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Newsletter of The Clinical Section of the Canadian Psychological Association

Edited by Matilda Nowakowski, Ph.D., C.Psych., and Flint Schwartz, MA

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Message from the Chair



Brigitte Sabourin, MBA, Ph.D., C.Psych.
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Greetings all.

As I sit down to write a few words to our members, I am reminded of an inspiring talk I attended recently by Wayne Sotile Ph.D., on physician resilience. The past year and a half has been challenging for all, and certainly for those working in the field of Clinical Psychology. Fortunately, we have witnessed numerous silver linings throughout the COVID-19 pandemic, which have hopefully allowed us to remain engaged and optimistic. Dr. Sotile informed the audience of a useful practice called: Pause, Process, and Proceed with intention. During this holiday season, I sincerely hope we all were able to do just that, so that we can head into 2022 with what Dr. Sotile described as “unambivalent engagement” in our personal and professional lives.

The executive members of the Clinical Psychology Section have been working diligently planning the Section’s content for the 2022 CPA Annual Convention. We are excited about our Section Featured Speaker (to be announced soon!), our Student Symposium, and other Clinical Psychology content.

For 2022, the convention is scheduled to span three days from June 17th – 19th in Calgary, Alberta. It will be preceded by Pre-conference Professional Development workshops on June 16^h. The CPA Convention Planning Committee is working tirelessly to offer its members the best experience possible next year. The Convention will provide many opportunities for personal and professional growth, and highlight the many ways in which the science, practice, and education of psychology can benefit society, improve lives, and advance the discipline.

We encourage you all to consider attending as it has been too long since we have had the opportunity to reconnect. For more information on the convention, please visit [CPA Convention | 2022 CPA Conference in Calgary](#).

All the best for 2022,
Dr. Brigitte Sabourin
CPA Clinical Section Chair

Message from the Newsletter Editors



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Greetings fellow Clinical Section readers!

Welcome to the Fall 2021 edition of the Clinical Section Newsletter.

We hope that everyone is staying healthy and safe during this holiday season. As the COVID-19 pandemic continues, our profession remains essential in so many ways during this difficult time in our world. We hope that everyone can take time during the holidays to rest and recharge for 2022.

The Canadian Psychological Association held a successful 2021 virtual convention, and the Clinical Section has been hard at work preparing for the 2022 Convention in Calgary, Alberta. We are excited to meet again in person and reconnect with colleagues while engaging in stimulating and cutting-edge presentations. In this issue, we highlight summaries for our many award recipients in 2021, including the Ken Bowers Award for Student Research, the COVID-19 Student Research Grant, and the Clinical Section Education Activity Grant. We encourage many of you to apply to the many awards that the Clinical Section offers for 2022. We have something for professionals at all stages of their careers!

Long-time readers may notice that we have revamped our newsletter. We hope that you all enjoy this update. As always, the success of the Clinical Section newsletter relies on the invaluable contributions of its members, and we always welcome any feedback or ideas you may have for the newsletter.

Matilda and Flint

CPA Clinical Section Newsletter editors

Introducing our New Secretary-Treasurer



Mathew Fetzner, Ph.D., C.Psych.
Clinical Rehabilitation Psychologist
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Dear Clinical Section Members,

My name is Dr. Mathew Fetzner (Ph.D., CPsych), and I am the new Clinical Section Secretary-Treasurer. I am a rehabilitation and clinical psychologist licenced for independent practice in the province of Ontario. I completed my Ph.D. in clinical psychology in 2015 after completing my pre-doctoral residency at the Royal Mental Health Center. Immediately after completing my Ph.D., I entered supervised practice working with Odyssey Health Services, a private healthcare company providing psychotherapy and assessment for persons receiving insurance funded long-term disability. Thereafter, I spent four years working as a psychologist and practice lead at Warrior Support Services in Garrison Petawawa where I worked exclusively with CAF members providing psychotherapy and assessment. At present, I own and operate a private practice psychology clinic in Ottawa ON where I work exclusively with active-duty serving Canadian Armed Forces (CAF) members, Ottawa Police Service, Royal Mounted Police of Canada (RCMP) members, and police and military veterans. Aside from my clinical work, I am also very proud of my involvement in research, which includes authoring peer-reviewed journal articles, presenting at international conferences, and conducting outcome research for stake-holder organizations.

