann & Kauffeld, 2013) and to serve as a summative evaluation instrument (Blau et al., 2012; Grohmann & Kauffeld, 2013). While designed on its face as a Kirkpatrick Level 1 evaluation, the design of the questions also collect data on Kirkpatrick Level 2, learning of knowledge and skills, and Kirkpatrick Level 3, behavioral change in actual application of skills (Grohmann & Kauffeld, 2013;

Kirkpatrick, 1967; Kirkpatrick & Kirkpatrick, 2006). It is essential to acknowledge that the survey has limitations, as all evaluations are self-reported at all levels, which can introduce bias (Grohmann & Kauffeld, 2013; Podsakoff et al., 2012). Following structured training focused on mental health stigma, mindfulness, and gratitude-based interventions, participants completed an anonymous post-training survey to assess their perceptions and behavioral intentions. The survey included a mix of Likert-scale, multiple-choice, and open-ended items, designed to provide a deeper understanding of participants' perspectives on resiliency training and strategies.

Quantitative items evaluated perceived stigma toward mental health (e.g., "Before this training, how comfortable would you have been seeking mental health resources, given stigma in public safety?"), perceived benefits of mindfulness and gratitude practices (e.g., "After the training, how valuable do you now believe mindfulness strategies are for improving your well-being?"), and the likelihood of adopting resiliency strategies as healthy lifestyle behaviors (e.g., "How well did the program prepare you to actually use resiliency strategies in your daily life?"). Qualitative responses captured students' personal reflections on the training's impact (e.g., "In your own words, what were the most impactful aspects of the training you received?") and implementation of resiliency strategies into daily life (e.g., "Have you implemented any of the resiliency techniques [e.g., mindfulness, gratitude, counting blessings] into your daily life? If so, how have they helped?").

### ***Independent Variables***

Independent variables include student demographics, as the Georgia Public Safety Resiliency Training Program is taught as a stand-alone course with a target audience of

experienced students who have successfully completed it. The independent variables related to student demographics are the primary public safety discipline (fire, law enforcement, etc.) of the respondent at the time of the course completion. The categorical variable is treated as a nominal variable with no specific order. Each option is assigned a numerical value of 1 (law enforcement), 2 (fire service), 3 (EMS/paramedic), 4 (911/emergency communications), 5 (jail/corrections), 6 (probation/parole), and 7 (other). The second independent variable is the respondent's public safety experience (in years) at the time of course completion. The categorical variable is treated as an ordinal variable as the options are listed in a clear, logical order. Each option is assigned numerical values: 1 = 0-2 years, 2 = 3-5 years, 3 = 6-10 years, 4 = 11-15 years, 5 = 16-20 years, 6 = 21-30 years, and 7 = 31+ years. The third independent variable is agency size (number of personnel) in the participant's agency at the time of course completion. This categorical value is treated as ordinal and is assigned numerical values ranging from 1 (fewer than 10 personnel) to 8 (more than 500 personnel). The fourth independent variable is community type (rural, urban, etc.) served by the respondent at the time of course completion. This categorical variable is treated as nominal, with numerical values assigned as follows: 1 = rural, 2 = suburban, 3 = urban, and 4 = mixed.

The program's curriculum components are treated as independent variables. This research seeks to evaluate their specific effects on stigma and the level of comfort in seeking mental health support as perceived before and after training. This categorical variable is treated as ordinal, with assigned numerical values: 1 = very uncomfortable, 2 = uncomfortable, 3 = neutral, 4 = comfortable, and 5 = very comfortable. Mindfulness strategies are evaluated based on the perceived value of improving well-being before and

after training. This categorical variable is treated as ordinal, with assigned numerical values: 1 = no value at all, 2 = low value, 3 = moderate value, 4 = high value, and 5 = essential value. Gratitude strategies and the likelihood of practicing this strategy are evaluated before and after the training. This categorical variable is treated as ordinal, with numerical values assigned as 1 = not at all likely, 2 = slightly likely, 3 = moderately likely, 4 = very likely, and 5 = extremely likely. The counting blessings strategy and its impact on well-being are evaluated before and after the training. This categorical variable is treated as ordinal, with assigned numerical values of 1 (no impact), 2 (minimal impact), 3 (moderate impact), 4 (strong impact), and 5 (transformational impact).

### ***Dependent Variables***

The dependent variables used in this research, identified in the post-training survey, include perceived changes in comfort level related to stigma between pre- and post-training, perceived value of mindfulness strategies between pre- and post-training, perceived likelihood of using gratitude strategies between pre-training and post-training, and perceived impact of counting blessing strategies between pre- and post-training.

### ***Control Variables***

The control variables for this research include the training curriculum, which is the standardized content of the Georgia Public Safety Resiliency Training Program, and whether the students had participated in previous resiliency-related training. This categorical variable is treated as nominal, with values 1 (yes) and 2 (no). If the 'yes' option is selected, respondents are provided with a text box to enter additional information. Another control variable is the design and delivery methodology, which are key elements of the program and are presented using a Likert scale; the categorical

variable is treated as ordinal with assigned numerical values. The elements include instructor delivery/facilitation, peer discussions/group activities, practical application exercises, and program materials/resources. The scale for each element is as follows: 1 = no impact/did not help at all, 2 = minimal impact/helped somewhat, 3 = strong impact/helped a lot, and 4 = transformational/helped greatly.

### **Hypotheses**

The focus of this research project includes six hypotheses. Hypothesis #1 is “If public safety personnel complete the Georgia Public Safety Resiliency Training Program, then they will demonstrate perceived increases in knowledge of resiliency domains, tenets, and well-being principles of mindfulness, gratitude, and counting blessings, as assessed by post-training attitudinal surveys.” Hypothesis #2 is “If public safety personnel complete the Georgia Public Safety Resiliency Training Program, then they will demonstrate a statistically significant decrease in perceived stigma associated with seeking peer-to-peer or mental health support as assessed in post-training attitudinal surveys.” Hypothesis #3 is “If public safety personnel complete the Georgia Public Safety Resiliency Training Program, then they will exhibit statistically significant improvements in their perceptions of the value and benefits of incorporating mindfulness strategies to improve their well-being, as assessed in post-training attitudinal surveys.” Hypothesis #4 is “If public safety personnel complete the Georgia Public Safety Resiliency Training Program, then they will demonstrate statistically significant increases in the likelihood of using gratitude strategies to improve their well-being, as assessed in post-training attitudinal surveys.” Hypothesis #5 is “If public safety personnel complete the Georgia Public Safety Resiliency Training Program, then they will demonstrate

statistically significant increases in the perceived impact of using counting blessings strategies to improve their well-being, as assessed in post-training attitudinal surveys.”

And Hypothesis #6 is “If public safety personnel complete the Georgia Public Safety Resiliency Training Program, then they will demonstrate statistically significant increases in public safety personnel’s attitudes and perceptions of the program's effectiveness in improving the participants’ healthy lifestyle behaviors assessed in post-training attitudinal surveys.”

### **Sample and Sampling Strategy**

The survey link was distributed via email by the course coordinator to experienced public safety personnel (N = 221). The study employed a census design, which included the entire population of public safety responders who had completed the Georgia Public Safety Resiliency Training Program between June 2024 and June 2025. This approach eliminated the need for sampling and ensured comprehensive representation of the program’s participants.

### **Definitions**

Key definitions pertinent to this study include:

#### ***Experienced Student.***

Any public safety personnel who attend the Georgia Public Safety Resiliency Training Program as a stand-alone course, not embedded in basic cadet training.

#### ***Public Safety Personnel.***

Anyone employed as law enforcement officers, firefighters, emergency medical services, emergency management, corrections officers, and emergency communications (911) personnel.

**Analysis**

The statistical methods for this project include paired-t analyses for the perceived differences in pre- and post-training ratings on knowledge, attitudes, or perceptions of the benefits of the Georgia Public Safety Resiliency Training Program, perceptions related to stigma, and resiliency strategies of mindfulness, gratitude, and counting blessings (Knapp, 2017; Kent State University, 2018; Russell, 2024). Descriptive statistics were used to summarize quantitative findings, and thematic analysis of qualitative responses was conducted to identify common themes regarding students' attitudes toward stigma reduction, the practical use of mindfulness and gratitude in daily life, and their adoption of healthy lifestyle behaviors.

## **Results & Analysis**

This study evaluates the effectiveness of the Georgia Public Safety Resiliency Training Program in reducing mental health stigma and promoting healthy lifestyle behaviors among public safety personnel. It examines how peer-to-peer mindfulness and gratitude training improve well-being, openness to mental health support, and overall resilience within high-stress environments. This research and survey instrument employs a mixed-methods design that integrates quantitative and qualitative analyses. The quantitative data identify and validate trends in key resiliency strategies, while the qualitative data add depth and context, offering a more comprehensive understanding of the results. This chapter presents the results of statistical analyses of the Georgia Public Safety Resiliency Training Program survey.

### **Quantitative Response Analysis**

#### ***Participants***

This survey was distributed via email by the resiliency training program coordinator to 221 experienced public safety professionals who completed the training between June 2024 and 2025, across 16 course offerings. The demographic data requested from the respondents included their primary public safety discipline, years of experience in public safety, the current size of their public safety agency, and the type of community they served. There were 62 respondents ( $n = 62$ ) who answered each demographic question. Of the 62 public safety respondents, there were 25 law enforcement officers (40%), 18 respondents who were 911/emergency communications personnel (29%), nine fire service personnel (15%), four support personnel (6%), three

jail/corrections officers (5%), two probation/parole personnel (3%), and one EMS/Paramedic (2%). Of the 62 respondents ( $n = 62$ ), their public safety experience ranges from 0 years to 31+ years ( $SD = 2.08$ ). Of the 62 respondents, the largest experience group was 31+ years (21%), followed by 21-30 years (19%). Other groups included seven at 0-2 years (11%), ten at 3-5 years (16%), four at 6-10 years (6%), seven from 11-15 years (11%), and nine from 16-20 years (15%). It is notable that the two most experienced groups were the most experienced personnel, given the prevalence of stigma related to mental health until recent years in public safety. Agency size was reported as 1 to 75 personnel (61%), 76 to 250 personnel (26%), and over 251 personnel (13%) ( $SD = 1.87$ ). The final demographic category was the type of community served.

Overwhelmingly, respondents identified as representing a mixed community (61%), followed by rural (24%), urban (11%), and suburban (3%) communities ( $n = 62$ ). It is important to note that these categories were not defined by the researchers, so respondents had no guidance on which category to select. Having defined these categories may have had a substantial impact on respondents' choices and would have enabled a more granular analysis of variances in public safety culture regarding mental health stigma and agency-provided access to mental health services across the state and across differing community types.

**Table 2: Demographic Characteristics of Survey Respondents (N = 62)**

Characteristic	n	%
Primary Public Safety Discipline		
Law enforcement officers	25	40%
911/Emergency communications officers	18	29%
Fire service personnel	9	15%
Support personnel	4	6%

Jail/Corrections officers	3	5%
Probation/Parole officers	2	3%
EMS/Paramedic personnel	1	2%
<b>Years of Public Safety Experience</b>		
0-2 years	7	11.3%
3-5 years	10	16%
6-10 years	4	6.5%
11-15 years	7	11.3%
16-20 years	9	14.5%
21-30 years	12	19.4%
31+ years	13	21%
<b>Agency Size (Personnel)</b>		
1–75	38	61%
76–250	16	26%
251+	8	13%
<b>Type of Community Served</b>		
Mixed	38	61.3%
Rural	15	24.2%
Urban	7	11.3%
Suburban	2	3.2%

**Note.** Survey distributed via email by the Resiliency Training Program Coordinator to 221 experienced public safety professionals who completed the training between June 2024 and June 2025, across 16 course offerings. There were 62 respondents who answered all demographic questions (n = 62). Respondents represented multiple public safety disciplines and a wide range of agency sizes and community types. Community categories were self-defined by respondents and not standardized by the researchers.

### ***Previous Resiliency Training & Knowledge, Confidence, and Stigma Perceptions***

The survey included three questions related to knowledge of resiliency domains, tenets, and well-being principles. Of the public safety respondents (n = 62), when asked about prior knowledge of resiliency principles, 6.5% (n = 4) stated they had no knowledge of resiliency principles, 61.3% (n = 38) indicated they possessed a basic knowledge of resiliency principles, 29% (n = 18) indicated they had moderate working knowledge, and 3.2% (n = 2) indicated they had an advanced understanding of resiliency

principles ( $SD = 0.63$ ). The standard deviation of 0.63 suggests moderate consistency among participants, with most reporting basic to moderate knowledge and relatively few at the extreme ends (no or advanced knowledge). A higher level of moderate working knowledge of resiliency principles may correlate with individuals' responses to a question about prior resiliency training, but this would require additional research. Eight respondents answered this open-ended question, with two (25%) having received military resiliency training, two (25%) having taken online resiliency training, and four (50%) having unspecified previous resiliency training ( $SD = 0.34$ ). Given the low number of respondents, this information is interesting in the context of this research, but it would require more in-depth exploration to evaluate its implications for the overall effectiveness of the study program. When asked about their confidence in applying resiliency principles to their personal lives and work after training, respondents ( $n = 62$ ) indicated they had some confidence in doing so. Of the 62 respondents, no one selected the option of not at all confident; otherwise, 54.8% of respondents ( $n = 34$ ) indicated they were very confident, 21% ( $n = 13$ ) indicated they were extremely confident, 21% ( $n = 13$ ) indicated they were moderately confident, while 3.2% of respondents ( $n = 2$ ) indicated they were slightly confident ( $SD = 0.74$ ). This standard deviation indicates relatively low variability, suggesting that respondents were consistently confident in applying resiliency principles after training.

Respondents were asked about their comfort level of seeking mental health resources, given the stigma associated with mental health in public safety, both before and after training. Of the respondents ( $n = 62$ ), before training, 12.9% ( $n = 8$ ) reported they were very uncomfortable seeking mental health resources due to stigma; 24.2% ( $n =$

15) reported they were uncomfortable, 29% (n = 18) were neutral, 24.2% (n = 15) were comfortable, and 9.7% (n = 6) were very comfortable ( $SD = 1.18$ ). Pre-training, respondents demonstrated moderate variability in their responses to levels of comfort. Comparatively, after training, respondents (n = 62) no one reported being very uncomfortable, 1.6% (n = 1) were uncomfortable, 11.3% (n = 7) were neutral, 59.7% (n = 37) were comfortable, and 27.4% (n = 17) were very comfortable seeking mental health resources due to reduced association with stigma ( $SD = 0.66$ ). Post-training, respondents demonstrated less variation in comfort level, indicating a positive impact of the training and increased comfort with seeking mental health resources, along with a reduced perception of stigma.

**Table 3: Comparison of Comfort Levels Seeking Mental Health Resources Due to Stigma Before and After Training (n = 62)**

Comfort Levels Seeking Mental Health Resources Due to Stigma	Before Training <i>n</i> (%)	After Training <i>n</i> (%)
Very Uncomfortable	8 (12.9%)	0 (0%)
Uncomfortable	15 (24.2%)	1 (1.6%)
Neutral	18 (29%)	7 (11.3%)
Comfortable	15 (24.2%)	37 (59.7%)
Very Comfortable	6 (9.7%)	17 (27.4%)
<b>Standard Deviation (SD)</b>	1.18	0.66

Note. Respondents were asked to rate their comfort level in seeking mental health resources, given the stigma associated with mental health in public safety, before and after training. Percentages are based on total respondents (n = 62).

Based on these findings, the Georgia Public Safety Resiliency Training Program is associated with increased knowledge of resiliency principles, greater confidence in applying them, and a measurable reduction in stigma around seeking mental health resources. These outcomes suggest that participants are better equipped to practice resiliency strategies not only in their professional roles but also in their personal lives,

promoting overall well-being, healthier relationships, and improved decision-making, which can ultimately enhance public safety outcomes.

### ***Resiliency Strategies Usefulness***

For this research, certain resiliency strategies used within the Georgia Public Safety Resiliency Training Program are the primary focus and directly related to the study's hypotheses. These strategies—mindfulness, gratitude, and counting blessings—are evaluated based on perceptions of usefulness before and after training.

#### **Mindfulness.**

Survey respondents (n = 59) indicated that before training, they believed mindfulness strategies for improving well-being ranged from no value to essential value. Before training, 1.7% (n = 1) responded mindfulness strategies were of no value you at all, 28.8% (n = 17) perceived low value, 50.8% (n = 30) perceived moderate value, 13.6% (n = 8) believed there was high value, and 5.1% (n = 3) believed there was essential value ( $SD = 0.83$ ). After the training, respondents (n = 59) indicated they believed mindfulness strategies for improving well-being were of moderate value (2%, n = 1), high value (61%, n = 36), and essential value (37%, n = 22) ( $SD = 0.51$ ). The differences in standard deviations between pre- and post-training indicate that, prior to the training, respondents showed moderate variability in their responses, suggesting less consensus on the perceived value of mindfulness as a resiliency strategy. Post-training, the standard deviation indicates a greater consensus of a stronger perceived value, with most respondents rating mindfulness strategies as “high” or “essential” value.

