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TRAUMATICSTRESS

SPECIAL POINTS OF INTEREST:

- **ISTSS Global Collaboration Project**
- **TSS Keynote Speaker: Dr. Laurie Pearlman**
- **New TSS Awards**
- **TSS Fact Sheets**
- **SPECA Presentation**
- **Student Corner**

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Canadian Psychological Association

Traumatic Stress Section (TSS)

VOLUME 7 ISSUE 1

APRIL, 2015

A Message from the Chair

It's my pleasure to write to you for the first time in my second term as Chair of our [CPA Traumatic Stress Section \(TSS\)](#). The TSS has been busy with a number of projects this past year as described in this newsletter.

Below we discuss our TSS involvement in the *International Society for Traumatic Stress Studies (ISTSS)* Global Collaboration Summit Project: "*Information on Childhood Abuse and Neglect*" (ICAN).

Inside we discuss our revised TSS Awards Program, now including new annual awards for the top 3 honors theses and top 3 graduate theses published in the area of psychological trauma studies in Canada.

We describe our ongoing project to develop TSS "*Psychology Works Fact Sheets*", and include a teaser of what we look forward to seeing from our TSS Invited Speaker at this year's annual conference in Ottawa, Dr. Laurie Pearlman. We also introduce

a new section titled a "*Spotlight on Trauma-informed Care in Canada*". In this section, we will feature the work of Canadian clinicians who are providing evidence-based treatment



The Current TSS thumbnail logo—Time for a change??

under a trauma-informed care model. Finally, you will find enclosed a briefing regarding our budget, an entry in our student corner, and description of the upcoming SPECA presentation on Trauma-related Dissociation in Ottawa.

It's been a long winter from where I'm presently writing in London Ontario, and I think most of us are looking forward to the Spring, and ready for a little change. We will be updating our website—long overdue—and one of the places I would like to start is by replacing the thumbnail logo to the left—given to us by CPA head office years ago, without any consultation as I recall. Does this image adequately reflect the research and clinical work that you do as Canadian psychologists specializing in traumatic stress? Is there a better image you would suggest define our identity within the CPA website? Please send me your thoughts and maybe another image or two. Maybe by the next newsletter we will have a new face on the web, and it won't be so cold outside.

Yours sincerely,

Paul Frewen, PhD, C.Psych.
Chair CPA-TSS

ISTSS Global Collaboration Summit Project: ICAN

The [ISTSS Global Collaboration Summit](#) is a Committee formed within the ISTSS to "provide a forum to talk about how to join together to have a greater impact on trauma related issues and challenges globally". Our CPA-TSS Chair, Dr. Paul Frewen, presently also Chairs this ISTSS committee.

A current focus of the committee is knowledge translation, and we have developed a pilot online resource containing evidence-based [Information on Childhood Abuse and Neglect \(ICAN project\)](#) for knowledge users.

We are also working on translating the [Childhood Attachment and Relational Trauma Screen \(CARTS\)](#) into

multiple languages, enabling online assessment of childhood maltreatment history. The CARTS is a survey methodology developed by Dr. Frewen and colleagues at Western University as a means of assessing both positive attachments and maltreatment history from a socio-ecologically-informed perspective.



The TSS continues to work on raising the awareness of graduate students and psychologists about effective treatments and about the burgeoning research in our field.

As the current CPA-TSS student representative, my mandate has been primarily to provide networking and presentation opportunities for TSS students.

The Section is in a solid financial position.



A Message from the Past-Chair

This is a particularly interesting time to be working in the field of trauma. The wars in Afghanistan and Iraq put traumatic stress in the public spotlight, stimulating new research and treatment approaches. Natural and industrial disasters, the Boston Marathon bombing, and sexual abuse scandals continue to raise public consciousness about traumatic stress. Police and first responders are now asking for services to help them cope with the aftermath of traumatic events they encounter in their work. It is clear that wider access to information and

treatments is needed.

Psychology has taken the lead on developing theories and effective treatments. Psychologists have valuable skills to contribute, yet training in the field of traumatic stress has not been readily available. Few universities offer trauma-related courses, and trauma-focused internships are uncommon. Many experienced clinicians are unsure how to assess and treat trauma-related disorders. Graduate students often do not realize that the field of traumatic stress provides a wealth of rewarding career opportunities. Furthermore,

students seldom have the chance to develop cultural competence in working with frequently traumatized populations such as the military, police, paramedics, prisoners, or refugees.

