



CPA TRAUMA *Section*

CANADIAN PSYCHOLOGICAL ASSOCIATION

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Message from the Chair

Greetings Traumatic Stress Section members!

After a year's hiatus, we are pleased to publish the Fall 2012 newsletter. We realize that it is now winter but better late than never. We hope you will take a few minutes to learn about what your section has been up to, what our plans are for the future, and perhaps consider how you can get involved in the work of the section.

First and foremost, I'd like to introduce you to our new executive members. Dr. Sandra Paivio is chair-elect by acclamation. She is a professor at the University of Windsor and a highly accomplished psychotherapy researcher and clinician whose specialty is emotion-focused therapy for sexual abuse survivors. Dr. Heather MacIntosh is secretary-treasurer also by acclamation. She is an assistant professor at McGill University whose clinical and research expertise is emotion-focused therapy for couples where at least one in the dyad has a history of trauma. (As an aside, it is purely a coincidence that both are experts in emotion-focused therapy.) Finally, congratulations to Karina Zorzella for being elected student representative. She is a PhD student in the clinical-developmental program at York University with an interest in attachment and therapeutic alliance in the context of trauma treatment with children, adolescents, and adults. Altogether, we have a dynamic executive committee eager to work hard on your behalf.

Be sure to read the report from our immediate past-chair, Dr. Paul Frewen, where he describes what was accomplished last year. As for this year, one of our accomplishments is that CPA has invited Dr. Candice Monson to give a keynote

Executive Committee



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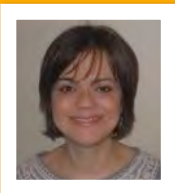
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address at the next CPA convention. Our section took the lead in nominating Dr. Monson for this keynote and we enlisted four other CPA sections, including Clinical Psychology, Psychology in the Military, Counselling Psychology, and Family Psychology to support this nomination. As a CPA keynote and with the endorsement of five CPA sections, Dr. Monson's address will be a highlight of the convention focusing attention on the impact of trauma on couples along with her empirically validated treatment model. I am also pleased to let you know that Dr. Marylene Cloitre will give the keynote address for our section and will offer a pre-convention workshop entitled "Introduction to integrating emotional regulation and interpersonal skills into PTSD treatment." This is a wonderful opportunity to learn from a master clinician.

We are pleased to tell you that the executive committee has decided to develop a range of awards for members of our section so that we can begin to recognize the important work being done by so many of you. Awards are important for career development, as well as providing much needed encouragement and validation. Thus, in addition to the existing award for best student poster presentations at CPA, we plan to expand the awards to include a range of categories for members at all stages in their careers. Stay tuned for more information about these awards.

Our executive committee is also interested in reinstating the listserv for our membership. A listserv is an opportunity for members to communicate directly with one another. This can be helpful if you are seeking a trauma therapist to whom you can refer a client, if you want to get the word out about a research study you have underway, or for any number of reasons. We hope a listserv can help generate a greater sense of community in the trauma field in Canada. Once we get this off the ground, you will automatically be signed up for the listserv and, of course, have the option of opting out.

While we are eager and working hard in our leadership roles, it is also abundantly clear that we cannot and ought not do the work alone. After all, this is *our* section. It belongs to each and every one of us. We need *you* to help us develop the section so that it becomes a resource for psychologists, other mental health professionals, and the general public in understanding and addressing the consequences of psychological trauma. To this end, in this newsletter you will find a number of advertisements for positions we seek to fill in order to help us further the mission of the Traumatic Stress Section. These include a newsletter editor, a website editor, website

committee members, and a listserv moderator. These are just a few of the ways in which members can contribute to our section. Please consider getting involved.

I hope you enjoy reading the rest of this newsletter. If you have any feedback or have anything that you would like to contribute, let us know. If you are interested in helping us grow and develop the Traumatic Stress Section in any way, please contact me at catherine.classen@wchospital.ca. I look forward to hearing from you.

Catherine Classen, PhD, CPsych
Chair, CPA-TSS

Did you know? The CPA Traumatic Stress Section is open to any mental health professional---not just psychologists---and they do not need to become members of CPA. Help us get the word out so that we can make the Traumatic Stress Section *the* voice for traumatic stress in Canada.