**Table 4: Comparison of Mindfulness Strategies Usefulness Before and After Training (n = 59)**

Mindfulness Strategies Usefulness	Before Training <i>n</i> (%)	After Training <i>n</i> (%)
No value at all	1 (1.7%)	0 (0%)
Low value	17 (28.8%)	0 (0%)
Moderate value	30 (50.8%)	1 (2%)
High value	8 (13.6%)	36 (61%)
Essential value	3 (5.1%)	22 (37%)
<b>Standard Deviation (SD)</b>	0.83	0.51

Note. Respondents were asked to rate their perceptions of the usefulness of mindfulness strategies for improving well-being before and after training. Percentages are based on total respondents (n = 59).

### **Gratitude.**

Survey respondents (n = 59) were asked about the likelihood of their using gratitude strategies to improve their well-being before and after training. Before training, 12% (n = 7) responded their usage of gratitude strategies to improve their well-being were not likely at all, 25% (n = 15) perceived their use as slightly likely, 36% (n = 21) perceived their use as moderately likely, 19% (n = 11) perceived their use was very likely, and 8% (n = 5) perceived their use was extremely likely ( $SD = 1.11$ ). After the training, respondents (n = 59) indicated their usage of gratitude strategies to improve their well-being was moderately likely (15.2%, n = 9), very likely (59.3%, n = 35), and extremely likely (25.5%, n = 15). After training, no respondents selected the 'not likely at all' or 'slightly likely' options ( $SD = 0.63$ ). The decrease in standard deviation post-training ( $SD = 0.63$ ) compared to pre-training ( $SD = 1.11$ ) indicates that respondents are using gratitude strategies to improve their well-being more consistently than before training, suggesting a positive effect of resiliency training.

**Table 5: Comparison of Usage of Gratitude Strategies to Improve Well-Being Before and After Training (n = 59)**

Gratitude Strategies Usage	Before Training <i>n</i> (%)	After Training <i>n</i> (%)
Not likely at all	7 (12%)	0 (0%)
Slightly likely	15 (25%)	0 (0%)
Moderately likely	21 (36%)	9 (15.2%)
Very likely	11 (19%)	35 (59.3%)
Extremely likely	5 (8%)	15 (25.5%)
<b>Standard Deviation (SD)</b>	1.11	0.63

Note. Respondents were asked to rate their perception of the usage of gratitude strategies to improve well-being before and after training. Percentages are based on total respondents (n = 59).

### Counting Blessings.

Survey respondents (n = 59) were asked about the perceptions of the impact of counting blessings strategies on their well-being before and after training. Before training, 12% (n = 7) responded counting blessings strategies to improve their well-being would have no impact, 29% (n = 17) perceived minimal impact, 32% (n = 19) perceived moderate impact, 24% (n = 14) perceived strong impact, and 3% (n = 2) perceived transformational impact (*SD* = 1.04). After the training, respondents (n = 59) indicated their perceptions of the impact of counting blessings strategies on their well-being as moderate (14%, n = 8), strong (64%, n = 38), or transformational (22%, n = 13). After training, no respondents selected the 'no impact' or 'minimal impact' rankings (*SD* = 0.59). Similarly to the findings regarding gratitude strategies, the lower post-training standard deviation (*SD* = 0.59) indicates that respondents consistently perceive the training as positively affecting their use of counting blessings to improve their overall well-being.

**Table 6: Comparison of Perceived Impacts of Using Counting Blessings Strategies to Improve Well-Being Before and After Training (n = 59)**

Counting Blessings Strategies Impacts	Before Training <i>n</i> (%)	After Training <i>n</i> (%)
No impact	7 (12%)	0 (0%)
Minimal impact	17 (29%)	0 (0%)
Moderate impact	19 (32%)	8 (14%)
Strong impact	14 (24%)	38 (64%)
Transformational impact	2 (3%)	13 (22%)
<b>Standard Deviation (SD)</b>	1.04	0.59

Note. Respondents were asked to rate the perceived impact of counting blessings strategies on well-being before and after training. Percentages are based on the total number of respondents (n = 59).

These findings indicate that, following training, respondents no longer selected the lower-ranked options (e.g., no value, not likely, or no impact) for any resiliency strategy. This suggests that the Georgia Public Safety Resiliency Training Program is associated not only with increased knowledge and greater confidence in applying resiliency principles, but also with more frequent use of key strategies—mindfulness, gratitude, and counting blessings—both professionally and personally. Overall, these results support the program’s effectiveness in enhancing public safety personnel’s well-being and promoting the practical application of resiliency strategies.

### **Resiliency Program Effectiveness**

The primary purpose of this research is to conduct a program evaluation of the effectiveness of the Georgia Public Safety Resiliency Training Program. Respondents were asked questions related to how well the program prepared participants to use resiliency strategies in their daily life, how would the participants rate the quality of the program’s delivery (instructors, pacing, structure, and format), and what impact the following elements have on the program’s overall effectiveness: instructor

delivery/facilitation, peer discussions/group activities, practical application exercises, and program materials and resources.

### ***Preparation to Use Resiliency Strategies***

The respondents (n = 56) indicated that the resiliency strategies presented in the training program prepared participants a little 2% (n = 1), somewhat 7% (n = 4), well 64% (n = 36), and extremely well 27% (n = 15) ( $SD = 0.62$ ) for the use of resiliency strategies after training. As a result, respondents overwhelmingly indicated that the training prepared them extremely well.

**Table 7: Evaluation of Preparation Levels for the Use of Resiliency Strategies After Training (n = 56)**

<b>Preparation Levels</b>	<b>After Training %</b>	<b>After Training n</b>
Prepared me a little	2%	1
Prepared me somewhat	7%	4
Prepared me well	64%	36
Prepared me extremely well	27%	15
<b>Standard Deviation (SD)</b>	0.62	

Note. Respondents were asked to evaluate their perceived level of preparedness to use resiliency strategies to improve well-being after training. Percentages are based on the total number of respondents (n = 56).

### ***Quality of Program Delivery***

The respondents (n = 56) were asked about the quality of the program's delivery, including instructors, pacing, structure, and format. Participants responded to the categories presented: fair (2%, n = 1), good (21%, n = 12), and excellent (77%, n = 43) ( $SD = 0.47$ ). The findings clearly indicate respondents believe the program delivery is appropriate for this topic and target audience.

**Table 8: Evaluation of Quality of the Resiliency Program Delivery (Instructors, Pacing, Structure, and Format) (n = 56)**

Quality of Resiliency Program Delivery	After Training %	After Training <i>n</i>
Fair	2%	1
Good	21%	12
Excellent	77%	43
<b>Standard Deviation (SD)</b>	0.47	

Note. Respondents were asked to evaluate the quality of the resiliency program's delivery, including instructors, pacing, structure, and format. Percentages are based on the total number of respondents (n = 56).

### *Effectiveness of Elements of the Resiliency Program*

Participants were presented with a Likert scale slider to evaluate the elements of instructor delivery/facilitation, peer discussions/group activities, practical application exercises, and program materials/resources using the rankings of no impact/did not help at all (1), minimal impact/helped somewhat (2), strong impacted/helped a lot (3), and transformational/helped greatly (4). The respondents (n = 56) provided the following means for each element: instructor delivery/facilitation ( $M = 3.73$ ,  $SD = 0.48$ ), peer discussions/group activities ( $M = 3.52$ ,  $SD = 0.63$ ), practical application exercises ( $M = 3.52$ ,  $SD = 0.60$ ), and program materials/resources ( $M = 3.57$ ,  $SD = 0.62$ ). These findings indicate that instructor delivery/facilitation, which has the highest mean, is particularly effective. Respondents also generally agree on the usefulness of the elements presented. Overall, these findings suggest all rated program components are effective in supporting learning and application of resiliency principles and strategies.

**Table 9: Evaluation of Effectiveness of Elements of the Resiliency Program (n = 56)**

Effectiveness of Elements of the Resiliency Program	After Training <i>M</i>	After Training <i>SD</i>
Instructor delivery/facilitation	3.73	0.48
Peer discussions/group activities	3.52	0.63

Practical application exercises	3.52	0.60
Program materials/resources	3.57	0.62

Note. Respondents were asked to evaluate the effectiveness of specified elements of the resiliency program. Mean and Standard Deviation are based on the total respondents (n = 56).

### **Qualitative Response Analysis**

To garner additional insights into the training program's overall effectiveness and the impact of specific resiliency strategies on participants' well-being, this research included several open-ended questions.

#### ***Impactful Aspects of Resiliency Training Program***

In order to align the responses to the question "*In your own words, what were the most impactful aspects of the training you received?*", a thematic analysis was conducted to correlate with the key resiliency strategies of mindfulness, gratitude, counting blessings, stigma reduction, and overall well-being and specific program elements of instructor delivery/facilitation, peer discussions/activities, practical application exercises, and program materials/resources. Due to this format, the responses often referenced both resiliency strategy and program delivery themes.

#### ***Resiliency Strategies***

For this question, 46 student responses were provided in a text-based, open-ended format. The impactfulness of resiliency strategies identified in thematic analysis includes mindfulness (n = 20), gratitude (n = 18), blessings (n = 13), stigma reduction (n = 10), and well-being (n = 13). These findings suggest that the training effectively highlighted and reinforced resiliency strategies that respondents perceived as most beneficial for improving overall personal and professional well-being. Refer to Table #10 for selected

examples of comments that support the specific resiliency strategy being analyzed in this research.

### ***Program Delivery Elements***

Of the 46 responses, the following program elements were identified in the thematic analysis: instructor delivery/facilitation (n = 4), peer discussions/activities (n = 11), practical application exercises (n = 10), and program materials/resources (n = 6). These findings highlight the value of interactive, practical applications of resiliency strategies that support learning engagement and transfer into real-world settings. Refer to Table #10 for selected examples of comments that support the specific program delivery elements being analyzed in this research.

It is important to note that in this thematic analysis, the numbers represent the frequencies of mentions based on the evaluator's assessment and should not be construed as comparative measures of the importance of strategies or delivery elements. However, this textual analysis provides insight into relative importance and should be considered alongside the quantitative analysis results.

### ***Perspective on Mental Health and Stigma Changes***

For the question "*How has your perspective on mental health and stigma changed since completing the training?*", a thematic analysis was conducted to examine how the training influenced perceptions of stigma and the importance of mental health. In this textual and open-ended format, the responses contained references to themes related to stigma reduction (n = 25), and the importance of mental health (n = 16) but also elaborated on perspectives related behavioral changes for self-awareness/self-care (n = 13), seeking help/resources (n = 12), and implementing strategies (n = 16). For some

respondents (n = 11), concern for others was noted. Finally, some respondents reported non-specific perspective changes (n =3), while others reported no changes (n = 6). There were 47 responses to this question. These findings indicate that training positively influenced both understanding and application of resiliency strategies in personal and professional lives.

### ***Implementation of Resiliency Strategies***

For the question “*Have you implemented any of the resiliency techniques (e.g., mindfulness, gratitude, counting blessings) into your daily life? If so, how have they helped?*”, a thematic analysis was conducted to determine the implementation of resiliency techniques into the participants’ daily lives and provide more details on how the training has helped. Given the open-ended nature of this question, a significant number of respondents (n = 18) reported implementing strategies but did not specify which ones. Of the 47 responses, participants reported they use mindfulness (n = 12), gratitude (n = 17), and blessings (n = 10). Respondents also mentioned a resiliency strategy taught in the Georgia Public Safety Resiliency Training Program that was not included in this research: journaling (n = 4). Finally, one respondent indicated that they had not implemented any resiliency strategies without any context for this answer. Overall, these findings suggest that this training program encouraged respondents to incorporate resiliency strategies to improve healthy lifestyle behaviors.

**Table 10: Selected Sample of Thematic Analysis of Qualitative Questions: Resiliency Strategies & Outcomes**

#	Themes	Quotations
1	Mindfulness Strategies	<i>“Yes, I’ve started using mindfulness and gratitude techniques more regularly. Taking a moment to pause and refocus helps me keep stress from piling up, and practicing gratitude shifts my mindset so I don’t only dwell on the negative. Both have helped me stay calmer and more balanced during and after tough shifts.”</i>

2	Gratitude Strategies	<i>"I use gratitude every day, I have recently moved into a new position within my organization and with me using gratitude has help elevate my position to where people don't hate to see me coming."</i>
3	Counting Blessings Strategies	<i>"Starting your day with a blessing, which in turn starts you out on the right foot."</i>
4	Stigma Reduction	<i>"I don't look at mental health as an issue now; I grew up in a house where it was "walk it off" or "suck it up buttercup" now I look into why this person is saying this or acting a certain way. The training really helped me look at people in a different way."</i>
5	Importance of Mental Health	<i>"It is ok to get mental help, to take care of yourself, take time for yourself before you can help others."</i>
6	Improved Well-Being	<i>"The training opened my mind further in ways that I didn't expect. Because of the training I am looking at life obstacles differently, I am more self-aware of my mental state. I think that I am now more patient and a lot of relationships that were trouble have been restored. I believe that since the training my quality of life has improved."</i>

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Note: Full thematic analysis is in Appendix D.

### ***Resiliency Program Improvements***

For the question "*What aspects of the training would you improve, change, or add?*", there were 43 respondents. A large group of respondents indicated that no changes were needed to the program (n = 21). Other change recommendations fall into three categories of program improvements (improve, change, add), course improvements (format, length, content), and other improvements. The format of this question allowed respondents to provide a broad array of suggestions.

#### **Program Improvements.**

For purposes of this analysis, program improvements include adding resiliency-related training courses for instructors (n = 1) and command staff (n = 1), and adding refresher training opportunities (n = 1) to expand the program further in public safety.

#### **Course Improvements.**

For the existing resiliency course, respondents indicated that the course would be improved by adding topics (stress management and coaching) and expanding existing

topics (financial and physical fitness) (n = 3), adding more videos, student activities/exercises, and possibly role-playing (n = 7), and ensuring appropriate training venues (n = 2). There were conflicting recommendations regarding the course length: some respondents suggested increasing it (n = 4), while others suggested decreasing it (n = 2). For the existing course, more course offerings (n = 2) were also mentioned as needed.

### **Other Improvements.**

Two interesting improvements were identified in this question's response, with recommendations to make the course mandatory training (n = 1) and to add instructors with more diverse backgrounds (n = 1). There were also respondents who answered not applicable (N/A) (n = 3).

**Table 11: Summary of Thematic Analysis of Qualitative Questions: Program Improvements**

#	Themes	Suggestions
1	Program Improvements (n = 3)	<i>Expand the program to include additional resiliency related training for command staff, instructors, and refresher training for previous participants.</i>
2	Course Improvements (n = 20)	<i>Add additional topics on stress management and coaching. Expand upon existing topics such as financial resiliency and physical fitness. Increase student engagement activities to possibly include role-play scenarios. Ensure appropriate training venues. Diversify course offerings to accommodate different needs. Increase course offering opportunities.</i>
3	Other Improvements (n = 3)	<i>Minimal responses suggest making the course mandatory for all public safety personnel and increasing the number of instructors with more diverse backgrounds.</i>

Note: Suggested improvements for enhancing and expanding the resiliency program.

While many respondents felt no changes were needed, suggested improvements primarily focused on course content, activities, and format. Further, these responses

indicate diverse resiliency training needs among public safety personnel, which should be considered in program expansion initiatives. Overall, these responses offer researchers practical guidance for enhancing and expanding the program, while also reinforcing the effectiveness of the key resiliency strategies examined in this study.

### ***Recommendation to Peers to Attend Resiliency Training***

For the question “*Would you recommend the Georgia Public Safety Resiliency Training Program to your peers? Why or why not?*”, there were 47 respondents. Of the 47 respondents, the majority stated yes (n = 46), with one respondent indicating embarrassment that their agency made attendance mandatory (n = 1). From a thematic perspective, respondents specifically stated they have recommended peers/staff (n = 12), and some also stated they recommend this training for all public safety responders (n = 7). The near-unanimous support for this program indicates it is perceived as highly valuable across a broad range of public safety disciplines. Researchers and program coordinators should consider strategies to expand the program’s reach to include all public safety roles, particularly those not represented in this study’s respondent population. Detailed tables of qualitative responses are in Appendix D.

### **Hypotheses Testing**

Based on the survey responses, the results are analyzed using a paired t-test to determine whether the mean difference is statistically significant, thereby proving or disproving the hypothesis.

### ***Resiliency Principles Application***

When analyzing responses related to knowledge and application of resiliency principles pre- and post-training, the mean increased from 2.29 to 4.16, which indicates a

significant improvement in knowledge and application of resiliency principles and strategies. The t-value of -17.813 is significant and supports the strong effect of the training. The p-value of  $<.001$  indicates the increase is statistically significant, and the consistency between the SDs pre- (.653) and post- (.626) training indicates that responses during both time periods were fairly consistent. This consistency in pre- and post-training standard deviations indicates that participants' perceptions of resiliency knowledge pre-training were similar, while their perceptions of the application of resiliency strategies consistently improved post-training. These results support the hypothesis #1: If public safety personnel complete the Georgia Public Safety Resiliency Training Program, then they will demonstrate statistically significant increases in their perceived knowledge and application of resiliency domains, tenets, and well-being strategies (such as gratitude and mindfulness), as well as improved attitudes and perceptions regarding the effectiveness of resiliency training on healthy lifestyle behaviors, as measured by post-training attitudinal surveys.