The TSS continues to work on raising the awareness of graduate students and psychologists about effective treatments and about the burgeoning research in our field. I invite you all to join us in this effort over the next year and beyond.

[Dr. Wendy Rogers,](#)
[TSS Past-Chair](#)

Student Info

As the current CPA-TSS student representative, my mandate has been primarily to provide networking and presentation opportunities for TSS students and to push for more visibility of TSS student presentations come convention time.

I'm incredibly excited about the TSS's decision to allocate funding to support undergraduate and graduate student contributions to the field of trau-

matic stress by way of our awards program. These awards will foster student participation in the TSS and convention.

The current CPA TSS executive will also be working to highlight student presentations in a TSS-specific convention schedule that will be emailed out soon.

A general reminder to all students to attend this year's section business meeting! It's

an incredible opportunity to informally mix and mingle with some of Canada's finest traumatic stress experts and to get further involved and provide invaluable feedback on your CPA convention experiences and the various projects undertaken by the TSS executive.

Please feel free to contact me about TSS student matters!

[Eva Monson,](#)
[TSS Student Rep](#)

Budget Briefing

Due to the continued support of section membership and the success of last year's pre-convention workshop, including the generosity of

presenters waiving fees, the Section is in a solid financial position. Because of this, the Section executive has decided that we have the means to create 6 new student awards based on thesis research, 3 undergraduate and 3 graduate (Master's or Doctoral) for this year (\$3000 total commit-

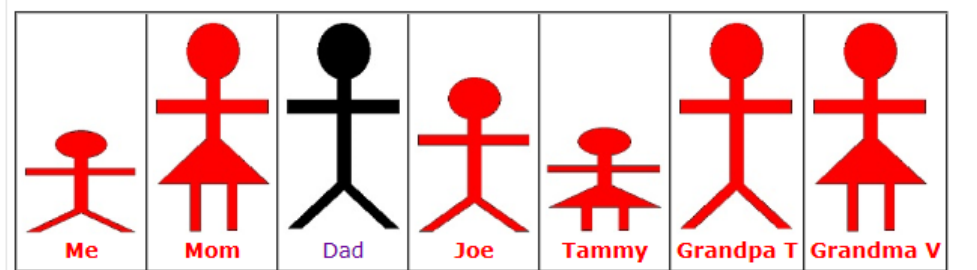
ment) and hope to be able to continue this worthwhile endeavour annually. To nominate a student for one of these awards, see further details within [the TSS Annual Awards Program section of the newsletter](#) and [online](#).

[Dr. Gary Fecteau,](#)
[TSS Treasurer](#)

Childhood Attachment & Relational Trauma Screen (CARTS)

↓ Show Instructions

Individual Selections



1. I liked this person very much.

Skip this question

Controls



Next Click 'Next' to continue

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ISTSS Global Collaboration Summit Project: ICAN (*cont.*)

The socioecologically-based approach to childhood maltreatment history employed by the *Childhood Attachment and Relational Trauma Screen (CARTS)* essentially takes the form of not only asking about “*what*” happened to an adult when they were growing up (i.e., as a child and a teenager), but in what relational context (i.e., “*who* did *what*”). The assessment begins by asking participants to “Please type in names of up to 20 people in your family *when you were growing up (as a child and a teenager)*. Then click in the list beside to indicate their relationship to you.” Participants are then presented with survey items and stick figures referring to each of their family members and asked to:

“Read each statement and *click on the people that the statement was true for when you were growing up (as a child and a teenager)*. Their picture and name will turn red, indicating that they have been selected. If you change your mind, click again and their picture and name will turn back to black, indicating that they are not selected. Click ‘Me’ if the statement describes *your own feelings, thoughts, and/or behaviour when you were growing up (as a child and a teenager)*. You may also indicate that the statement applies to someone not displayed by clicking ‘*Include someone not already listed*’. When all of the people have been included for a particular statement, click the ‘Next’ button. If the statement was not true for *anyone*, click the brown box below that says ‘Not Applicable!’.”