Newsletter Committee

**Catherine Classen, PhD & Paul Frewen,
PhD**

Acting Newsletter Editors

**Jenna MacKay, MA & Nina Vitopoulos,
PhD (Cand.)**

Editorial Assistants



Reflections

A message from our past-chair

Chairing the Traumatic Stress Section (TSS) of the Canadian Psychological Association (CPA) has been an honor. Reflecting back on the past two years as Chair and Chair-Elect I'm pleased to see how much our executive accomplished during the time with which we served together.

Much of our work related to preparation of the CPA conference programs. For example, we organized a pre-conference workshop in Toronto in June 2011 in which Dr. Sandra Paivio and Dr. Antonio Pascual-Leone presented to us on Emotion-Focussed Trauma Therapy (EFTT); the workshop was very well received. We also held a conversation session on the subject of education about traumatic stress at the Halifax meeting in June 2012. We hosted several prominent keynote speakers including Dr. Ruth Lanius, Dr. Danila Schiller, and most recently Dr. Constance Dalenberg.

Another important section project has been to collaborate with the International Society for Traumatic Stress Studies (ISTSS) on a project to increase global collaboration on projects relevant to traumatic stress. The ISTSS has companied closely with its affiliate societies with the goal of working on trauma issues of global significance. As an affiliate of the ISTSS our section has had the opportunity to give a Canadian voice to this important ongoing initiative.

While acknowledging these accomplishments and ongoing projects, many things remain on the to-do

list. While chair-elect, I conducted a survey of our members to assess our collective experience of membership in the TSS. Many excellent ideas were shared regarding what the TSS could, and *should*, be providing to its members, other psychologists, and the Canadian and international public at large. Shared ideas included providing educational materials on best practices in trauma treatment and other topics of direct relevance to traumatic stress science and practice, as well as an engaging source for professional networking. There was some dissatisfaction expressed in the survey that these materials and activities were not readily available within our section at that time. It is important to remember that TSS is what we make it. The executive committee is a group of only five or so members with busy academic and clinical schedules and we cannot accomplish these tasks alone.

During my final term as Past-Chair I look forward to assisting our new TSS leadership in Dr. Catherine Classen (Chair) and Dr. Sandra Paivio (Chair-Elect). My hope is that under their leadership our section membership will better recognize the great opportunity we all have to join minds and forces and create a better future for the psychological science and practice of traumatic stress.

If I could say one thing, it's that our work is important, as every trauma survivor seeking help will tell you.

Sincerely,

Paul Frewen, PhD, C.Psych.



Message from the Student Representative

By Karina Zorzella, MA

Hello!

My name is Karina Zorzella and I'm your new student representative for the Traumatic Stress Section Executive Committee. I'm very excited about contributing to the section in my new role and look forward to connecting with my fellow students members of the Traumatic Stress Section.

I'm pleased to announce that we are currently accepting submissions for the Student Column of our newsletter. This is a great way to get involved and share some of the hard work you've been doing! We look forward to learning about any trauma-related projects you are currently working on and this can be your thesis proposal, a brief literature review, or a summary of your most recent research findings. The deadline for submissions to our next newsletter is February 1st.

I would also like to talk about what will be happening at our next convention in Quebec

City in June 2013. There will be unique opportunities for students to learn about evidence-based trauma therapy from some of the leaders in the trauma field in North America. You can't miss it! Dr. Candice Monson will be presenting her innovative work with couples in which both PTSD symptoms and relationship satisfaction are addressed in therapy. Dr. Marylene Cloitre will be presenting her work with trauma survivors focusing on emotion regulation and interpersonal skills in the treatment of PTSD. Our section is definitely working hard to make this convention a memorable event and I hope to see you there!

We are very interested in hearing your ideas about how students could further contribute to and benefit from our section. We will send a survey asking students to identify areas that they would want to have greater participation in and support from our section. Stay tuned! Please let me know if you have any comments and/or suggestions.

See you in Quebec City!



Section Opportunities

Awards Committee

Without doubt the most valuable commodity of our Traumatic Stress Section is our membership. Thank you for the great work that you do . I think it is fair to say that collectively our section membership represents the strongest group of researcher-, clinician-, and student-experts in the psychology of traumatic stress in Canada.

In recognition of the particular excellence of the work of many within our membership, we recently initiated a committee to define and accept nominations for awards of achievement. In addition to myself as Chair of the Awards Committee, the members of this group presently include: Dr. Anne Dietrich (Past Section Chair), Dr. Alain Brunet (Past Section Chair) and Dr.