### ***Stigma Reduction***

The results of this analysis indicate that the mean increased from 2.94 to 4.13, demonstrating a notable improvement in perceived stigma associated with mental health needs in public safety. The t-value of -8.223 is significant and supports the effectiveness of resiliency training in reducing stigma. The p-value of  $<.001$  indicates a statistically significant reduction in stigma. The decrease in standard deviation from 1.186 to .665 after training indicates respondents' views were aligned in perceiving stigma reduction positively. As recent studies have shown, stigma related to seeking mental health services is pervasive and culturally rooted in public safety (Fix et al, 2024; Johnston et al., 2022;

Schultz & Ricciardelli, 2024; Senger et al., 2023; Verble et al., 2024) and stigma reduction leading to acceptance of mental health services has a direct influence on public safety personnel's resiliency, well-being, and operational readiness (Papazoglou, 2023). These results support hypothesis #2: If public safety personnel complete the Georgia Public Safety Resiliency Training Program, then they will demonstrate a statistically significant decrease in perceived stigma associated with seeking peer-to-peer or mental health support, as assessed in post-training attitudinal surveys.

### *Mindfulness Strategies*

Paired t-tests showed a mean increase from 2.92 to 4.36, indicating a marked increase in perceptions of the usefulness of mindfulness strategies for improving well-being. The t-value of -14.773 indicates a strong improvement in perceptions of the usefulness of mindfulness strategies, and the p-value of <.001 is statistically significant and further supports this improvement. Likewise, the decrease in the standard deviation from .836 to .517 suggests alignment of respondents' perceptions post-training. Previous studies have shown that public safety responders benefit from mindfulness strategies, with a reduction of issues such as anger, anxiety, depression, and burnout, and improved habitual behaviors and patterns (Chopko et al., 2024; Hillhouse et al., 2023; Wu et al., 2019; Wu et al., 2021), leading to positive impacts on their psychological well-being and resiliency (Brown & Ryan, 2003; Garland et al., 2015, 2017; Lu et al., 2023; Wu et al., 2021). As a result, these findings support hypothesis #3: If public safety personnel complete the Georgia Public Safety Resiliency Training Program, then they will exhibit statistically significant improvements in their perceptions of the benefits of incorporating

mindfulness strategies into their daily routines, as assessed in post-training attitudinal surveys.

### ***Gratitude Strategies***

Analysis of perceptions of gratitude strategy usefulness using paired t-tests showed a mean increase from 2.86 to 4.10, indicating greater perceptions of their usefulness post-training for improving well-being. The t-value of -11.079 further supports a strong improvement in perceptions of the usefulness of gratitude strategies. The p-value of  $<.001$  is statistically significant, supporting the improved perceptions of gratitude strategies. The decrease in the standard deviation from 1.121 to .635 suggests alignment of respondents' perceptions post-training. These findings from public safety personnel align with limited gratitude research, which indicates that gratitude strategies positively impact well-being and positive life outcomes (Hemarajarajeswari & Gupta, 2021; Krejtz et al., 2014; Yu et al., 2018). As a result, these findings support hypothesis #4: If public safety personnel complete the Georgia Public Safety Resiliency Training Program, then they will demonstrate statistically significant increases in the likelihood of using gratitude strategies to improve their well-being, as assessed in post-training attitudinal surveys.

### ***Counting Blessings Strategies***

The final paired t-test results indicate a mean increase from 2.78 to 4.08, which represents increased perceptions of the usefulness of strategies related to counting blessings for improving well-being post-training. The t-value of -11.195 supports a strong improvement in perceptions of the usefulness of counting blessings strategies from pre- to post-training. The p-value of  $<.001$  is statistically significant, supporting the improved perceptions of the counting blessings strategy. The decrease in the standard deviation

from 1.052 to .596 supports alignment of respondents' perceptions post-training. This finding is consistent with evidence-based research that posits that actively counting blessings promotes well-being and increases quality of life (Peng et al., 2021) and can reduce negative stress effects (Krejtz et al., 2014), both of which are critical to public safety personnel. As a result, these findings support hypothesis #5: If public safety personnel complete the Georgia Public Safety Resiliency Training Program, then they will demonstrate statistically significant increases in the perceived impact of using counting blessings strategies to improve their well-being, as assessed in post-training attitudinal surveys.

**Table 12: Paired *t*-test Comparing Pre-Training and Post-Training**

<b>Strategy</b>	<b>Mean Pre-Test</b>	<b>Mean Post-Test</b>	<b>S.D. Pre-Test</b>	<b>S.D. Post-Test</b>	<b><i>t</i></b>	<b>d.f</b>	<b><i>P</i></b>
Resiliency Principles Application	2.29	4.16	.653	.626	-17.813	55	<.001
Stigma Reduction	2.94	4.13	1.186	.665	-8.223	61	<.001
Mindfulness Strategies	2.92	4.36	.836	.517	-14.773	58	<.001
Gratitude Strategies	2.86	4.10	1.121	.635	-11.079	58	<.001
Counting Blessings Strategies	2.78	4.08	1.052	.596	-11.195	58	<.001

Note: All pre- and post-training questions were asked simultaneously.

In the final analysis, these research findings support all hypotheses and overall program effectiveness.

### **Research Methodology Limitations**

As with most research projects, this study has limitations in scope and methodology. Post-training surveys were used to evaluate perceptions before and after

training. If given time, the more effective approach would have been to administer a pre-training survey at the beginning of each course offering, followed by a post-training survey at the completion of training. In this current research, one limitation is that respondents' pre-training perceptions may have been biased by the training, potentially affecting the results of the post-training survey. Another drawback was the timing of survey administration. For some respondents, the survey was administered over one-year post-training, while others completed training within months of the post-training survey. Since this survey was specifically targeting experienced public safety personnel, the respondent pool was limited to 16 offerings, with class sizes ranging from 7 to 20 students, for a total of 221 possible respondents. The size of the study group was also limited by the program implementation time frame of just over one year at the time of the study. The focus of this study was limited to program effectiveness, stigma reduction, and three key strategies—mindfulness, gratitude, and counting blessings — but many other strategies should also be studied. Finally, this study was conducted at a point in time. Full program evaluation would certainly benefit from longitudinal studies to determine long-term program outcomes and effectiveness.

### **Policy Implications for the Georgia Public Safety Resiliency Training Program**

#### ***Background***

This study was conducted to evaluate the effectiveness of the Georgia Public Safety Resiliency Training Program in reducing mental health stigma and promoting healthy lifestyle behaviors among public safety personnel. The research found that public safety personnel who complete the resiliency training demonstrate a statistically significant increase in their perceptions that this training increased healthy lifestyle

behaviors, increased the use of resiliency strategies, including mindfulness, gratitude, and counting blessings, and decreased stigma associated with public safety personnel seeking mental health resources.

### ***Policy Implications***

Based on this study's findings, the following policy implications are recommended:

#### **Expand the Georgia Public Safety Resiliency Training Program Funding.**

This research demonstrated that the existing program effectively improves participants' healthy lifestyles and reduces mental health stigma, commonly impacting public safety personnel's willingness to seek mental health resources. The Training Center should develop a funding proposal for the 2026 Georgia General Assembly and the Governor's Office of Planning and Budgeting to allocate additional funding for instructional and administrative personnel and operational costs to expand the program. This expansion proposal should include funding for two additional public safety instructors, one public safety instructional supervisor, and one administrative support position. Because this program is based on a field-delivery training model, funding should include operational costs for vehicles, vehicle maintenance, fuel, and travel, including lodging and meals, as well as training supply costs, printing, and professional development.

#### **Increase the Georgia Public Safety Resiliency Training Program Courses.**

If funded, and based on the results of this research, the courses offered in the Resiliency Program should be expanded to target a broader audience of public safety personnel.

**First-Line Supervisors & Command Staff.**

New courses should target first-line supervisors and command-level public safety personnel with an emphasis of improving organizational culture to encourage personnel to promote employee well-being, including caring for their mental health, as well as their physical health, implement programs that promote healthy lifestyle behaviors, ensure policies allow for safe conversations concerning mental health (as allowed by law), provide mental health resources, and take any other measures aimed at reducing stigma association with public safety personnel seeking mental health resources.

**Online & Refresher Training.**

While the current course is delivered in person, the research suggests that public safety personnel would benefit from implementing online training on resiliency topics and from developing and delivering refresher courses on resiliency. These could include using existing curriculum to develop both online and refresher courses, as well as researching and developing new curriculum that expands on resiliency concepts. For example, a course could be developed that focuses on resiliency strategies for public safety personnel who are combat veterans or others diagnosed with Post-Traumatic Stress Disorder (PTSD).

**Realignment of Health & Wellness and Stress Management Courses.**

Another option for expanding resiliency training with policy implications is realigning other courses within the Resiliency Program. For example, the current Health & Wellness course needs a significant update to its curriculum. This program could be moved into the Resiliency Program and benefit from realigning its course objectives with

resiliency-based strategies. Similarly, stress management training would fit within this realignment.

### **Development of Symposia & Podcasts.**

In the past, the Training Center has hosted resiliency-related symposiums and podcasts sponsored by or developed by other sections of the organization. Future efforts should be managed under the auspices of the Resiliency Program. The previously held Come in from the Rain symposium should serve as a blueprint for developing annual symposia focused on resiliency-related themes. With the capabilities to create podcasts and video podcasts, this team should be directed to develop an ongoing series of podcasts and/or video podcasts focused on resiliency themes. For example, the resiliency team should identify public safety personnel to be interviewed regarding how resiliency strategies helped them cope with officer-involved shootings, line-of-duty deaths, or suicide by a public safety peer.

### ***Current Resiliency Program Improvements***

This research has identified areas for improvement that would benefit the existing resiliency program.

### **Student Engagement Activities.**

One such area is to include more student engagement activities and exercises, and to extend the time allotted to them. This has implications for the overall length of the course and the instructor-to-student ratio. Currently, two instructors are assigned to manage classes capped at 20 students. With the complexity of the delivery format, additional exercises will not only take more time but may also require more instructors per student to properly manage the activities. Given the nature of this program, it is not

unusual for students to become emotional and need time and space to process their feelings. At times, this requires instructors to step away from the larger group to engage with individual students. These situations also present policy implications for training venues, whether public or educational settings, and for educational settings that include non-public-safety personnel.

### **Stronger Focus on Stigma Reduction.**

Another area that requires further research and appropriate modifications to the existing curriculum is stigma reduction. The survey responses showed positive changes in students' perceptions; however, some respondents noted the need for greater focus on stigma reduction. Recent research has recognized that public safety executives need to drive a shift in organizational culture to support mental health interventions and reduce stigma (Fix et al., 2024). There is a lack of empirical research on successful training interventions to reduce stigma as an obstacle to seeing mental health resources when needed. The existing literature and formalized programs, such as Mental Health First Aid, focus on training public safety personnel to recognize mental health issues as medical conditions but do so with the goal of establishing empathy and compassion in public safety responders for those in the community who are living with mental health conditions (Kitchener et al., 2018).

### **Instructor Professional Development.**

Since its inception in Georgia, the resiliency program has been identified as a “general” public safety topic and therefore, only requires a POST General Instructor Certification (Level 1 & 2). However, while the program was under the Georgia Peace Officer Standards and Training Council, the Council established a Master Resiliency

Instructor certification. This has led to significant misunderstanding among public safety instructors regarding the minimum qualifications to teach resiliency topics to public safety personnel in Georgia. By establishing a Master Resiliency Instructor certification, POST inadvertently treated resiliency as a “specialized” rather than a “general” topic, meaning any resiliency instructor must hold the Master Resiliency Instructor certification to teach it. The current program, its structure, and funding do not require a train-the-trainer course; therefore, the Training Center supports inactivating the Master Resiliency Trainer certification. This does not mean that professional development of resiliency instructors is not important. There is a clear need for a career development plan. Based on the current program and anticipated expansion, the Training Center must establish, by policy, the minimum and preferred qualifications for instructors within this unit. As noted, the POST General Instructor (Level 1 & 2) is the minimum qualification required by POST. In addition to this training, resiliency instructors should successfully complete the state’s Public Safety Peer Support program, the Force Sciences Institute’s Wellness & Emotional Resiliency for First Responders, the Georgia Southern University’s Tactical Athlete Certification, and attend the International Association of Chiefs of Police’s Officer Safety and Wellness Conference annually. Finally, the Training Center should explore the concept of trauma-informed response training and its implications for resiliency instructor development to better prepare instructors for trauma responses from participants that may come to light as part of this training. It is crucial that resiliency instructors are properly trained to understand and effectively address, or refer participants to other mental health resources, when situations arise outside the scope of resiliency training.

### **Future Research Implications**

The future research implications of this resiliency training include both program-specific and program-expansion and scalability.

#### ***Program-Specific Research***

By design, this research study focused on overall program effectiveness in training public safety personnel in resiliency principles and encouraging participants to apply key strategies to their overall well-being and healthy lifestyle. Further research is needed to evaluate perceptions, using a pre-training survey followed by a separate, but similar, post-training survey to accurately measure pre- versus post-training perceptions. This survey approach, using a single instrument to measure pre- and post-training perceptions, has inherent limitations. For example, a respondent in the current study could be biased by the training into what their pre-training perceptions really were. Another important constraint for the current research project is the limited number of offerings and potential respondents from the first year of training. A larger study group with a more diverse public safety experiential background may have significant implications for the findings. Future research should also include longitudinal studies administered at 3-, 6-, and 12-month post-training to track program outcomes over time. While this study was limited to three key strategies, future research should evaluate additional strategies, such as journaling and fitness strategies.

#### ***Program Expansion and Scalability***

Since a shorter version resiliency training, outside of the program parameters of this study, is now included as part of the basic law enforcement officer curriculum, future research should focus on this group of public safety personnel at the beginning of their

career, with expansion of resiliency training to all other basic courses (firefighter, 911 operators, jail officers, corrections officers, etc.), using longitudinal studies to evaluate the benefits of this pre-career approach to resiliency training comparatively across public safety disciplines. This research would have significant implications for the transferability of program outcomes and whether specific strategies are effective in different high-stress situations. Scalability and expansion should also be explored. A few examples of this further exploration include from the perspective of top-down executive strategies to reduce stigma within organizational culture; other stress-related conditions, such as compassion fatigue and burnout, and the effectiveness of resiliency strategies to prevent or reduce such conditions among public safety personnel; effectiveness of resiliency strategies in post-critical incident recovery of public safety personnel; resiliency strategies and their effectiveness when coping with peer-related first responder suicides; and evaluating the efficacy of specific resiliency strategies based on personality types or communication styles. Finally, future research in conjunction with this study may establish an evidence-based, foundational approach to a national resiliency training standard for public safety personnel.

### **Conclusion and Final Implications**

This study successfully validated the Georgia Public Safety Resiliency Training Program in several key aspects of resiliency training. The data analysis supports reducing mental health stigma, effective course design for experienced public safety personnel, and appropriate curriculum content related to resiliency domains, tenets, and the effectiveness and practical application of mindfulness, gratitude, and counting blessings in improving participants' personal and professional lives. These findings lay a critical foundation in establishing the program's effectiveness in meeting its goals and objectives.

From a policy implications perspective, these findings support expanding the program through top-down training strategies to drive cultural shifts that reduce stigma and promote a holistic approach to addressing public safety responders' overall wellness. This will be most effectively accomplished by targeting training not only for line-level personnel but also for executive and command staff. Findings further support additional line-level training through training boosters and in-service training. While there is anecdotal evidence that a cultural shift is in its infancy in Georgia agencies who have benefited from this training – demonstrated by direct contact with the program manager – requesting this training to assist specific personnel who are reportedly struggling for both personal and professional reasons, the Training Center must make a concerted effort to market this program across all public safety and criminal justice disciplines to further this objective. A marketing and communications plan should be implemented, which brings to bear all the existing resources in support of communicating this program's purpose, objectives, and benefits. Additionally, it is important to draw more interest from public safety personnel by promoting the program's unique design and by presenting resiliency

principles in a safe, non-threatening environment where participants can share as much, or as little, information as they feel comfortable with. It is also critical that the Training Center's marketing and communications plan clearly delineate short and long term benefits of resiliency training to both the public safety personnel including improved mental and physical health, which may result in reduced stress, anxiety, and depression, improved emotional regulation and sense of personal empowerment, and the agency through higher job satisfaction, improved job performance, and longer retention. Future studies should evaluate these teaching strategies and how to best leverage different resiliency strategies and course design elements in various learning environments with different target audiences, as well as the long-term outcomes for both the responders and the agencies.

In addition to the communications and marketing plan, program personnel must develop program expansion recommendations to pursue additional funding for personnel, travel, and operational training costs. This may include seeking funding through state-allocated funds and state and federal grants. This approach would be further supported by an ongoing data collection and analysis process to monitor and report program outcomes to key stakeholders. As a result of additional program evaluation, the Training Center would be positioned to promote a model training program which could be adopted by other states and potentially other disciplines, such as emergency management/disaster response volunteers, healthcare professionals, and judicial professionals – judges, clerks, victim advocates – who generally fall outside the traditional definition of the criminal justice system.

In conclusion, the high-stress environments and occupational exposures experienced by public safety personnel have been empirically shown to have significant implications for public safety responders and agencies. These implications can have devastating effects in the form of suicide, significant health problems, increased turnover rates, and increased insurance premiums for both medical and liability-related insurance. By funding, promoting, and expanding resiliency training based on this and many other empirical studies, resiliency training and well-being programs should permeate all levels of public safety personnel staffing, organizational objectives, and policy frameworks aimed at ensuring the well-being of the agency's human resources.