The figure above gives an illustration of an example response to the CARTS item “*I liked this person very much.*” The participant has indicated that his family, at the time that he was growing up, was comprised of his mother, father, older brother Joe, younger sister Tammy, Grandpa T, and Grandma V. All figures would have originally been presented in black ink, but upon being asked which family members he “*liked very much*”, the participant clicked on all stick-figures except his father, thus all figures are red except his father. Such a response would be of clear interest to follow-up on clinically. The CARTS items are classified into subscales that either measure positive relationships and secure attachment, or various forms of negativity and emotional, physical, or sexual abuse as follows:

- Positive** (e.g., *I liked this person very much.*)
- Secure** (e.g., *I went to this person when I was feeling sad or upset.*)
- Negative Affect** (e.g., *This person was sad or upset a lot of the time.*)
- Positive Affect** (i.e., *This person was usually happy.*)
- Negative Feelings From** (e.g., *This person made me feel sad or upset.*)
- Emotional Abuse To Self** (e.g., *This person called me bad names.*)
- Emotional Abuse To Others** (e.g., *This person called people in my family bad names.*)
- Negative Beliefs From** (e.g., *I thought that this person didn’t like me very much.*)
- Negative Beliefs Toward** (e.g., *I did NOT like this person very much.*)
- Physical Abuse To Self** (e.g., *This person slapped, smacked, or hit me.*)
- Physical Abuse To Others** (e.g., *This person slapped, smacked, or hit people in my family.*)
- Bad Things** (e.g., *This person did bad things to me that I was not supposed to tell other people about.*)
- Sexual Abuse To Self** (e.g., *This person made me touch their body in places where I didn’t want to.*)

The [original development study](#) demonstrated convergent validity for the CARTS in relation to the *Childhood Trauma Questionnaire* and a measure of parental emotional availability, concurrent predictive validity for measures of depression, anxiety, stress, and negative and positive affect, as well as group differences between clinical participants (primarily with a principal diagnosis of PTSD related to childhood trauma history) and controls. Studies conducted since verify such findings in larger samples (manuscript submitted for publication). As noted, the ICAN project seeks to translate the CARTS into various languages as a means of further investigating cross cultural variations in familial and non-familial perpetration of childhood abuse and neglect and its various adverse outcomes. For more information about the study, please contact Dr. Frewen at pfrewen@uwo.ca. Readers who may be interested in trying out the CARTS themselves can [complete a demo version of the CARTS online as consisting only of the “Positive” items](#).

TSS Keynote Speaker: Dr. Laurie Ann Pearlman



The loss of a loved one to a sudden, violent, or untimely death can lead to traumatic bereavement, a combination of trauma and grief that interferes with survivors' ability to lead meaningful and productive lives.

TSS is very pleased to announce that Dr. Laurie Anne Pearlman will be our CPA/Section Invited

Speaker at this year's Annual Convention. In her presentation, Dr. Pearlman will discuss the phenomenon of traumatic bereavement as well as an integrated treatment approach that interweaves resource building, trauma processing, and mourning processes.

Dr. Pearlman has devoted her career to promoting the understand-

ing of traumatic stress, and she has won many awards for her work. For more information about Dr. Pearlman's work, please see her website:

www.riskingconnection.com/

A short bio for Dr. Pearlman is available at: [http://](http://www.riskingconnection.com/rc_website/rc_pdfs/pearlman.pdf)

www.riskingconnection.com/rc_website/rc_pdfs/pearlman.pdf

TSS Annual Awards Program

In 2013 we inaugurated our first annual awards program, which continues in 2015. [Past award recipients are listed on the TSS website.](#) At the CPA Annual Convention in Ottawa we will continue to recognize the **CPA TSS Psychologist of the Year**, for "recent achievement within the science and practice of the psychology of traumatic stress by a psychologist(s) within the past 12 months." In addition, we will bestow our **Early Career**

Award, which "recognizes excellence in the science and practice of the psychology of traumatic stress by a psychologist who completed her or his highest degree within the last 10 years", and our **Lifetime Achievement Award**, which "recognizes a career of excellence within the science and practice of the psychology of traumatic stress." Finally, we will "recognize the best presentation (poster/oral) given by a student at the annual

meeting of the CPA as sponsored by the TSS. In addition, **this year we have created 6 new awards**, for the top 3 psychology honors theses and top 3 psychology graduate theses in the area of psychological trauma studies. The due date for awards nominations is May 1st, by email to Dr. Wendy Rogers (wendyrogersnb@gmail.com). Please refer to further details regarding nominations on our website.