Sandra Paivio (current Chair-Elect). We would like to include another committee member from our section membership at large and encourage anyone interested to contact Dr. Frewen in order to apply.

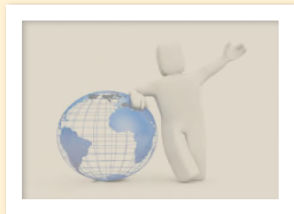
At the next annual meeting we intend to honour a clinician-investigator whose lifetime service to the field of traumatic stress has been instrumental and inspirational to the field. We will formally invite nominations for this distinction early in 2013. Before then, should you have any questions or suggestions about the awards program, please contact Dr. Frewen.

Sincerely,

Positions Available

Website Committee Members

Contribute to the development of our section's website.



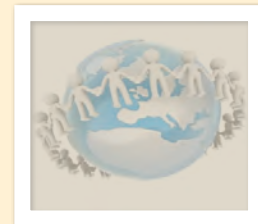
Newsletter Editor

Invite contributions, edit, prepare newsletter layout.



Listserv Moderator

Facilitate and moderate discussions on our e-mail list.



If you are interested in any of these positions please e-mail Dr. Classen at Catherine.Classen@wchospital.ca



Towards a paradigm shift in health care: Why health care should be trauma-informed

Catherine C. Classen, PhD & Carrie Clark, PsyD



Survivors of psychological trauma are over-represented in the health care system (Felitti et al., 1998). Consequently, we believe that all health professionals should have at least rudimentary knowledge of psychological trauma and how to provide trauma-informed care (TIC). In fact, we would argue that, for a whole host of reasons, we need a paradigm shift in health care; a shift that would entail the universal recognition among health care providers of the need to treat all patients as if they were trauma survivors. We believe that a paradigm shift in healthcare is possible. Consider what happened in relation to the human immunodeficiency virus (HIV). The emergence of HIV led to a change in health care delivery so that now all health care providers don gloves when there is potential exposure to bodily fluids. Similarly, we need all health care providers to assume that the patient in front of them may be a trauma survivor and to take precautions by offering care that is trauma-informed.

What is trauma-informed care?

What do we mean by trauma-informed care? People often confuse trauma-informed care with trauma-specific care and it is important to understand the difference. Trauma-*specific* care is about providing treatment to a trauma survivor with the specific aim of addressing the psychological consequences of traumatic stress. Trauma-specific care is the work that many, if not most, of us do in our Traumatic Stress Section.

Trauma-*informed* care, however, refers to providing care for any kind of health issue but doing it in a way that is informed about and sensitive to the impact of psychological trauma (Denby et al., 2008; Schachter, Stalker, Teram, Lasiuk, & Danilkewich, 2009). It involves adjusting how care is delivered in order to accommodate the unique vulnerabilities of persons with a trauma history. TIC involves ensuring that the trauma survivor feels safe, that the provider and healthcare setting are experienced as trustworthy, and that the survivor is given as much choice and control as possible. Treatment by uninformed healthcare practitioners can be inadvertently re-traumatizing and result in survivors avoiding further treatment or not complying with treatment recommendations, even if it means putting their health at risk. For example, a history of sexual abuse involving oral sex might cause a survivor to avoid going to the dentist because the dental work triggers memories of abuse and puts the survivor in a flashback. Knowing how to work sensitively with such patients is critical.

Why should trauma-informed care be universally applied?

One could argue that the results of the landmark Adverse Childhood Experiences Study alone provides a sufficient answer. This study showed that interpersonal trauma experienced in childhood has a broad range of physical and mental health consequences and poses a heavy burden for the healthcare system. It is clear that survivors of interpersonal trauma suffer disproportionately from a wide range of medical problems. The Adverse Childhood Experiences Study shows a strong graded relationship between adverse events in childhood and health problems in adulthood (Felitti, et al., 1998). This study shows that as the severity of adverse childhood experiences increases, so does the presence of health risk behaviours and diseases

throughout the lifespan, such as alcoholism, drug abuse, depression, suicide attempts, risky sexual behaviour, obesity, heart disease, cancer, lung disease, skeletal fractures, diabetes, and liver disease.