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**Appendix A: Institutional Review Board Application and Approval Letter**

Middle Georgia State University  
IRB Form

Before completing this form, you should review the Principal Investigator's Manual. This document also includes further information regarding completion of the forms and the timeline for turning in materials and checking on the status of your proposal.

Please submit all materials electronically to the Chair of the IRB. Proposals which require Full review must be submitted on or before the 15<sup>th</sup> of the month in order for the proposal to be on the agenda for consideration during the next month's meeting, excluding December and May. (For example, a proposal submitted by the 15<sup>th</sup> of September would be reviewed in the October meeting). Principal Investigators will be informed of the status of their proposal by the last workday of the month in which it was reviewed. Please direct any further questions to the Chair of the IRB, at [irb@mga.edu](mailto:irb@mga.edu).

**Submission Checklist:**

1.  Middle Georgia State University IRB form (this one)
2.  Consent Form
3.  Assent Form [if participants are between 7-17 years of age]
4.  Copies of Surveys, Tests, Questionnaires, etc. [if applicable]
5.  Detailed Research Methodology [at least one page minimum]
6.  Copy of Grant Proposal (if project is funded or seeking funding, whether on or off campus)
7.  Extenuating circumstances documentation

Principal Investigator Cheryl J. Greathouse

Date 09/02/2025

This Project qualifies for: (*circle or highlight one*)

Exempt Review

**Expedited Review**

Full IRB Review

1. Project Title: \_\_\_\_\_

2. Source of Funding (if any) \_\_\_\_\_

3. Dates of proposed project (please take into consideration IRB review timelines as dates cannot be retroactive):

From: \_\_\_\_\_ To: \_\_\_\_\_

4. Describe the Scientific Purpose of the Investigation:

5. Describe the research methodology in non-technical language (the IRB needs to know what will be done with or to all research participants):

6. What are the potential benefits of this research (either directly to the participants, or to the body of knowledge being researched):

7. What are the anticipated risks (risks include, physical, psychological, or economic harm; be certain to describe the steps taken to protect participants from these risks).

8. Describe how participants will be recruited (must include total number and age of all participants to be recruited and any compensation participants will be provided):

9. Describe why it is necessary that the Primary Investigator(s) and/or Supervisor know the identity of the participants (**not required for Exempt Reviews**):

10. The principal investigator must comply with all USG mandated data governance policies. Describe how data collected for this project will be securely stored and how and when it will be destroyed:

11. Describe the informed consent process:

12. Signature Page: An **original** of this page must be sent in hard copy to the Chair of the IRB. Applications will not be considered complete until this form has been received with all investigators signatures.

Project Title: \_\_\_\_\_

**Principal Investigator(s):**

Signature: Chris Heathman

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Degree: \_\_\_\_\_

Degree: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

School/Dept: \_\_\_\_\_

School/Dept: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Alt Ph#: \_\_\_\_\_

Alt Ph#: \_\_\_\_\_

**Faculty Supervisor:**

Signature: \_\_\_\_\_

School/Dept: \_\_\_\_\_

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Degree: \_\_\_\_\_

Telephone: \_\_\_\_\_

Title: \_\_\_\_\_

Alt Ph#: \_\_\_\_\_

## Evaluating the Effectiveness of the Georgia Public Safety Resiliency Program

### IRB Information

**Purpose of the Study:** This research study is designed to evaluate the effectiveness of the Georgia Public Safety Resiliency Training Program in reducing mental health stigma and promoting healthy lifestyle behaviors among public safety personnel. The study aims to demonstrate that targeted peer-to-peer training in mindfulness and gratitude strategies enhances personal well-being, increases openness to mental health support, and fosters a resilient culture within high-stress public safety environments.

**Research Methodology:** This research will utilize post-training surveys to evaluate students' perceptions of the benefits of incorporating mindfulness and gratitude strategies to promote healthy lifestyle behaviors, as a result of the Georgia Public Safety Resiliency Training Program (see attached for more detailed information on the research methodology).

**Benefits of the Study:** This research is designed to evaluate the resiliency training program's effectiveness for public safety personnel. The results will validate whether the current program content and structure are effective. The study's findings will inform the validation and potential expansion of the program, with broader implications for developing a comprehensive national model for public safety resiliency training.

**Anticipated Risks:** The study is anticipated to pose no risks, as it will be conducted through an anonymous, voluntary online survey. Participants will be presented with a consent waiver prior to completing the survey.

**Participants & Identification:** This study is designed to survey experienced public safety personnel who completed the training within the specified timeframe. An email from the Course Coordinator (not the Principal Investigator) will be sent to the identified participants with a survey link and a request to complete the survey. Participation is voluntary, and the Course Coordinator will not be privy to any individual responses or any indication of which students chose to respond to the survey. The purpose of having the Course Coordinator email participants with a survey link is to improve response rates, leveraging the relationship formed during the training.

The identification of participants is solely for the purpose of compiling email addresses for the target population. Identifying data will not be used otherwise in relation to this research.

**Data Collection & Storage:** The survey will be designed using the Qualtrics survey tool provided by Middle Georgia State University. Responses will be gathered and stored using

this tool and can only be accessed with the Primary Investigator's single sign-on (SSO) credentials issued by the University. Once collected, the data will be input into SPSS for analysis. All data will be secured on the Georgia Public Safety Training Center's secured network using the Training Center's single sign-on (SSO) issued credentials to the Primary Investigator. The only identifying data of the participants will be destroyed at the end of the research period in compliance with course requirements.

**Informed Consent & Waiver:** Participants will be notified as part of the original recruiting email that participation is voluntary. Upon entering the survey tool, Qualtrics, participants will first read and either consent to or decline to complete this survey with a yes/no response to the attached Informed Consent (contingent on IRB approval).

**BRIAN KEMP**  
Governor



**CHRIS WIGGINTON**  
Director

August 19, 2025

**Subject: Authorization to Access Student Registration System Data**

To Whom It May Concern:

This letter serves as formal authorization for Cheryl J. Greathouse, Deputy Director of the Georgia Public Safety Training Center, to access and utilize specific data housed within the Georgia Public Safety Training Center's Student Registration System.

The data authorized for use includes:

- Agency names
- Participant names
- Course offering dates
- Course identification numbers
- Course completion statuses
- Personal email addresses
- End-of-course evaluations

This information is to be used solely in support of the Georgia Public Safety Resiliency Program and specifically for the purposes of completing a capstone program evaluation project through Middle Georgia State University Doctor of Science in Public Safety, a doctoral-level graduate program.

All data will be handled in accordance with GPSTC privacy and confidentiality standards. Access and use of this information are restricted to the scope of the authorized project and are not to be shared or disseminated beyond the requirements of the capstone evaluation.

Should you have any questions or require further clarification, please contact my office at (478) 993-4405 or [cwigginton@gpstc.org](mailto:cwigginton@gpstc.org).

Sincerely,

A handwritten signature in blue ink, appearing to read 'Chris Wigginton'.

Chris Wigginton, Director  
Georgia Public Safety Training Center

***Proudly serving those who serve***

**MAIN CAMPUS** 1000 Indian Springs Drive, Forsyth, GA 31029

**PHONE** (478) 993-4000

**FAX** (478) 993-4407

[www.gpstc.org](http://www.gpstc.org)

## **Anonymous Online Survey on the Georgia Public Safety Resiliency Program Informed Consent**

**Study Title:** Evaluating the Effectiveness of the Georgia Public Safety Resiliency Program

**Purpose of the Study:** As a participant who successfully completed the Georgia Public Safety Resiliency Program, you are invited to participate in a research study examining the effectiveness of the training program, perceptions of stigma related to mental health, and the usefulness of resiliency strategies such as mindfulness, gratitude, and counting blessings after the training program. You must be at least 18 years of age, have experience as a public safety responder in Georgia, and have completed the Georgia Public Safety Resiliency Program through the Georgia Public Safety Training Center from June 2024 through June 2025.

**Procedures:** If you choose to participate, you will answer some multiple-choice questions that rank your perceptions regarding stigma before and after training. You will also evaluate the effectiveness of resiliency strategies such as mindfulness, gratitude, and counting blessings. Finally, there are several open-ended questions to allow you to make additional comments about your experience during or after the program. The study is expected to take approximately 20 minutes.

**Potential Risks:** It is unlikely that you will experience any risks or discomfort beyond what would be experienced in everyday personal and professional life by participating. The responses will be anonymous, will be maintained securely, and will be reported in the aggregate.

**Potential Benefits:** There are no specific benefits associated with participating. However, through this research, the Georgia Public Safety Training Center hopes to gain information that supports the Georgia Public Safety Resiliency Program and validates the course design and content.

**Right to Participate or Not:** Participation in this research is voluntary. If you do not wish to participate in this study, simply click NO at the Consent Waiver Request, and you will immediately exit this survey. You may also stop participation at any time by exiting the survey.

**Privacy and Confidentiality:** The data for this project are being collected anonymously. Neither the researchers nor anyone else will be able to link data to you. Information about you will be kept confidential to the maximum extent allowable by law. Aggregated and anonymous results from this study may be published or presented at research conferences, professional meetings, and the anonymous data will be securely stored and archived by Middle Georgia State University. Only the following will have access to this survey's identifiable data:

- Researchers and research assistants
- Institutional Review Board (IRB)
- Georgia Public Safety Training Center

**Costs and Compensation:** There are no costs or compensation related to this study.

**Future Research:** Data collected from this study may be used for future research in aggregate form only, with no identifiable information linked to the respondent.

**Conflict of Interest:** The primary researcher for this program evaluation is an employee of the Georgia Public Safety Training Center with responsibility for ensuring effective training program evaluation.

**Questions or Concerns:** If you have any questions or comments about this study, you may contact the researcher: Cheryl J. Greathouse, Deputy Director, Georgia Public Safety Training Center, at 478-955-1294, [cgreathouse@gpstc.org](mailto:cgreathouse@gpstc.org).

**Consent:** I have read and understand the above consent form. I certify that I am 18 years of age, have experience as a public safety responder in Georgia, and have completed the Georgia Public Safety Resiliency Program through the Georgia Public Safety Training Center from June 2024 through June 2025. By clicking the “Yes” button to enter the survey, I indicate my willingness to voluntarily take part in this study.

## Introduction & Consent

Add consent waiver here.

## Demographics

What is your primary public safety discipline?

- Law Enforcement
- Fire Service
- EMS/Paramedic
- 911/Emergency Communications
- Jail/Corrections
- Probation/Parole
- Other (please specify)

How many years of public safety experience do you have?

- 0-2 years
- 3-5 years
- 6-10 years

- 11-15 years
- 16-20 years
- 21-30 years
- 31+ years

What is the size of your current public safety agency?

- Fewer than 10 personnel
- 11-25 personnel
- 26-50 personnel
- 51-75 personnel
- 76-100 personnel
- 101-250 personnel
- 251-500 personnel
- More than 500 personnel

What type of community does your agency primarily serve?

- Rural
- Suburban
- Urban
- Mixed

## Resiliency Training Experience

Prior to attending the Georgia Public Safety Training Program, had you participated in any resiliency training?

- Yes (please specify type)
- No

## Knowledge, Confidence, and Stigma

Prior to the training, how would you describe your overall knowledge of resiliency domains, tenets, and well-being principles (mindfulness, gratitude, etc.)?

- No knowledge at all
- Basic awareness only
- Moderate working knowledge
- Advanced understanding

After completing the training, how confident do you feel in applying resiliency principles to your own life and work?

- Not at all confident
- Slightly confident

- Moderately confident
- Very confident
- Extremely confident

Before the training, how comfortable would you have been seeking mental health resources, given stigma in public safety?

- Very uncomfortable
- Uncomfortable
- Neutral
- Comfortable
- Very comfortable

After the training, how comfortable are you now with the idea of seeking mental health resources?

- Very uncomfortable
- Uncomfortable
- Neutral
- Comfortable
- Very comfortable

## Usefulness of Resiliency Strategies

Before the training, how valuable did you believe mindfulness strategies were for improving your well-being?

- No value at all
- Low value
- Moderate value
- High value
- Essential value

After the training, how valuable do you now believe mindfulness strategies are for improving your well-being?

- No value at all
- Low value
- Moderate value
- High value
- Essential value

Before the training, how likely were you to personally use gratitude practices to improve your well-being?

- Not likely at all

- Slightly likely
- Moderately likely
- Very likely
- Extremely likely

After the training, how likely are you to personally use gratitude practices?

- Not likely at all
- Slightly likely
- Moderately likely
- Very likely
- Extremely likely

Before the training, how much impact did you think “counting blessings” strategies could have on your well-being?

- No impact
- Minimal impact
- Moderate impact
- Strong impact
- Transformational impact

After the training, how much impact did you think “counting blessings” strategies could have on your well-being?

- No impact
- Minimal impact
- Moderate impact
- Strong impact
- Transformational impact

## **Program Effectiveness**

How well did the program prepare you to actually use resiliency strategies in your daily life?

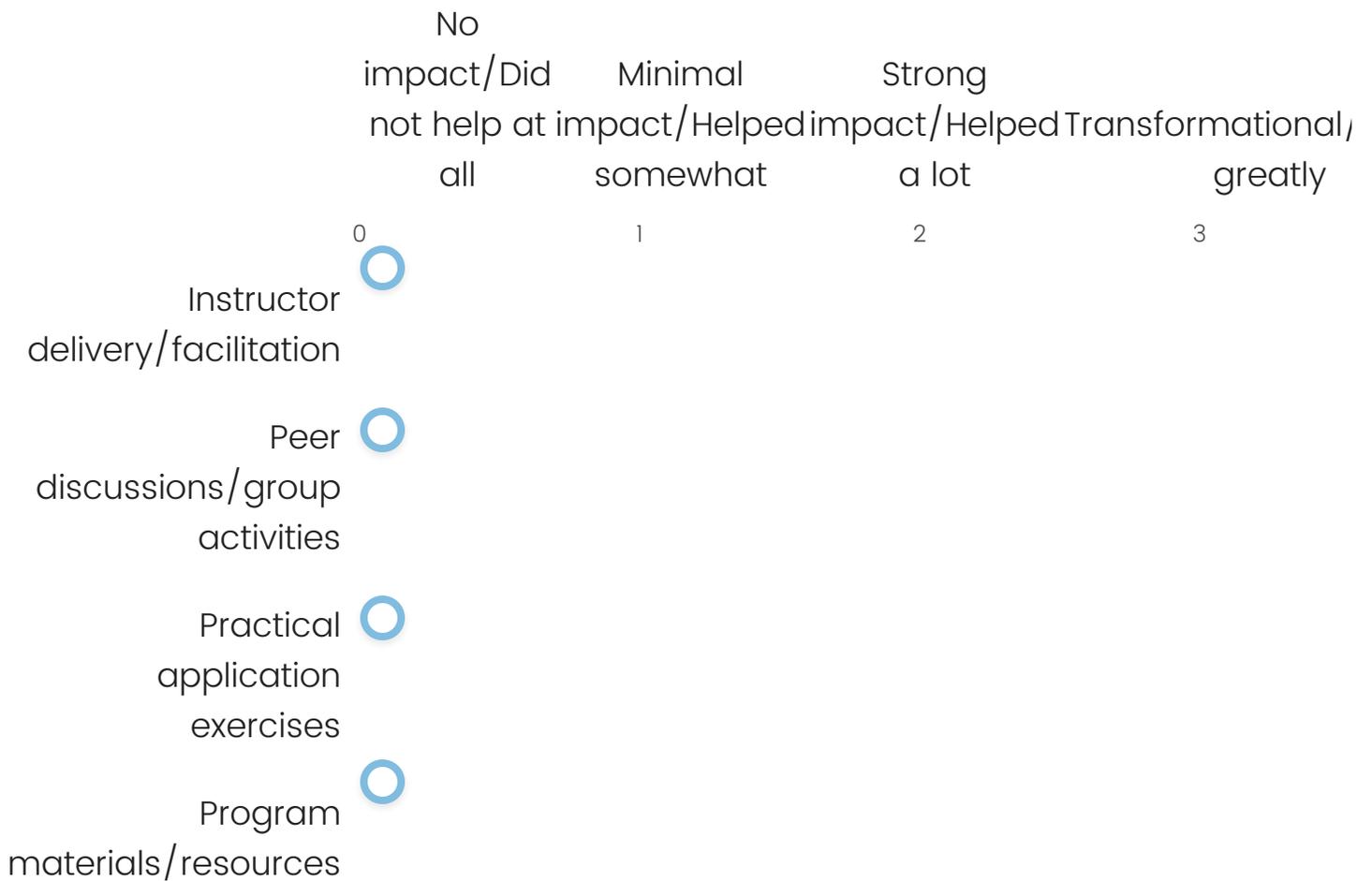
- Did not prepare me at all
- Prepared me a little
- Prepared me somewhat
- Prepared me well
- Prepared me extremely well

How would you rate the quality of the program's delivery (instructors, pacing, structure, and format)?

- Very poor

- Poor
- Fair
- Good
- Excellent

How effective were the following elements of the program?  
(Rate each)



## Open-Ended Questions

In your own words, what were the most impactful aspects of the training you received?

How has your perspective on mental health and stigma changed since completing the training?

Have you implemented any of the resiliency techniques (e.g., mindfulness, gratitude, counting blessings) into your daily life? If so, how have they helped?

What aspects of the training would you improve, change, or add?

Would you recommend the Georgia Public Safety Resiliency Training Program to your peers? Why or why not?