TSS Executive Search



Believe it or not, it's that time of year again. We are seeking new members for participation in our Section Executive, specifically, for the roles of Chair-Elect and Student Representative. Nominations

Join the CPA Traumatic Stress Section!!

should include a cover letter and vitae. Self-nominations are welcome, and should be sent by April 15th by email to Dr. Wendy Rogers as

past-Chair of our section (wendyrogersnb@gmail.com). The official descriptions of each role follow; [please also refer to the TSS executive webpage.](#)

Chair-Elect: The Chair-Elect should be available to carry out duties assigned by the Chair or requested by the Executive Com-

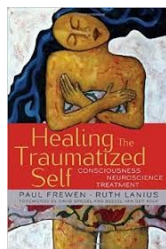
mittee or the general membership. Following a one year term, the Chair-Elect assumes the role of Chair, in which position she/he shall: i) Provide the overall supervision and administration of the affairs of the Section and ensure that all policies and actions approved by the general membership or by the Executive Committee are properly implemented; ii) Preside at general meetings of the Section and chair meetings of the Executive Committee; iii) Represent the Section on the CPA Committee on Sections, to the CPA Board of Directors, and to external bodies; and, iv) Provide an annual report to the members and to the CPA.

Student Representative: Carry out duties as assigned by the Chair and Executive Committee.

Seeking new members for the roles of Chair-Elect and Student Representative

SPECA Presentation: Trauma-related Dissociation

At the last CPA Convention in Vancouver, June 2014, Dr. Frewen was awarded the Clinical Psychology Section *Scientist-Practitioner Early Career Award (SPECA)*. With this award, Dr. Frewen was invited to speak at the upcoming CPA Convention in Ottawa on the topic of *"Trauma-related Altered States of Consciousness: Dissociation, PTSD, and the 4-D Model"*. In this presentation he will overview the 4-D Model of Trauma-related Dissociation (TRD), the essence of which is to describe the symptomatology of