Given these health consequences it is not surprising that trauma survivors are frequent and costly users of healthcare services (Arnow, Hart, Hayward, Dea, & Barr Taylor, 2000). Research suggests that PTSD is one of the most (if not *the* most) costly of mental health disorders (Solomon & Davidson, 1997). One study found that 37% of patients who go to emergency departments have histories of intimate partner abuse and 14% reported abuse in the previous year (Dearwater et al., 1998). Studies have found child abuse survivors have more emergency room visits (Arnow, et al., 2000) and more hospitalizations (McCauley, Kern, Kolodner, Dill, & Schroeder, 1997) over the lifespan compared to those without such histories. In another study, women reporting any childhood maltreatment had higher annual healthcare costs than women with no maltreatment and that sexual maltreatment in childhood was associated with the highest healthcare costs (Walker et al., 1999). It is reasonable to conjecture that without appropriate care, trauma survivors tend to either overuse the healthcare system because their medical and psychiatric problems are not adequately addressed or they avoid healthcare until their medical and psychiatric problems are so advanced that more intensive and expensive treatment is required.

Given the existing research, one can posit that healthcare that is sensitive to the needs of trauma survivors will ultimately reduce overall healthcare costs by providing timely interventions that are well-received by the survivor leading to greater treatment compliance and improved health behaviours. Because of the ubiquity of psychological trauma and because health providers will not always know whether the patient has a trauma history, we recommend that health providers adapt their service delivery so that all patients receive care that is trauma-informed.

Why isn't trauma-informed care being provided?

Without adequate training in trauma, healthcare providers lack the knowledge necessary for recognizing when they are treating a trauma survivor or for providing TIC. The under-recognition and lack of appropriate care for trauma survivors is a significant problem in mental health and medical settings. A study conducted in mental health centers found that in a sample of the severely mentally ill 42% of the sample met the diagnostic criteria for PTSD but only 2% were given the diagnosis (Mueser et al., 1998). A study in a general medical setting found that nearly half the patients were not receiving either psychosocial or psychotropic treatment for their PTSD and the primary reason for this was because their treating physician did not suggest it (Rodriguez et al., 2003).

Given the high cost of healthcare and the drive to reduce those costs, providing TIC may be viewed as too expensive because it would require a fundamental change in how we deliver healthcare, such as taking more time with our patients, offering choice and shared decision making. All of these are costly with as yet undetermined long term benefits.

While there is a growing awareness of the need for TIC, it is not universally recognized and research on TIC is in its infancy. Research is required to demonstrate the need for education about TIC and the benefits of TIC.

Advancing trauma-informed care

Our research group has started a project to develop a self-assessment tool for healthcare providers. The aim of the tool is to enable providers to gauge how knowledgeable they are about psychological trauma and TIC, identify any gaps in knowledge and then direct them to resources where they can fill these gaps. With funding from the Canadian Institutes of Health Research, we invited a group of approximately 25 trauma experts from across North America to help us launch this project. Using a modified Delphi approach, this group of trauma

experts worked over several months to identify the broad domains of knowledge in trauma and trauma-informed care and then we met for a two-day meeting to plan how we can further advance the development of this tool. There is much enthusiasm among this working group to create such a tool and advance our agenda of transforming healthcare for trauma survivors.

With so many trauma experts gathered in one place, we also seized the opportunity to host a conference, held June 3rd on “Trauma Talks: Advancing the dialogue of trauma-informed care,” including such speakers as John Briere, Sandra Bloom, and Laura Brown, among others. These talks were audio-recorded and both the slides and audio-recordings are available at www.traumatalks.ca. This year we will host our second conference with the theme “Advancing cultural understandings in trauma-informed care.” If you are interested, please visit our website for details of the conference.

Interpersonal trauma is a serious public health and human rights problem. Although awareness of interpersonal trauma, including its extent and consequences, has grown over the last few decades, there is still a significant need for education, particularly for healthcare providers. Without the requisite knowledge, providers cannot practice in a professionally competent way and thus cannot provide adequate patient/client-centred care. Furthermore, they cannot provide the high quality care that would result in improved stewardship of costly healthcare resources because care needed may never be provided and "care" provided may be neither effective nor efficient. Interpersonal trauma survivors are among the most vulnerable populations and we believe that responding competently is a professional imperative.

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Newsletter Submissions

We are excited to develop our spring 2013 newsletter and need your help!

All section members are welcome to submit brief articles, commentary, reviews, call for submissions and any other opportunities relevant to our section.

If you are interested please contact catherine.classen@wchospital.ca by
February 1st, 2013