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## Research Design & Methodology

This research will utilize post-training surveys to evaluate students' perceptions of the benefits of incorporating mindfulness and gratitude strategies to engage in healthy lifestyle behaviors as a result of the Georgia Public Safety Resiliency Training Program.

Participants will be experienced public safety personnel (N = 212) who completed the Georgia Public Safety Resiliency Program from June 2024 through June 2025. Following structured training that focuses on mental health stigma, mindfulness, and gratitude-based interventions, participants will complete an anonymous post-training survey designed to assess their perceptions and behavioral intentions. The survey will include a mix of Likert-scale items, multiple-choice questions, and open-ended responses.

Quantitative items will evaluate perceived stigma toward mental health (e.g., "Prior to this course, to what extent did stigma negatively affect your seeking peer-to-peer or mental health support?"), perceived benefits of mindfulness and gratitude practices (e.g., "After completing this course, how likely are you to actively utilize gratitude or counting blessings as strategies for a healthy lifestyle?"), and the likelihood of adopting mindfulness strategies as healthy lifestyle behaviors (e.g., "After completing this course, how likely are you to actively utilize mindfulness strategies on support of a healthy lifestyle?"). Qualitative responses will capture students' personal reflections on the training's impact and perceived barriers to implementation (e.g., "Reflecting on your experience with the Georgia Public Safety Resiliency Training Program, please describe how the training has influenced your personal and professional approach to resilience. Additionally, what challenges or barriers, if any, do you anticipate or currently face in applying the skills or concepts from the training in your work environment?").

Descriptive statistics will be used to summarize quantitative findings, and thematic analysis will be conducted on qualitative responses to identify common themes regarding student attitudes toward stigma reduction and the practical use of mindfulness and gratitude in daily life in the adoption of healthy lifestyle behaviors.

**Data Sources:**

The data source for this project is:

- post-training assessments designed with quantitative and qualitative questions.

**Study Population:**

This evaluation utilizes a census design, in which the entire population of public safety responders who have completed the Georgia Public Safety Resiliency Program between June 2024 and June 2025 is included, thereby eliminating the need for sampling and ensuring comprehensive representation of the program's participants.

**Definitions:**

***Experienced student:*** Any public safety personnel who attend the Georgia Public Safety Resiliency Training Program as a stand-alone course, not embedded in basic cadet training.

***Public safety personnel:*** Anyone employed as law enforcement officers, firefighters, emergency medical services, emergency management, corrections officers, and emergency communications (911) personnel.

**Variables:**

The following variables would be used:

***Independent Variables:***

**Student Demographics:** Because the Georgia Public Safety Resiliency Training Program is taught as a stand-alone course with a target audience of experienced students who have successfully completed the course, the following will be treated as an independent variable, as this research seeks to evaluate their specific effects:

- **Primary public safety discipline** (fire, law enforcement, etc.) of the responder at the time of the course completion (agency type represented).
- **Public safety experience** (in years) of the respondent at the time of course completion.
- **Agency size** (number of personnel) in the participant's agency at the time of course completion.

**Curriculum Components:** Each of the following components of the program is treated as an independent variable, as this research seeks to evaluate their specific effects:

- **Stigma** of seeking mental health support as perceived before and after the training.

- **Gratitude** as a practiced skill before and after the training.
- **Counting Blessings** as a practiced skill before and after the training.
- **Mindfulness** as a practiced skill before and after the training.

***Dependent Variables:***

The dependent variables that will be used in this research include:

- **Perceived attitude changes** between pre-training and post-training as identified in the post-training survey.

***Control Variables:***

The control variables for this research include:

- **Training curriculum**, which is the standardized content of the Georgia Public Safety Resiliency Program.
- **Design and delivery methodology**, which is the mode in which the course is presented (e.g., interactive, student-centered, relaxed, two-person instructor team).

**Hypotheses:**

There are five hypotheses in this research project, which include:

***Hypothesis #1:*** If public safety personnel complete the Georgia Public Safety Resiliency Training Program, then they will demonstrate ***perceived increases in knowledge of resiliency domains, tenets, and well-being principles of gratitude and mindfulness***, as assessed by post-training attitudinal surveys.

**Hypothesis #2:** If public safety personnel complete the Georgia Public Safety Resiliency Training Program, then they will demonstrate a statistically significant decrease in ***perceived stigma*** associated with seeking peer-to-peer or mental health support assessed in post-training attitudinal surveys.

**Hypothesis #3:** If public safety personnel complete the Georgia Public Safety Resiliency Training Program, then they will demonstrate statistically significant increases in public safety personnel's attitudes and perceptions of the ***effectiveness of resiliency training on the participants' healthy lifestyle behaviors*** assessed in post-training attitudinal surveys.

**Hypothesis #4:** If public safety personnel complete the Georgia Public Safety Resiliency Training Program, then they will demonstrate statistically significant improvements in their perceptions of the ***benefits of gratitude and counting personal blessings*** in their daily routines, as assessed in post-training attitudinal surveys.

**Hypothesis #5:** If public safety personnel complete the Georgia Public Safety Resiliency Training Program, then they will exhibit statistically significant improvements in their perceptions of the ***benefits of incorporating mindfulness strategies*** into their daily routines, as assessed in post-training attitudinal surveys.

#### **Data Collection:**

Data collection for this project will be multifaceted and will include:

- Post-training surveys of ***knowledge level concerning resiliency principles***.
- Post-training surveys of ***perceived stigma***.
- Post-training surveys of attitudes and perceptions of the ***effectiveness of resiliency training on the participants' healthy lifestyle behaviors***.
- Attitudinal surveys of attitudes and perceptions of the ***benefits of gratitude and counting personal blessings*** in post-training surveys.
- Attitudinal surveys of attitudes and perceptions of the ***benefits of incorporating mindfulness strategies*** in post-training surveys.

#### **Statistical Methods:**

The statistical methods for this project include:

- Paired-t analysis for the perceived differences in pre- and post-training rating on knowledge, attitudes, or perceptions of the benefits of the Georgia Public Safety Resiliency Training Program, perceptions related to stigma, and resiliency strategies of mindfulness, gratitude, and counting blessings (Kent State University, 2018; Russell, 2024).
- One-Way ANOVA (Analysis of Variance) to assess the independent variables of public safety discipline (law enforcement officer, firefighter, 911 operator, etc.) to assess differences in scores on knowledge, attitudes, and perceptions related to stigma (Russell, 2024).
- One-Way ANOVA (Analysis of Variance) to assess the independent variables of public safety discipline (law enforcement officer, firefighter, 911 operator, etc.) to

assess differences in scores on knowledge, attitudes, and perceptions related to the benefits of mindfulness, gratitude, and counting blessings (Russell, 2024).



**Middle Georgia**  
State University

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Macon  
Cuthbert  
Talbott  
Columbus  
Warner Robins  
and other nearby schools

September 9, 2025

TO: Dr. Cheryl Greathouse

FROM: Dr. John Powell Hall  
Institutional Review Board Chair 2023-2026  
Middle Georgia State University

SUBJECT: Approval of Project # 202509 - L  
Title: "Evaluating the Effectiveness of the Georgia Public Safety Resiliency Program."

I am pleased to inform you that your project has been approved under the Exempt Review protocol of the Middle Georgia State University Institutional Review Board. Your project complies with the IRB guidelines for exempt proposals, including "research projects which present no more than minimal risk and therefore can be reviewed without a convened meeting."

If you wish to make any changes to this protocol, you must disclose your plans before you implement them so the IRB Board can assess their impact on your project. In addition, you must report to the Board any unexpected complications arising from the project that affect your participants. Approval of this project is for a period of one year from the date of this letter, the maximum duration permitted by the Federal Office for Human Research Protections (OHRP). If the project will not be completed by September 8, 2026, then you must submit a Renewal Form notifying the IRB of the continuation of this project. It is recommended that you keep your unit supervisor informed about the status of this project. If you have any questions regarding this project, please contact the current Chair of the IRB at [irb@mga.edu](mailto:irb@mga.edu).

Sincerely,

A handwritten signature in black ink, appearing to read "J. Powell Hall".

Dr. John Powell Hall  
IRB Chair  
2023-2026

## Appendix B: Full Resiliency Survey with Instructions and Cover Email

From: Nancy Greathouse <[ngreathouse@gpstc.org](mailto:ngreathouse@gpstc.org)>  
Date: Mon, Sep 29, 2025 at 6:25 AM  
Subject: Georgia Public Safety Resiliency Program – Your Feedback Requested  
To:

Dear Resiliency Program Participant,

As a successful graduate of the Georgia Public Safety Resiliency Program, you are invited to participate in a research study. This study aims to evaluate the effectiveness of the training program, assess perceptions of mental health stigma, and examine the usefulness of resiliency strategies such as mindfulness, gratitude, and counting blessings following the training. Your feedback will directly help strengthen the resiliency training program for future participants and program expansion.

Your participation is entirely voluntary, and all responses will remain anonymous. Data will be collected and analyzed in aggregate by GPSTC personnel, in collaboration with Middle Georgia State University's Doctor of Science in Public Safety program. All data and responses will be securely maintained in compliance with regulations set forth by the State of Georgia, the Georgia Public Safety Training Center, and Middle Georgia State University. Through this research, the Georgia Public Safety Training Center hopes to gather information that supports the Georgia Public Safety Resiliency Program and validates its course design and content.

You can access the survey via this link: [https://mgasurvey.qualtrics.com/jfe/form/SV\\_8dmBecyw5Kp4Zj8](https://mgasurvey.qualtrics.com/jfe/form/SV_8dmBecyw5Kp4Zj8)

Upon clicking the link, you will be presented with a detailed Consent Waiver. If you choose to participate, please click "yes." If you decline, you will be automatically directed to the end of the survey. You may also exit the survey at any point.

We anticipate the survey will take approximately 20 minutes to complete. Please complete this survey by no later than **5 pm on October 1, 2025**.

Thank you for your time and consideration. We truly appreciate your feedback and firmly believe your feedback will help future public safety participants.

Please do not hesitate to contact us if GPSTC can be of service to you and your agency.

Respectfully,  
Nancy

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**Nancy Greathouse**  
Training Manager, Resiliency Program, LE Critical Skills Section  
Georgia Public Safety Training Center

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☎ 478-993-4685 # ENP ✉ [ngreathouse@gpstc.org](mailto:ngreathouse@gpstc.org)

## Introduction & Consent

### **Anonymous Online Survey on the Georgia Public Safety Resiliency Program Informed Consent**

**Study Title:** Evaluating the Effectiveness of the Georgia Public Safety Resiliency Program

**Purpose of the Study:** As a participant who successfully completed the Georgia Public Safety Resiliency Program, you are invited to participate in a research study examining the effectiveness of the training program, perceptions of stigma related to mental health, and the usefulness of resiliency strategies such as mindfulness, gratitude, and counting blessings after the training program. You must be at least 18 years of age, have experience as a public safety responder in Georgia, and have completed the Georgia Public Safety Resiliency Program through the Georgia Public Safety Training Center from June 2024 through June 2025.

**Procedures:** If you choose to participate, you will answer some multiple-choice questions that rank your perceptions regarding stigma before and after training. You will also evaluate the effectiveness of resiliency strategies such as

mindfulness, gratitude, and counting blessings. Finally, there are several open-ended questions to allow you to make additional comments about your experience during or after the program. The study is expected to take approximately 20 minutes.

**Potential Risks:** It is unlikely that you will experience any risks or discomfort beyond what would be experienced in everyday personal and professional life by participating. The responses will be anonymous, will be maintained securely, and will be reported in the aggregate.

**Potential Benefits:** There are no specific benefits associated with participating. However, through this research, the Georgia Public Safety Training Center hopes to gain information that supports the Georgia Public Safety Resiliency Program and validates the course design and content.

**Right to Participate or Not:** Participation in this research is voluntary. If you do not wish to participate in this study, simply click NO at the Consent Waiver Request, and you will immediately exit this survey. You may also stop participation at any time by exiting the survey.

**Privacy and Confidentiality:** The data for this project are being collected anonymously. Neither the researchers nor

anyone else will be able to link data to you. Information about you will be kept confidential to the maximum extent allowable by law. Aggregated and anonymous results from this study may be published or presented at research conferences, professional meetings, and the anonymous data will be securely stored and archived by Middle Georgia State University. Only the following will have access to this survey's identifiable data:

- Researchers and research assistants
- Institutional Review Board (IRB)
- Georgia Public Safety Training Center

**Costs and Compensation:** There are no costs or compensation related to this study.

**Future Research:** Data collected from this study may be used for future research in aggregate form only, with no identifiable information linked to the respondent.

**Conflict of Interest:** The primary researcher for this program evaluation is an employee of the Georgia Public Safety Training Center with responsibility for ensuring effective training program evaluation.

**Questions or Concerns:** If you have any questions or

comments about this study, you may contact the researcher: Cheryl J. Greathouse, Deputy Director, Georgia Public Safety Training Center, at 478-955-1294, [cgreathouse@gpstc.org](mailto:cgreathouse@gpstc.org).

**Consent:** I have read and understand the above consent form. I certify that I am 18 years of age, have experience as a public safety responder in Georgia, and have completed the Georgia Public Safety Resiliency Program through the Georgia Public Safety Training Center from June 2024 through June 2025. By clicking the “Yes” button to enter the survey, I indicate my willingness to voluntarily take part in this study.

Yes

No

## Demographics

What is your primary public safety discipline?

- Law Enforcement
- Fire Service
- EMS/Paramedic
- 911/Emergency Communications
- Jail/Corrections
- Probation/Parole
- Other (please specify)

How many years of public safety experience do you have?

- 0-2 years
- 3-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21-30 years
- 31+ years

What is the size of your current public safety agency?

- Fewer than 10 personnel
- 11-25 personnel
- 26-50 personnel
- 51-75 personnel

- 76-100 personnel
- 101-250 personnel
- 251-500 personnel
- More than 500 personnel

What type of community does your agency primarily serve?

- Rural
- Suburban
- Urban
- Mixed

## Resiliency Training Experience

Prior to attending the Georgia Public Safety Training Program, had you participated in any resiliency training?

- Yes (please specify type)
- No

## Knowledge, Confidence, and Stigma

Prior to the training, how would you describe your overall knowledge of resiliency domains, tenets, and well-being principles (mindfulness, gratitude, etc.)?

- No knowledge at all
- Basic awareness only
- Moderate working knowledge
- Advanced understanding

After completing the training, how confident do you feel in applying resiliency principles to your own life and work?

- Not at all confident
- Slightly confident
- Moderately confident
- Very confident
- Extremely confident

Before the training, how comfortable would you have been seeking mental health resources, given stigma in public safety?

- Very uncomfortable
- Uncomfortable
- Neutral

- Comfortable
- Very comfortable

After the training, how comfortable are you now with the idea of seeking mental health resources?

- Very uncomfortable
- Uncomfortable
- Neutral
- Comfortable
- Very comfortable

## **Usefulness of Resiliency Strategies**

Before the training, how valuable did you believe mindfulness strategies were for improving your well-being?

- No value at all
- Low value
- Moderate value
- High value
- Essential value

After the training, how valuable do you now believe mindfulness strategies are for improving your well-being?

- No value at all
- Low value
- Moderate value
- High value
- Essential value

Before the training, how likely were you to personally use gratitude practices to improve your well-being?

- Not likely at all
- Slightly likely
- Moderately likely
- Very likely
- Extremely likely

After the training, how likely are you to personally use gratitude practices?

- Not likely at all
- Slightly likely
- Moderately likely
- Very likely

Extremely likely

111

Before the training, how much impact did you think “counting blessings” strategies could have on your well-being?

- No impact
- Minimal impact
- Moderate impact
- Strong impact
- Transformational impact

After the training, how much impact did you think “counting blessings” strategies could have on your well-being?