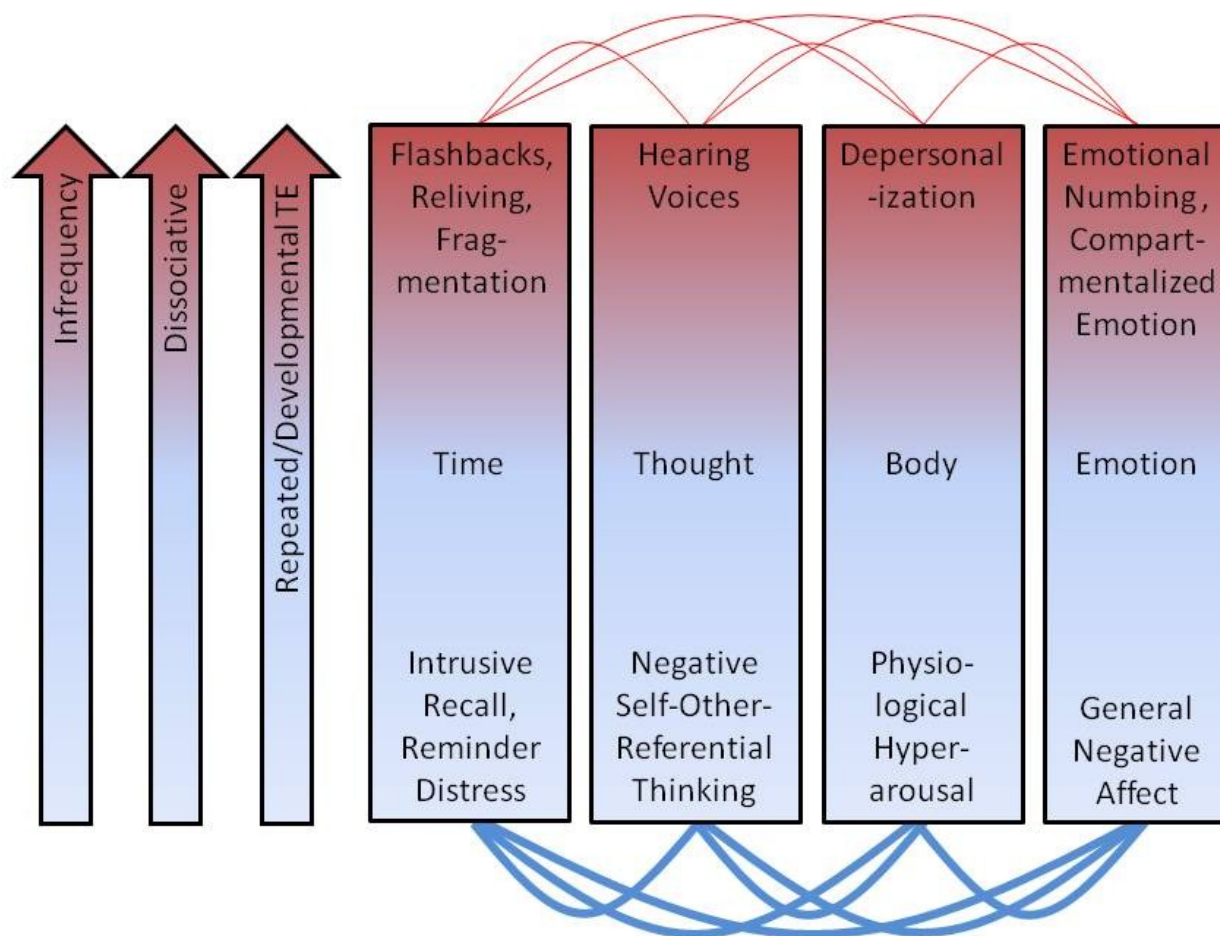


Frewen, P., & Lanius, R. (2015). *Healing the Traumatized Self*. New York: Norton.

of PTSD and TRD in terms of 4 neurophenomenological dimensions, whether presenting in the form of distress associated with normal waking consciousness (NWC) or trauma-related altered states of consciousness (TRASC; dissociation). The 4 dimensions to which the 4-D model refers are a person's experience of: 1) time, 2) thought, 3) their body, and 4) emotion. The 4-D model is described in greater detail in a

book *"Healing the Traumatized Self"*, published by Dr.'s Frewen and Lanius in March 2015, as well as several peer-reviewed articles published in the *Journal of Trauma and Dissociation* and the *European Journal of Psychotraumatology* in 2014 and 2015. The 4-D model differentiates between intrusive memories and traumatic flashbacks (*time dimension*), between intrusive thoughts and voice hearing (*thought dimension*), between embodied and disembodied states of distress (i.e., depersonalization; *body dimension*), and between marked emotional

numbing (considered a TRASC) and non-dissociative trauma-related emotions. The 4-D model also makes a number of predictions concerning the relative frequency, intercorrelation, and association with other dissociative experiences and childhood trauma history of TRASC in comparison with NWC-distress, detailed in the Figure below. Research has variably supported the 4-D model in research to date, including in women with childhood trauma-related PTSD, students, women with BPD, acutely traumatized persons presenting to Canadian hospital ERs, and in online samples.



Spotlight on Trauma-informed Care:

ATTCH in St. David's, ON

Attachment and Trauma Treatment Centre for Healing (ATTCH)

239 Four Mile Creek Road | St. Davids, ON L0S 1P0 | (905) 262-0303

<http://www.attachment-and-trauma-treatment-centre-for-healing.com/>

The Attachment and Trauma Treatment Centre for Healing (ATTCH) provides quality trauma and attachment assessment and treatment, attachment and trauma-informed training, and clinical supervision. ATTCH offers a breadth of therapeutic approaches to best meet the unique needs of the client inclusive of sensorimotor, energy therapies, social work, psychology, art therapy, play therapy, and expressive art therapy to allow for comprehensive assessment and treatment. Services are available for all ages, including early intervention / prevention supports for young mothers or individuals who may be at an increased risk for future difficulty.

Vision: Providing quality treatment to meet the unique needs of clients. Promoting healing and resilience through education, support, and connection. Helping to create trauma-informed communities to meet the needs of all individuals with compassion and quality treatment.

Mission: Healing life's hurts through awareness, compassion, and self-care.