- No impact
- Minimal impact
- Moderate impact
- Strong impact
- Transformational impact

## **Program Effectiveness**

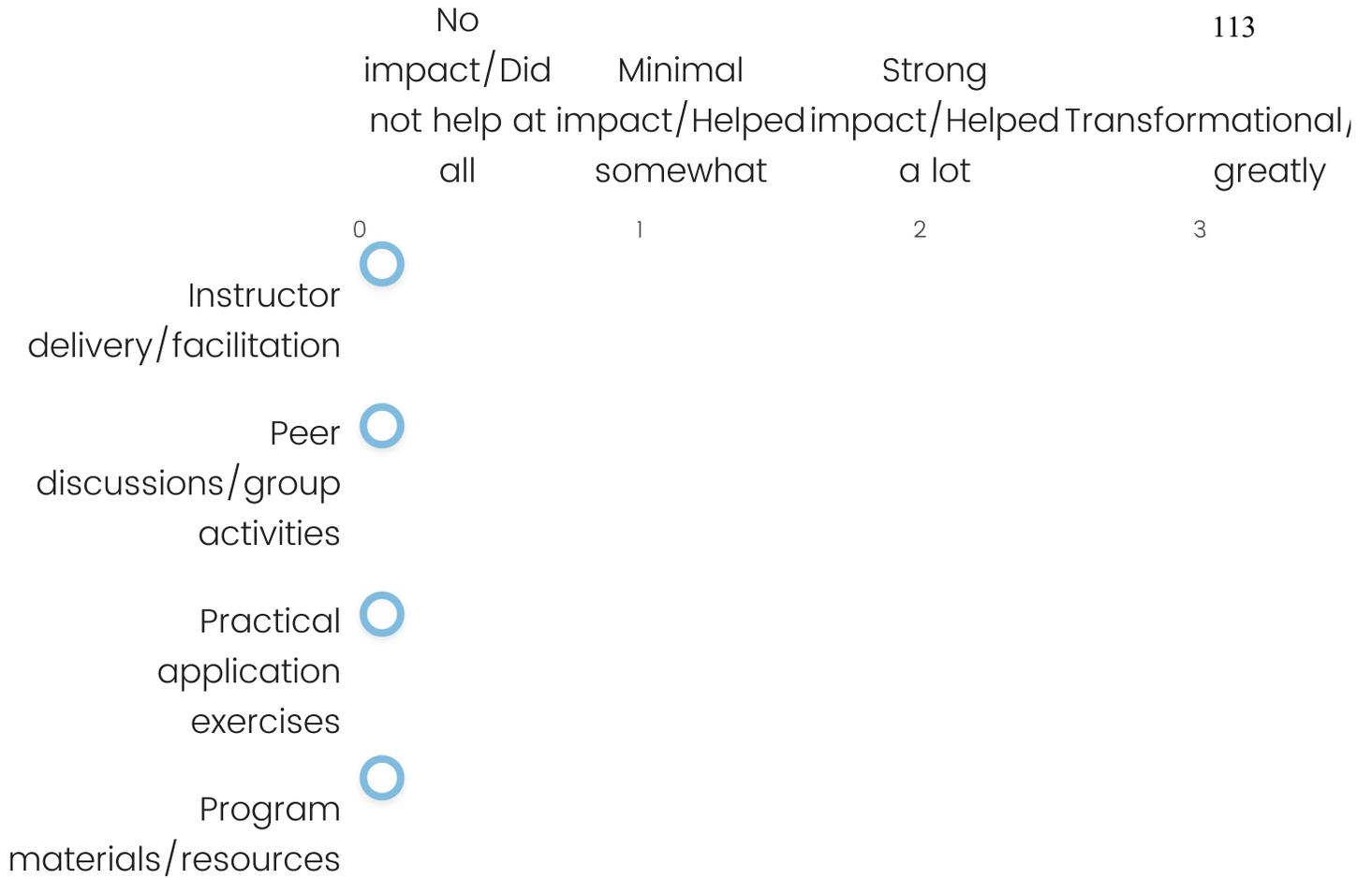
How well did the program prepare you to actually use resiliency strategies in your daily life?

- Did not prepare me at all
- Prepared me a little
- Prepared me somewhat
- Prepared me well
- Prepared me extremely well

How would you rate the quality of the program's delivery (instructors, pacing, structure, and format)?

- Very poor
- Poor
- Fair
- Good
- Excellent

How effective were the following elements of the program?  
(Rate each)



## Open-Ended Questions

In your own words, what were the most impactful aspects of the training you received?

How has your perspective on mental health and stigma changed since completing the training?

Have you implemented any of the resiliency techniques (e.g., mindfulness, gratitude, counting blessings) into your daily life? If so, how have they helped?

What aspects of the training would you improve, change, or add?

Would you recommend the Georgia Public Safety Resiliency Training Program to your peers? Why or why not?

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### Appendix C: SPSS Reports: Quantitative Data Analysis

#### Primary Public Safety Discipline

##### Frequencies

		Statistics				
		What is your primary public safety discipline? - Selected Choice	What is your primary public safety discipline? - Other (please specify) - Text	How many years of public safety experience do you have?	What is the size of your current public safety agency?	What type of community does your agency primarily serve?
N	Valid	62	62	62	62	62
	Missing	0	0	0	0	0

##### Frequency Table

###### What is your primary public safety discipline? - Selected Choice

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Law Enforcement	25	40.3	40.3	40.3
	Fire Service	9	14.5	14.5	54.8
	EMS/Paramedic	1	1.6	1.6	56.5
	911/Emergency Communications	18	29.0	29.0	85.5
	Jail/Corrections	3	4.8	4.8	90.3
	Probation/Parole	2	3.2	3.2	93.5
	Other (please specify)	4	6.5	6.5	100.0
	Total	62	100.0	100.0	

###### What is your primary public safety discipline? - Other (please specify) - Text

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		59	95.2	95.2	95.2
	admin work	1	1.6	1.6	96.8
	support	1	1.6	1.6	98.4
	Visual and Graphics	1	1.6	1.6	100.0
	Total	62	100.0	100.0	

**How many years of public safety experience do you have?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-2 years	7	11.3	11.3	11.3
	3-5 years	10	16.1	16.1	27.4
	6-10 years	4	6.5	6.5	33.9
	11-15 years	7	11.3	11.3	45.2
	16-20 years	9	14.5	14.5	59.7
	21-30 years	12	19.4	19.4	79.0
	31+ years	13	21.0	21.0	100.0
	Total	62	100.0	100.0	

**What is the size of your current public safety agency?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Fewer than 10 personnel	1	1.6	1.6	1.6
	11-25 personnel	12	19.4	19.4	21.0
	26-50 personnel	15	24.2	24.2	45.2
	51-75 personnel	10	16.1	16.1	61.3
	76-100 personnel	8	12.9	12.9	74.2
	101-250 personnel	8	12.9	12.9	87.1
	251-500 personnel	3	4.8	4.8	91.9
	More than 500 personnel	5	8.1	8.1	100.0
	Total	62	100.0	100.0	

**What type of community does your agency primarily serve?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rural	15	24.2	24.2	24.2
	Suburban	2	3.2	3.2	27.4
	Urban	7	11.3	11.3	38.7
	Mixed	38	61.3	61.3	100.0
	Total	62	100.0	100.0	

Frequencies

		Statistics	
		Prior to the training, how would you describe your overall knowledge of resiliency domains, tenets, and well-being principles (mindfulness, gratitude, etc.)?	After completing the training, how confident do you feel in applying resiliency principles to your own life and work?
N	Valid	62	62
	Missing	0	0

Frequency Table

**Prior to the training, how would you describe your overall knowledge of resiliency domains, tenets, and well-being principles (mindfulness, gratitude, etc.)?**

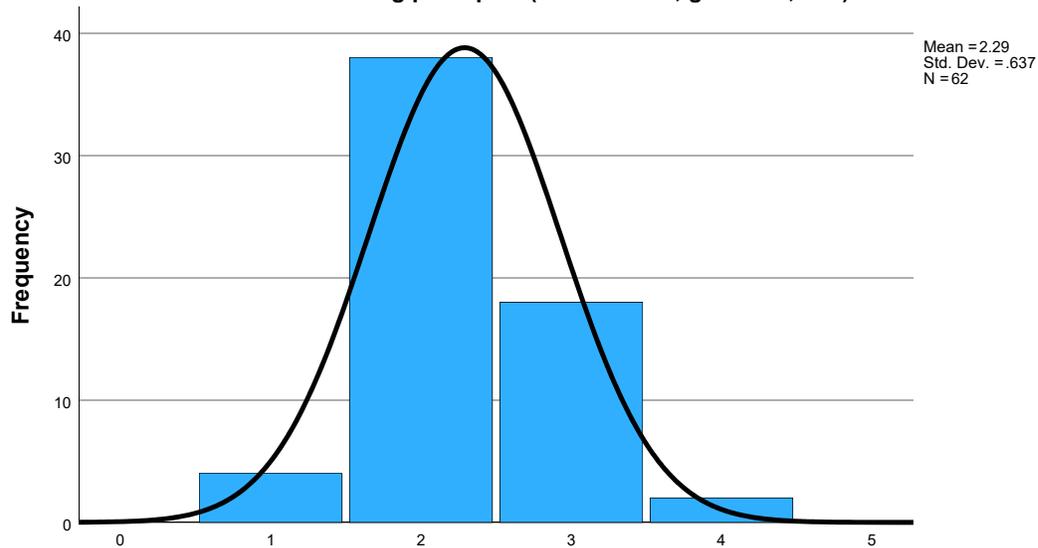
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No knowledge at all	4	6.5	6.5	6.5
	Basic awareness only	38	61.3	61.3	67.7
	Moderate working knowledge	18	29.0	29.0	96.8
	Advanced understanding	2	3.2	3.2	100.0
	Total	62	100.0	100.0	

**After completing the training, how confident do you feel in applying resiliency principles to your own life and work?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Slightly confident	2	3.2	3.2	3.2
	Moderately confident	13	21.0	21.0	24.2
	Very confident	34	54.8	54.8	79.0
	Extremely confident	13	21.0	21.0	100.0
	Total	62	100.0	100.0	

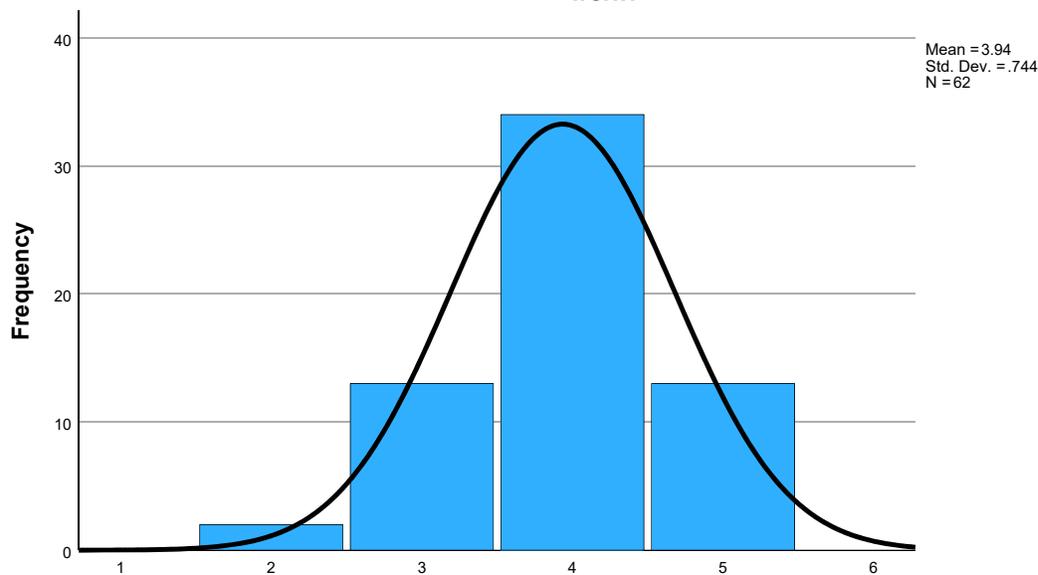
Histogram

Prior to the training, how would you describe your overall knowledge of resiliency domains, tenets, and well-being principles (mindfulness, gratitude, etc.)?



Prior to the training, how would you describe your overall knowledge of resiliency domains, tenets, and well-being principles (mindfulness, gratitude, etc.)?

After completing the training, how confident do you feel in applying resiliency principles to your own life and work?



After completing the training, how confident do you feel in applying resiliency principles to your own life and work?

## Stigma

### Frequencies

		<b>Statistics</b>	
		Before the training, how comfortable would you have been seeking mental health resources, given stigma in public safety?	After the training, how comfortable are you now with the idea of seeking mental health resources?
N	Valid	62	62
	Missing	0	0

### Frequency Table

#### Before the training, how comfortable would you have been seeking mental health resources, given stigma in public safety?

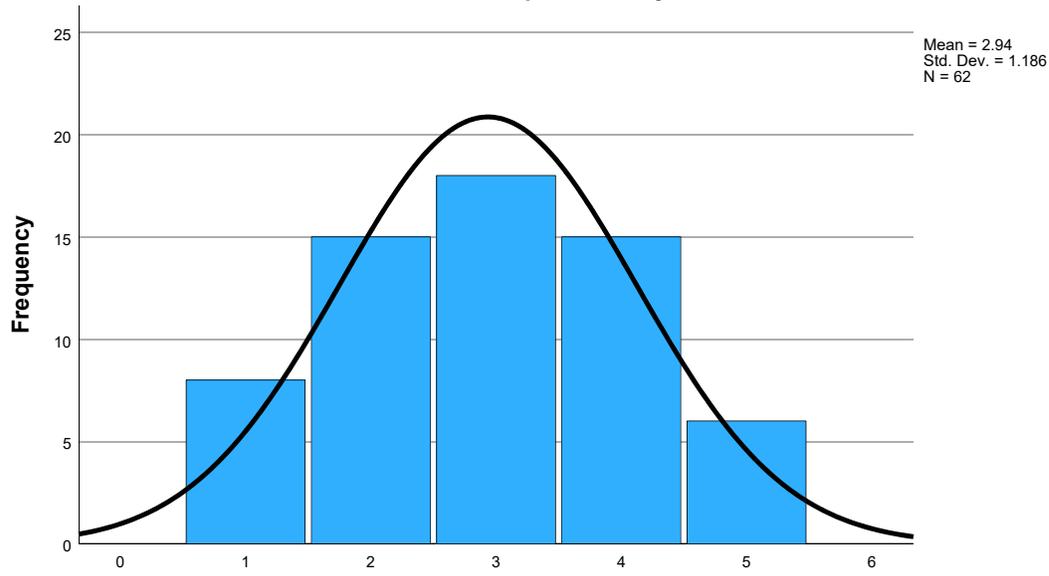
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very uncomfortable	8	12.9	12.9	12.9
	Uncomfortable	15	24.2	24.2	37.1
	Neutral	18	29.0	29.0	66.1
	Comfortable	15	24.2	24.2	90.3
	Very comfortable	6	9.7	9.7	100.0
Total		62	100.0	100.0	

#### After the training, how comfortable are you now with the idea of seeking mental health resources?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Uncomfortable	1	1.6	1.6	1.6
	Neutral	7	11.3	11.3	12.9
	Comfortable	37	59.7	59.7	72.6
	Very comfortable	17	27.4	27.4	100.0
Total		62	100.0	100.0	

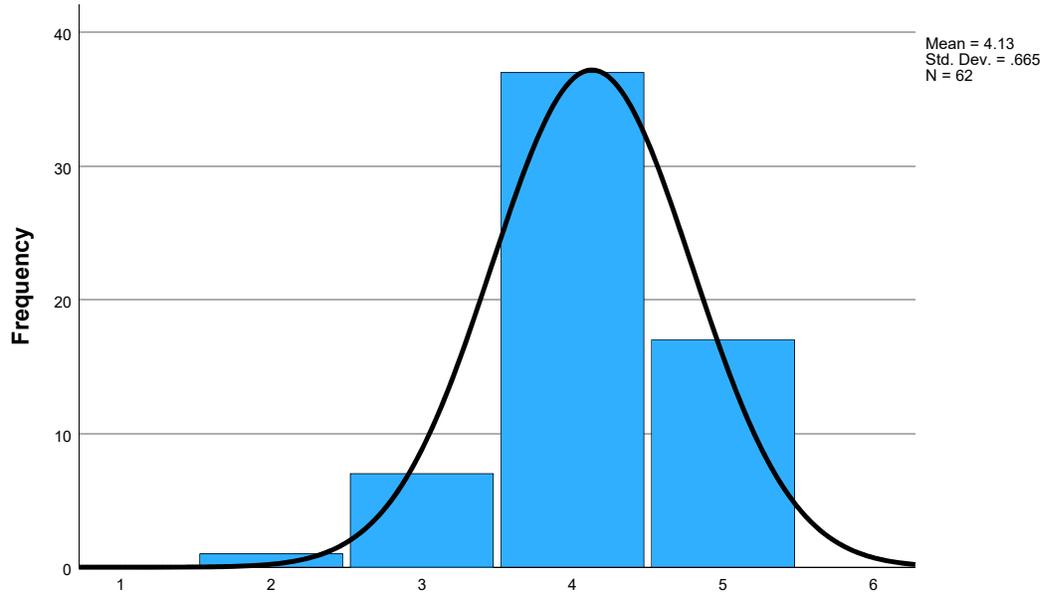
### Histogram

**Before the training, how comfortable would you have been seeking mental health resources, given stigma in public safety?**



**Before the training, how comfortable would you have been seeking mental health resources, given stigma in public safety?**

**After the training, how comfortable are you now with the idea of seeking mental health resources?**



**After the training, how comfortable are you now with the idea of seeking mental health resources?**

**Frequencies**

		<b>Statistics</b>	
		Before the training, how valuable did you believe mindfulness strategies were for improving your well-being?	After the training, how valuable do you now believe mindfulness strategies are for improving your well-being?
N	Valid	59	59
	Missing	3	3

**Frequency Table**

**Before the training, how valuable did you believe mindfulness strategies were for improving your well-being?**

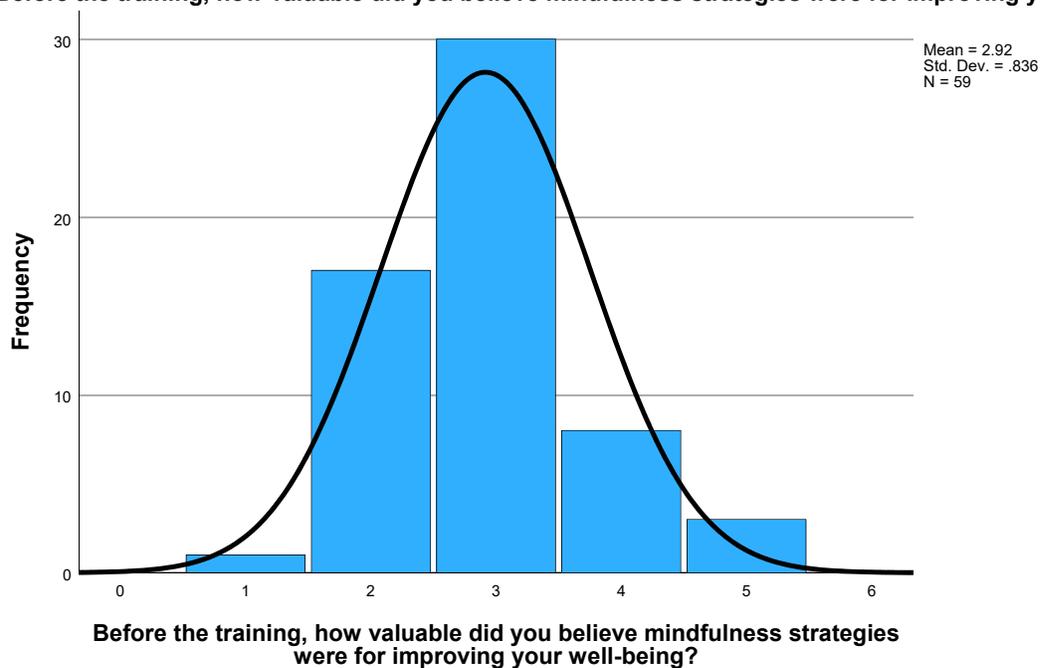
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No value at all	1	1.6	1.7	1.7
	Low value	17	27.4	28.8	30.5
	Moderate value	30	48.4	50.8	81.4
	High value	8	12.9	13.6	94.9
	Essential value	3	4.8	5.1	100.0
	Total		59	95.2	100.0
Missing	System	3	4.8		
Total		62	100.0		

**After the training, how valuable do you now believe mindfulness strategies are for improving your well-being?**

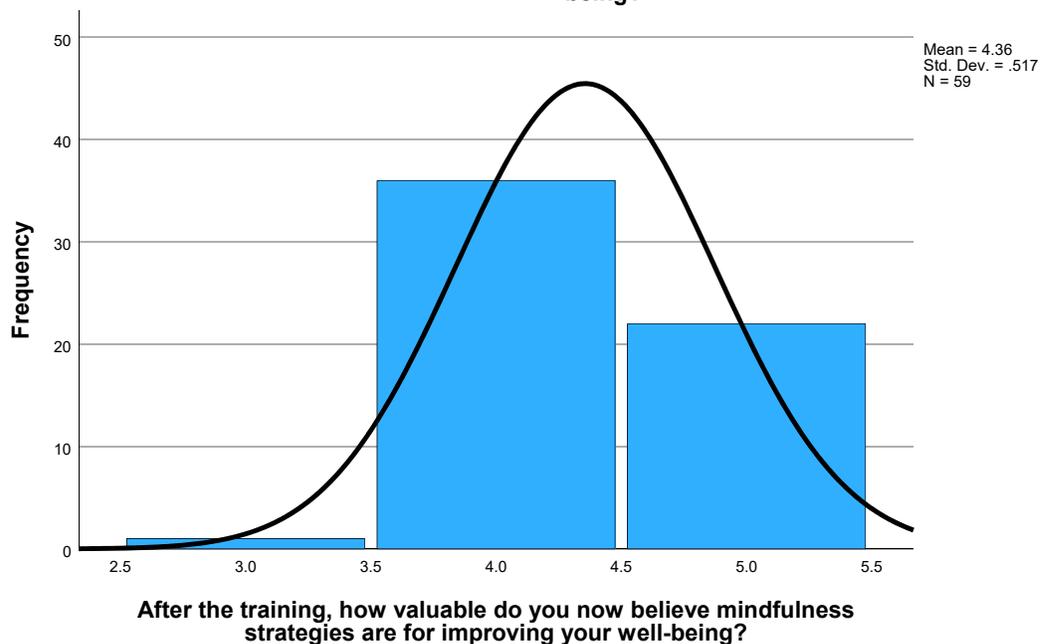
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Moderate value	1	1.6	1.7	1.7
	High value	36	58.1	61.0	62.7
	Essential value	22	35.5	37.3	100.0
	Total	59	95.2	100.0	
Missing	System	3	4.8		
Total		62	100.0		

**Histogram**

Before the training, how valuable did you believe mindfulness strategies were for improving your well-being?



After the training, how valuable do you now believe mindfulness strategies are for improving your well-being?



**Frequencies**

		<b>Statistics</b>	
		Before the training, how likely were you to personally use gratitude practices to improve your well-being?	After the training, how likely are you to personally use gratitude practices?
N	Valid	59	59
	Missing	3	3

**Frequency Table**

**Before the training, how likely were you to personally use gratitude practices to improve your well-being?**

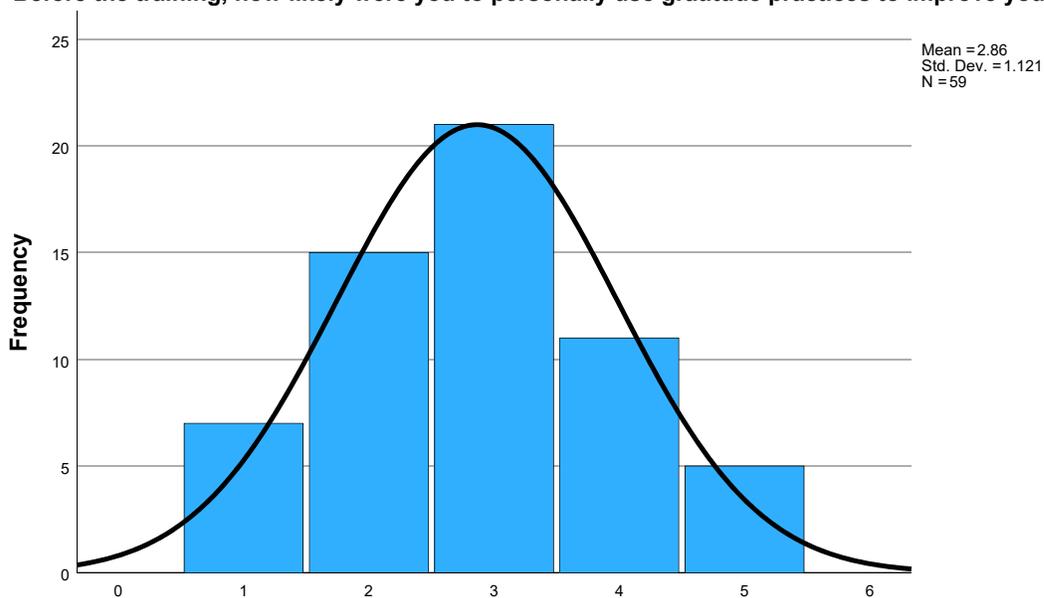
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not likely at all	7	11.3	11.9	11.9
	Slightly likely	15	24.2	25.4	37.3
	Moderately likely	21	33.9	35.6	72.9
	Very likely	11	17.7	18.6	91.5
	Extremely likely	5	8.1	8.5	100.0
	Total	59	95.2	100.0	
Missing	System	3	4.8		
Total		62	100.0		

**After the training, how likely are you to personally use gratitude practices?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Moderately likely	9	14.5	15.3	15.3
	Very likely	35	56.5	59.3	74.6
	Extremely likely	15	24.2	25.4	100.0
	Total	59	95.2	100.0	
Missing	System	3	4.8		
Total		62	100.0		

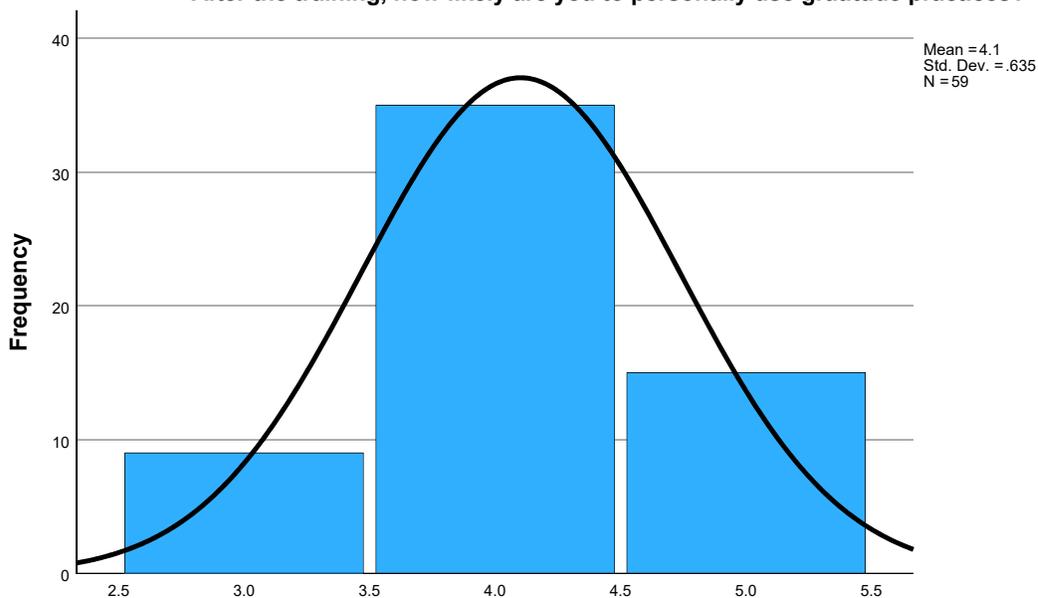
**Histogram**

Before the training, how likely were you to personally use gratitude practices to improve your well-being?



Before the training, how likely were you to personally use gratitude practices to improve your well-being?

After the training, how likely are you to personally use gratitude practices?



After the training, how likely are you to personally use gratitude practices?

**Frequencies**

		<b>Statistics</b>	
		Before the training, how much impact did you think "counting blessings" strategies could have on your well-being?	After the training, how much impact did you think "counting blessings" strategies could have on your well-being?
N	Valid	59	59
	Missing	3	3

**Frequency Table**

**Before the training, how much impact did you think "counting blessings" strategies could have on your well-being?**

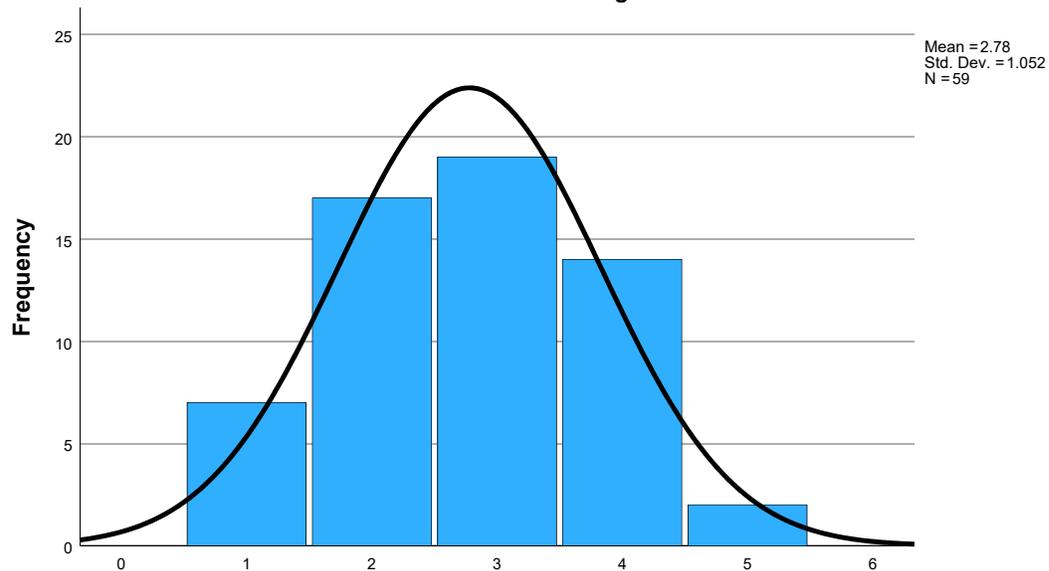
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No impact	7	11.3	11.9	11.9
	Minimal impact	17	27.4	28.8	40.7
	Moderate impact	19	30.6	32.2	72.9
	Strong impact	14	22.6	23.7	96.6
	Transformational impact	2	3.2	3.4	100.0
	Total		59	95.2	100.0
Missing	System	3	4.8		
Total		62	100.0		

**After the training, how much impact did you think "counting blessings" strategies could have on your well-being?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Moderate impact	8	12.9	13.6	13.6
	Strong impact	38	61.3	64.4	78.0
	Transformational impact	13	21.0	22.0	100.0
	Total	59	95.2	100.0	
Missing	System	3	4.8		
Total		62	100.0		

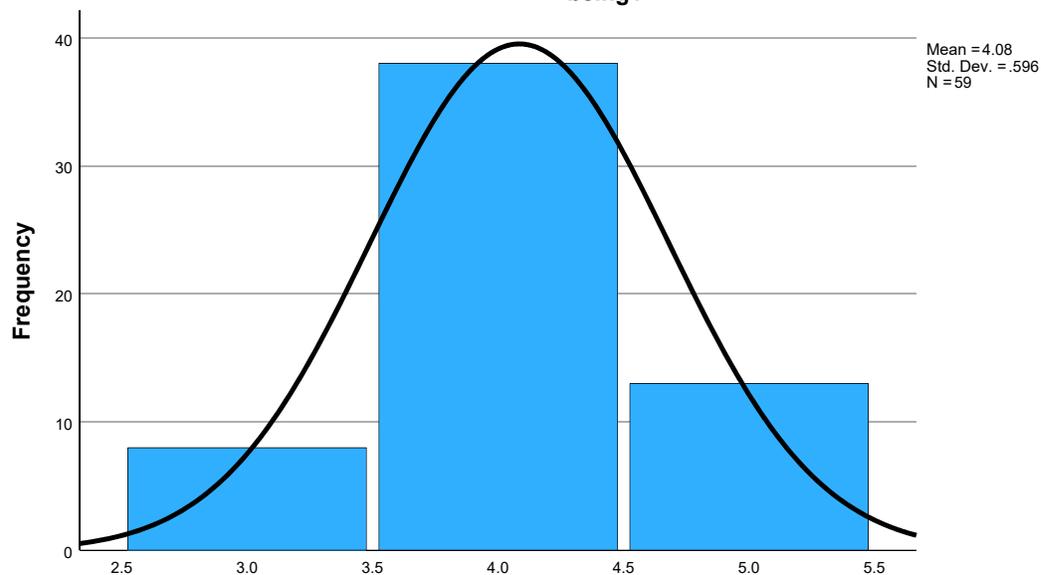
**Histogram**

Before the training, how much impact did you think “counting blessings” strategies could have on your well-being?



Before the training, how much impact did you think “counting blessings” strategies could have on your well-being?

After the training, how much impact did you think “counting blessings” strategies could have on your well-being?



After the training, how much impact did you think “counting blessings” strategies could have on your well-being?

Descriptives

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
How effective were the following elements of the program? (Rate each) - Instructor delivery/facilitation	56	2.00	4.00	3.7321	.48584
How effective were the following elements of the program? (Rate each) - Peer discussions/group activities	56	2.00	4.00	3.5179	.63220
How effective were the following elements of the program? (Rate each) - Practical application exercises	56	2.00	4.00	3.5179	.60275
How effective were the following elements of the program? (Rate each) - Program materials/resources	56	2.00	4.00	3.5714	.62834
Valid N (listwise)	56				

**T-Test: Knowledge & Application of Resiliency Strategies****Paired Samples Statistics**

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Prior to the training, how would you describe your overall knowledge of resiliency domains, tenets, and well-being principles (mindfulness, gratitude, etc.)?	2.29	56	.653	.087
	How well did the program prepare you to actually use resiliency strategies in your daily life?	4.16	56	.626	.084

**Paired Samples Correlations**

		N	Correlation	Significance	
				One-Sided p	Two-Sided p
Pair 1	Prior to the training, how would you describe your overall knowledge of resiliency domains, tenets, and well-being principles (mindfulness, gratitude, etc.)? & How well did the program prepare you to actually use resiliency strategies in your daily life?	56	.242	.036	.073

**Paired Samples Test**

		Paired Differences			
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the ... Lower
Pair 1	Prior to the training, how would you describe your overall knowledge of resiliency domains, tenets, and well-being principles (mindfulness, gratitude, etc.)? - How well did the program prepare you to actually use resiliency strategies in your daily life?	-1.875	.788	.105	-2.086

### Paired Samples Test

	Paired ...	95% Confidence Interval of the ...		t	df	Significance	
		Upper				One-Sided p	Two-Sided p
Pair 1	Prior to the training, how would you describe your overall knowledge of resiliency domains, tenets, and well-being principles (mindfulness, gratitude, etc.)? - How well did the program prepare you to actually use resiliency strategies in your daily life?	-1.664		-17.813	55	<.001	<.001

### Paired Samples Effect Sizes

	Paired ...	Standardizer <sup>a</sup>	Point Estimate	95% ...
				Lower
Pair 1	Prior to the training, how would you describe your overall knowledge of resiliency domains, tenets, and well-being principles (mindfulness, gratitude, etc.)? - How well did the program prepare you to actually use resiliency strategies in your daily life?	Cohen's d	.788	-2.380
		Hedges' correction	.799	-2.348

### Paired Samples Effect Sizes

	Paired ...	Standardizer <sup>a</sup>	95% ...
			Upper
Pair 1	Prior to the training, how would you describe your overall knowledge of resiliency domains, tenets, and well-being principles (mindfulness, gratitude, etc.)? - How well did the program prepare you to actually use resiliency strategies in your daily life?	Cohen's d	-1.862
		Hedges' correction	-1.837

a. The denominator used in estimating the effect sizes.