Treatment Approach

The Attachment and Trauma Treatment Centre for Healing (ATTCH) is a multidisciplinary centre focusing on holistic wellness and trauma intervention. ATTCH offers individual, group, and family therapy to help the individuals we work with heal in a manner that promotes authenticity, empowerment, and self-compassion. Our approach differs from traditional talk therapy in that we use a wide variety of holistic and evidence-supported approaches to best meet the unique needs of the person we are working with inclusive of Structured Sensory Interventions, somatic based interventions, art therapy, play therapy, expressive arts therapy, mindfulness meditation, EMDR, Emotional Freedom Technique (EFT), Trauma Focused-CBT, and relaxation approaches such as yoga and meditation. Our primary focus is on that of creating a sense of safety and harmonizing the psychological, cognitive, and physiological responses of the mind and body.

ATTCH recognizes the importance of harmonizing the mind and body to create comfort with an experience of calm as a result ATTCH uses treatment approaches that build awareness and competency for emotional recognition and regulation of the nervous system. This is done through creating an intentional awareness of bodily and emotional-felt states throughout session through use of approaches such as mindfulness, self-reflection, sensation tracking, biofeedback, self-compassion, neurofeedback, yoga and various other holistic wellness practices to increase awareness. Clients are taught to notice how they are feeling, how to tolerate various emotions, and how to regulate their emotions and behaviors.

We now understand that attachment is the one thing as parents we can do something about to alter our genetics. This is critical as attachment is an inborn system that helps organize, motivate, regulate emotions, and impact memory formation. Attachment interactions are some of the most significant experiences humans have and they have the potential to alter the brain development and the regulatory nervous system of the child for their entire life (Schore, 2003; Siegel, 2012; Schore, 2012). It has been our experience that attachment dysregulation (unmet attachment needs) leads to some of the most pervasive trauma symptoms throughout life. This is because attachment is not a luxury or a want but rather an inborn human need, we are wired to be connected to others and love and attunement truly helps our brain to grow!

As a result, ATTCH also focuses on early intervention and healthy attachment relationships providing parent-child interaction training focusing on attunement, attachment, play, contingent communication, and regulating our own reactions. Attachment enhancing therapy is provided to parents and children to model and enhance healthy attachment relationships. Treatment focuses on eye contact, vocal prosody, nurture, engagement, affect identification, and affect regulation. Many of our child and youth therapists have completed Theraplay® training and we are pleased to offer Marshak Interaction Method assessments as well as Theraplay® informed family therapy sessions.

Additionally ATTCH provides clinical supervision, consultation, and training to help organizations implement evidence-informed trauma-informed treatment and prevent compassion fatigue and vicarious trauma.

Services include:

Trauma intervention therapy, Individual, group, and family therapy, Attachment enhancing family therapy, Comprehensive trauma assessments, Parent-child interaction (attachment) assessments, Trauma and Attachment Informed Parenting Program, Counselling and holistic wellness coaching, Yoga, mindfulness, & meditation, Custom workshops and trainings, Trauma and Attachment Certification Program

Trauma and Attachment Training

ATTCH is also pleased to offer custom trainings for agencies and communities as well as a trauma and attachment integration training and certification program to provide current, quality trauma and attachment training for individuals, clinicians, and organizations. Our program is quite comprehensive and holistic in nature focusing on current research in attachment, trauma, neuroscience and somatic approaches. To date ATTCH has provided training to over 1000 professionals from various disciplines. Trainings are rich with practical examples and exercises to help synthesize the material of focus. Core training is customized for the various streams and levels to allow for relevant training and intervention strategies. For supplemental training a wide variety of enhancement options to allow for trauma-informed practice in specialized areas such as healing attachment dysregulation, domestic violence, addictions, energy based practices, somatic approaches, art and play therapy, meditation, mindfulness etc.

You can learn more about ATTCH by visiting our website: www.attch.org



www.attch.org

TSS Fact Sheets Project

CPA currently has a "[Psychology Works Fact Sheets](#)" initiative, designed to provide the general public evidence-based information regarding various psychological disorders and effective psychological interventions for those disorders. Of particular relevance to our Traumatic Stress Section (TSS), only a [single fact sheet describing PTSD exists](#), consisting primarily of a description of the DSM-5 diagnostic criteria, evidence-based psychological treatments for PTSD, and a listing of online resources, written by Dr. William Koch.

TSS aims to expand considerably the volume of trauma-informed literature within the CPA Fact Sheets library freely accessible to the Canadian public. In the past fall 2014 academic term, students at Western University completed [an undergraduate course in Psychological Trauma](#), a term assignment of which entailed developing a mock CPA Fact Sheet on various topics of relevance to psychological trauma studies. Their assignments have formed the first draft of an anticipated series of trauma-informed Fact Sheets including on the bulleted topics below. These will be presented in poster format at the upcoming CPA Convention in Ottawa as part of the TSS conference program.

With input from the TSS Executive and our membership, the next step is to further revise the students' work into a format suitable for acceptance as CPA Fact Sheets. Our goal in doing so is to bring a trauma-informed perspective to bear on both the public and professional's conceptualization of various psychological problems. For example, is anger dyscontrol presenting in association with PTSD, as a defensive response against a (mis)perceived threat, different from anger management problems that occur in the absence of trauma exposure? Should substance use disorders (SUDs) be considered differently when presenting in presence vs. absence of comorbid PTSD, for example, acknowledging the functional role drug use may be playing in facilitating avoidance for posttraumatic intrusions and reminders?

Who is willing to contribute to this important TSS initiative? Please contact Dr. Paul Frewen at pfrewen@uwo.ca to offer your expertise on any of the Fact Sheet topics below, or to suggest other topics.

- Posttraumatic Anger
- Posttraumatic Guilt and Shame
- Posttraumatic Flashbacks and Intrusions
- Posttraumatic Insomnia and Nightmares
- Complex PTSD
- Dissociative Subtype of PTSD (Depersonalization and Derealization)
- Somatoform Dissociation
- Dissociative Identity Disorder
- Developmental Trauma Disorder
- Combat-Related PTSD and Operational Stress Injury



In Vancouver at last summer's convention, a pre-conference workshop on EBT for PTSD within Military Populations was presented by our Past-Chair Dr. Wendy Rogers and her colleagues. This has since become a CPA web-based professional development course!!

You can preview the course content at <http://cpa.scholarlab.ca/home/preview/course/20635>.

Visit <http://cpa.scholarlab.ca/> to enroll. Enjoy!!

Evidence-Based Treatment of PTSD within Military Populations

Presented by Dr. Wendy Rogers, Dr. Michele Boivin, Ms. Anne Bailliu, and Colonel Rakesh Jetly

Jointly sponsored by the Department of National Defense

5.5 CPD credits

Pricing: Members and Fellows: .. \$129.00
 Non-members: \$199.00
 Student affiliates: \$69.00
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(Note that GST/HST will be added to the price.)

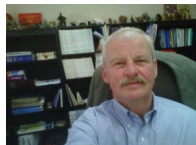


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 DE LA SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE

Visit cpa.scholarlab.ca today for a free preview of the course and to register!



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Eva Monson, PhD Candidate,
Student Representative, CPA-TSS,

CPA TSS MISSION:

The purpose of the TSS is to promote evidenced-based mental health assessment and treatment, educate the public about the importance of appropriate traumatic stress treatment and research, and actively encourage the involvement of appropriate public and private sector agencies in the development of effective policies and procedures to address the psychological effects of traumatic stress within the Canadian population.

SPECIFIC GOALS:

1. Promote evidence-based mental health care for trauma survivors;
2. Promote best-practice assessment protocols for use with trauma survivors;
3. Advocate for research funding for the psychosocial consequences of disaster, interpersonal violence, industrial and transportation accidents, medical trauma, emergency work, military, and other types of trauma to which the Canadian public is exposed;
4. Advocate for populations particularly vulnerable to traumatic stress through their status as disabled, e.g., First Nations, refugees, new immigrants;
5. Advocate with both government and private third-party insurers for more inclusive coverage of effective interventions for the psychological consequences of traumatic stress;
6. Inform the Canadian public about the prevalence, economic effects and psychological science pertinent to traumatic stress;
7. Endeavour to facilitate the development of emergency planning in Canada through such measures as public education, promotion of appropriate training for psychosocial interventions, and of lists of trained volunteer psychologists;
8. Establish information exchanges with other national and international associations involved with traumatic stress issues.