Cohen's d uses the sample standard deviation of the mean difference.

Hedges' correction uses the sample standard deviation of the mean difference, plus a correction factor.

**T-Test: Stigma****Paired Samples Statistics**

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Before the training, how comfortable would you have been seeking mental health resources, given stigma in public safety?	2.94	62	1.186	.151
	After the training, how comfortable are you now with the idea of seeking mental health resources?	4.13	62	.665	.084

**Paired Samples Correlations**

		N	Correlation	Significance	
				One-Sided p	Two-Sided p
Pair 1	Before the training, how comfortable would you have been seeking mental health resources, given stigma in public safety? & After the training, how comfortable are you now with the idea of seeking mental health resources?	62	.343	.003	.006

**Paired Samples Test**

		Paired Differences			
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the ... Lower
Pair 1	Before the training, how comfortable would you have been seeking mental health resources, given stigma in public safety? - After the training, how comfortable are you now with the idea of seeking mental health resources?	-1.194	1.143	.145	-1.484

### Paired Samples Test

		Paired ...		Significance			
		95% Confidence Interval of the ...		t	df	One-Sided p	Two-Sided p
		Upper	Lower				
Pair 1	Before the training, how comfortable would you have been seeking mental health resources, given stigma in public safety? - After the training, how comfortable are you now with the idea of seeking mental health resources?	-.903	-1.903	-8.223	61	<.001	<.001

### Paired Samples Effect Sizes

		Standardizer <sup>a</sup>	Point Estimate	95% ...
				Lower
Pair 1	Before the training, how comfortable would you have been seeking mental health resources, given stigma in public safety? - After the training, how comfortable are you now with the idea of seeking mental health resources?	Cohen's d	1.143	-1.352
		Hedges' correction	1.157	-1.335

### Paired Samples Effect Sizes

		Standardizer <sup>a</sup>	95% ...
			Upper
Pair 1	Before the training, how comfortable would you have been seeking mental health resources, given stigma in public safety? - After the training, how comfortable are you now with the idea of seeking mental health resources?	Cohen's d	-.731
		Hedges' correction	-.722

a. The denominator used in estimating the effect sizes.

Cohen's d uses the sample standard deviation of the mean difference.

Hedges' correction uses the sample standard deviation of the mean difference, plus a correction factor.

**T-Test: Mindfulness Strategies****Paired Samples Statistics**

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Before the training, how valuable did you believe mindfulness strategies were for improving your well-being?	2.92	59	.836	.109
	After the training, how valuable do you now believe mindfulness strategies are for improving your well-being?	4.36	59	.517	.067

**Paired Samples Correlations**

		N	Correlation	Significance	
				One-Sided p	Two-Sided p
Pair 1	Before the training, how valuable did you believe mindfulness strategies were for improving your well-being? & After the training, how valuable do you now believe mindfulness strategies are for improving your well-being?	59	.469	<.001	<.001

**Paired Samples Test**

		Paired Differences			95% Confidence Interval of the ...
		Mean	Std. Deviation	Std. Error Mean	Lower
Pair 1	Before the training, how valuable did you believe mindfulness strategies were for improving your well-being? - After the training, how valuable do you now believe mindfulness strategies are for improving your well-being?	-1.441	.749	.098	-1.636

### Paired Samples Test

	Paired ...	95% Confidence Interval of the ...		t	df	Significance	
		Upper	Lower			One-Sided p	Two-Sided p
Pair 1	Before the training, how valuable did you believe mindfulness strategies were for improving your well-being? - After the training, how valuable do you now believe mindfulness strategies are for improving your well-being?	-1.245	-1.245	-14.773	58	<.001	<.001

### Paired Samples Effect Sizes

	Paired ...	Standardizer <sup>a</sup>	Point Estimate	95% ...	
				Lower	Upper
Pair 1	Before the training, how valuable did you believe mindfulness strategies were for improving your well-being? - After the training, how valuable do you now believe mindfulness strategies are for improving your well-being?	Cohen's d	.749	-1.923	-2.353
		Hedges' correction	.759	-1.898	-2.322

### Paired Samples Effect Sizes

	Paired ...	Standardizer <sup>a</sup>	95% ...	
			Lower	Upper
Pair 1	Before the training, how valuable did you believe mindfulness strategies were for improving your well-being? - After the training, how valuable do you now believe mindfulness strategies are for improving your well-being?	Cohen's d	-1.488	-1.488
		Hedges' correction	-1.468	-1.468

a. The denominator used in estimating the effect sizes.

Cohen's d uses the sample standard deviation of the mean difference.

Hedges' correction uses the sample standard deviation of the mean difference, plus a correction factor.

**T-Test: Gratitude Strategies****Paired Samples Statistics**

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Before the training, how likely were you to personally use gratitude practices to improve your well-being?	2.86	59	1.121	.146
	After the training, how likely are you to personally use gratitude practices?	4.10	59	.635	.083

**Paired Samples Correlations**

		N	Correlation	Significance	
				One-Sided p	Two-Sided p
Pair 1	Before the training, how likely were you to personally use gratitude practices to improve your well-being? & After the training, how likely are you to personally use gratitude practices?	59	.649	<.001	<.001

**Paired Samples Test**

		Mean	Std. Deviation	Std. Error Mean	Paired Differences
					95% Confidence Interval of the ...
					Lower
Pair 1	Before the training, how likely were you to personally use gratitude practices to improve your well-being? - After the training, how likely are you to personally use gratitude practices?	-1.237	.858	.112	-1.461

### Paired Samples Test

	Paired ... 95% Confidence Interval of the ...	t	df	Significance		
				Upper	One-Sided p	Two-Sided p
Pair 1	Before the training, how likely were you to personally use gratitude practices to improve your well-being? - After the training, how likely are you to personally use gratitude practices?	-1.014	-11.079	58	<.001	<.001

### Paired Samples Effect Sizes

	Standardizer <sup>a</sup>	Point Estimate	95% ...
			Lower
Pair 1	Before the training, how likely were you to personally use gratitude practices to improve your well-being? - After the training, how likely are you to personally use gratitude practices?	Cohen's d	.858
		Hedges' correction	.869

### Paired Samples Effect Sizes

	Standardizer <sup>a</sup>	95% ...	
		Upper	
Pair 1	Before the training, how likely were you to personally use gratitude practices to improve your well-being? - After the training, how likely are you to personally use gratitude practices?	Cohen's d	-1.074
		Hedges' correction	-1.060

a. The denominator used in estimating the effect sizes.

Cohen's d uses the sample standard deviation of the mean difference.

Hedges' correction uses the sample standard deviation of the mean difference, plus a correction factor.

**T-Test: Counting Blessings****Paired Samples Statistics**

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Before the training, how much impact did you think "counting blessings" strategies could have on your well-being?	2.78	59	1.052	.137
	After the training, how much impact did you think "counting blessings" strategies could have on your well-being?	4.08	59	.596	.078

**Paired Samples Correlations**

		N	Correlation	Significance	
				One-Sided p	Two-Sided p
Pair 1	Before the training, how much impact did you think "counting blessings" strategies could have on your well-being? & After the training, how much impact did you think "counting blessings" strategies could have on your well-being?	59	.526	<.001	<.001

**Paired Samples Test**

		Mean	Std. Deviation	Paired Differences	
				Std. Error Mean	95% Confidence Interval of the ... Lower
Pair 1	Before the training, how much impact did you think "counting blessings" strategies could have on your well-being? - After the training, how much impact did you think "counting blessings" strategies could have on your well-being?	-1.305	.895	.117	-1.538

### Paired Samples Test

	Paired ... 95% Confidence Interval of the ... Upper	t	df	Significance	
				One-Sided p	Two-Sided p
				Pair 1	Before the training, how much impact did you think "counting blessings" strategies could have on your well-being? - After the training, how much impact did you think "counting blessings" strategies could have on your well-being?

### Paired Samples Effect Sizes

	Standardizer <sup>a</sup>	Point Estimate	95% ...		
			Lower		
Pair 1	Before the training, how much impact did you think "counting blessings" strategies could have on your well-being? - After the training, how much impact did you think "counting blessings" strategies could have on your well-being?	Cohen's d	.895	-1.457	-1.822
		Hedges' correction	.907	-1.438	-1.798

### Paired Samples Effect Sizes

	95% ... Upper		
		Pair 1	Before the training, how much impact did you think "counting blessings" strategies could have on your well-being? - After the training, how much impact did you think "counting blessings" strategies could have on your well-being?
		Hedges' correction	-1.073

a. The denominator used in estimating the effect sizes.

Cohen's d uses the sample standard deviation of the mean difference.

Hedges' correction uses the sample standard deviation of the mean difference, plus a correction factor.

## Appendix D: Qualitative Analysis: Data Analysis & Comprehensive Tables

Table 13: Student Comments on Impactful Aspects of Resiliency Program (n = 56)

Student Comments on Impactful Aspects of Resiliency Program (46 students)		
<i>Resiliency Strategies</i>		
Categories	# of Comments (n =)	Selected Examples
Mindfulness	20	<i>"The mindfulness methodology helped tremendously."</i>
Gratitude	18	<i>"When the training required me physically write down things that I am grateful for and then being asked to say them audibly really changed my attitude for gratitude."</i>
Blessings	13	
Stigma Reduction	10	<i>"Being able to see I'm not alone and that in every agency the stigma is being diminished."</i>
Well-Being	13	<i>"The training opened my mind further in ways that I didn't expect. Because of the training I am looking at life obstacles differently, I am more self-aware of my mental state. I think that I am now more patient and a lot of relationships that were trouble have been restored. I believe that since the training my quality of life has improved."</i>
<i>Program Delivery Elements</i>		
Categories	# of Comments (n =)	Selected Examples
Instructor Delivery/ Facilitation	4	<i>"It's okay to reach out and talk to someone. This class should be given to every first responder that serves and protects. Ms. Nancy was truly an amazing person that cares about us as a person. Since training I've used what was taught to me and I will definitely take this class again in the future."</i>
Peer Discussions/ Activities	11	<i>"Understanding that others are going through and dealing with similar issues."</i>
Practical Application of Exercises	10	<i>"I think the Gratitude Letter was the thing that hit me the hardest - not writing it but delivering it and their reaction."</i>
Program Materials/ Resources	6	<i>"Good reminder of certain tactics to use, resources available, facts behind the curriculum."</i>

Note: This table presents the thematic analysis of the impacts of the resiliency training program based on an open-ended question. The number of comments will not total 46 because some students indicated multiple strategies and program elements.

Table 14: Student Comments on Perspective Changes in Stigma and Mental Health (n = 47)

Student Comments on Perspective Changes in Stigma and Mental Health (47 students)		
<i>Resiliency Strategies</i>		
Categories	# of Comments (n =)	Selected Examples
Stigma-Reduction	25	<i>"I don't look at mental health as an issue now; I grew up in a house where it was "walk it off" or "suck it up buttercup" now I look into why this person is saying this or acting a certain way. The training really helped me look at people in a different way."</i>
Importance of Mental Health	16	<i>"It is ok to get mental help, to take care of yourself, take time for yourself before you can help others."</i>
Self-Awareness /Care	13	<i>"As someone who has struggled with mental health for as long as I remember, I have always been an advocate for spreading awareness. However, I tend to internalize my own issues instead of processing them. This course truly put things into perspective for me and gave me tools to help manage my symptoms/stress. Sometimes I am very hard on myself, but this training showed me that I am not alone."</i>
Seeking Help/Resources	12	<i>"I sought help. I finally understood it's okay not to be okay. That's okay! It's okay to just speak to someone!"</i>
Concerns for Others	11	<i>"Yes, it has. This training has caused me to spend more one-on-one time with my staff to assure them that the command staff is concerned about their wellbeing."</i>
Implementing Resiliency Strategies	16	<i>"It reminded me that I need to start working these practices in to my daily life."</i>
Non-Specific Changes	3	<i>"Drastically"</i>
No Changes	6	<i>"None, have always been a proponent for mental health."</i>

Note: This table presents a thematic analysis of respondents' changes in perspective regarding stigma and mental health, based on an open-ended question. The number of comments will not total 47 because some students indicated multiple strategies and program elements.

**Table 15: Student Comments on Personal Implementation of Resiliency Techniques (n = 47)**

<b>Student Comments on Personal Implementation of Resiliency Techniques (47 students)</b>		
<i>Resiliency Strategies</i>		
<b>Categories</b>	<b># of Comments (n =)</b>	<b>Selected Examples</b>
Mindfulness	12	<i>“Yes, I’ve started using mindfulness and gratitude techniques more regularly. Taking a moment to pause and refocus helps me keep stress from piling up, and practicing gratitude shifts my mindset so I don’t only dwell on the negative. Both have helped me stay calmer and more balanced during and after tough shifts.”</i>
Gratitude	17	<i>“I use gratitude every day, I have recently moved into a new position within my organization and with me using gratitude has help elevate my position to where people don’t hate to see me coming.”</i>
Blessings	10	<i>“Gratitude and counting blessings. I do the blessings with my son throughout the week and it’s just nice to sit down and talk about what we are blessed for during the week.”</i>
Journaling	4	<i>“I journal every single day! I write down things that I am struggling with and then list out things I am grateful for. It helps to get all of my thoughts out instead of bottling them up. It’s easy to focus on the negative emotions, so making it a point to acknowledge the brighter moments of each day truly makes a difference in overall mood.</i>
Yes, Non-Specific Strategies	18	<i>“I have, but not as much as I should. I’m struggling a bit right now with work and life, so this survey came at the right time and reminded me to get my **** together.”</i>
No	1	<i>“No”</i>

Note: This table presents the thematic analysis of the respondents’ implementation of resiliency strategies based on an open-ended question. The number of comments will not total 47 because some students indicated multiple strategies and program elements.

**Table 16: Student Comments on Resiliency Program Improvements (n = 43)**

<b>Student Comments on Resiliency Program Improvements (43 students)</b>		
<b>Program Improvements</b>		
<b>Categories</b>	<b># of Comments (n =)</b>	<b>Selected Examples</b>
Expanding Training to Instructors	1	<i>"Perhaps add another class to help others become resiliency instructors for their organization."</i>
Expanding Training to Command/Admin Personnel	1	<i>"I believe it should be a requirement for every individual in public safety to take the class, especially for administration! I would like to have more classes like this that each class goes more in-depth on different aspects of mental health."</i>
Expanding with Refresher Training Courses	1	<i>"The training was strong overall, but adding more real-life scenarios and interactive practice would make it even more impactful. Short refreshers or follow-up sessions could also help reinforce the techniques over time."</i>
<b>Course Improvements</b>		
<b>Categories</b>	<b># of Comments (n =)</b>	<b>Selected Examples</b>
Adding Additional Topics	3	<i>"Further assistance with helping coach others on resiliency."</i>
Adding More Interactive Activities	7	<i>"Some more videos or group activities."</i>
Ensuring Appropriate Training Venues	2	<i>"Make sure there is no construction going on next door during class."</i>
Modifying Course Length (Lengthen)	4	<i>"Add more days - make this a 4- or 5-day course, for example, material covered on day 2 could easily be spread into 2 days."</i>
Modifying Course Length (Shorten)	2	<i>"First day of introductions could be drastically shortened. The overall training could more than likely be completed in 2 days, not 3."</i>
Provide More Course Offerings	2	<i>"More widespread availability. This is something everyone in 911 should attend."</i>
<b>Other Improvements</b>		
<b>Categories</b>	<b># of Comments (n =)</b>	<b>Selected Examples</b>
Require as Mandatory Training	1	<i>"I believe it should be a requirement for every individual in public safety to take the class, especially for administration! I would like to more classes like this that each class goes more in-depth on different aspects of mental health."</i>
Increase Instructors with More Diverse Backgrounds	1	<i>"There needs to be more than one instructor. Having more than one aspect or one person's perspective would be beneficial. It needs to be persons of a different sex and possibly race. Females may not respond well to the male perspective. Males may not respond to the female perspective. For males it would be great to have another male tell their side of life to demonstrate that it is "ok" to have feelings or get help."</i>
Not Applicable (N/A)	3	<i>"N/A"</i>

Note: This table presents the thematic analysis of the recommendations for program improvement based on an open-ended question. The number of comments will not total 43 because some students indicated multiple strategies and program elements.

**Table 17: Student Comments on Recommendations to Peers to Attend Resiliency Training (n = 47)**

Student Comments on Recommendations to Peers to Attend Resiliency Training (47 students)		
Categories	# of Comments (n =)	Selected Examples
Yes, Generally	46	<i>"Yes, a lot of great information and how to apply it in everyday life both personal and work."</i>
Yes, Peers/Staff	12	<i>"I plan to send all of our employees to this training when it is close to our agency. I think this training is long overdue for First Responders."</i>
Yes, Public Safety	7	<i>"Absolutely. It should be required training for those coming into public safety"</i>
No, if Mandatory	1	<i>"If the program was optional I would. I feel like being forced to go was not okay. My center should have asked if this was something I wanted to do. It was quite embarrassing to be picked out of three other people to attend."</i>

Note: This table presents the thematic analysis of the respondents' willingness to recommend resiliency training to their peers and others. The number of comments will not total 47 because some students indicated multiple strategies and program elements.