I am very proud and excited about the possibility of being involved with the CPA clinical psychology executive team. I have been a member of the CPA for over 10 years, and I hope that I will get the chance to contribute to the important work of the section in a meaningful way. The thing I look forward to the most in my role as secretary treasurer is developing further professional relationships; so, if we cross paths, I hope you'll approach me so we can get to know each other.

Dr. Mathew Fetzner
CPA Clinical Section Secretary-Treasurer

Message from the Student Representative



Lily Pankratz, BA (Hons)

MA Student Clinical Psychology

University of Manitoba

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Hello!

My name is Lily Pankratz, and I am the new Student Representative for the Clinical Section Executive Committee of the CPA.

I am looking forward to the in-person conference in Calgary this spring, where we can (safely) connect and meet in person. In particular, I am excited about our student symposium, where we will be highlighting students who conducted research related to COVID-19 who received the COVID grant from CPA this year.

This year we had several winners for the Ken Bowers Award for Student Research including myself (University of Manitoba), Hugh McCall (University of Regina), and Bailee Malivoire (Ryerson University). We also had three recipients of the COVID-19 Student Research Grant: Jolie Ho (University of Waterloo) and, Sarah Petty (University of Manitoba), and Jordana Sommer (University of Manitoba). You can read more about the recipients' research in this edition of the newsletter.

You can find more information about the Clinical Section updates, awards, and other information on our website as it becomes available:

<https://cpa.ca/sections/clinicalpsychology/>

Feel free to contact me with any questions or comments about matters relating to the Clinical Section. I am excited to be in this position and want to ensure student members voices are heard.

Lily Pankratz, BA (Hon).

MA student in Clinical Psychology, University of Manitoba

CPA Clinical Section Student Representative

2021 Award for Clinical Excellence Recipients



This year's recipients of the Award for Clinical Excellence are **Dr. Sheryl Green** and **Dr. Caroline Sullivan**. The Award for Clinical Excellence recognizes members of the Clinical Section who have made outstanding contributions to the practice and profession of clinical psychology in Canada. The award honours clinical psychologists who advance the understanding and amelioration of suffering and the promotion of psychological wellness.

Dr. Sheryl Green is an Associate Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University and a Clinical Psychologist in the Women's Health Concerns Clinic at St. Joseph's Healthcare Hamilton. Dr. Green has dedicated her career to developing and disseminating evidence-based treatments for women suffering from mental health issues associated with menopause and the perinatal period. In her role at the Women's Health Concerns Clinic, Dr. Green has developed, researched, and implemented novel cognitive behavioural therapy (CBT) interventions for women in menopause and for women experiencing perinatal anxiety. She has published extensively on these



interventions including in peer reviewed journals and client-centered workbooks. As an educator, Dr. Green is a highly regarded supervisor and has supervised over 100 learners across different disciplines and at various stages of training. She has played a central role in the development of the Research and Clinical Training (RCT) stream of the graduate program in psychology at McMaster University and is currently its co-Director of Clinical Training. At a national level, Dr. Green has served as a CPA accreditation site visitor for both academic and residency programs since 2013 and served on the CPA Clinical Section Executive Committee for three years as secretary/treasurer (2013-2016).

Dr. Caroline Sullivan is the founder and co-director of The Child, Adolescent, and Family Centre of Ottawa (CAFCO) and a Clinical Professor in the Department of Psychology at the University of Ottawa. Dr. Caroline is committed to improving services through evidence-based assessment and treatment, mental health promotion, and education and training. In a span of just a few years, Dr. Sullivan and her co-Director expanded CAFCO to a staff of 35 and now serve hundreds of clients each year. With the increasing number of mental



health issues since the beginning of the global pandemic, Dr. Sullivan has implemented creative solutions to manage waitlists, increase access to timely care, and created a short-term therapy protocol for children and adolescents struggling with the effects of COVID-19. Dr. Sullivan is deeply committed to training the next generation of Clinical Psychologists and has developed a highly sought-after practicum and internship training program at CAFCO for graduate students in clinical psychology. She also teaches in the Department of Psychology at Ottawa University where she was the recipient of the Excellence in Teaching Award for the Faculty of Social Sciences in 2020. Dr. Sullivan has received many accolades throughout her career so far, including the 2018 Ontario Psychological Association Award of Merit and Ottawa's FortyUnder40 Award.

2021 Ken Bowers Award for Student Research Recipients



Interpersonal dysfunction and treatment outcome in GAD: A systematic review

**Bailee L. Malivoire, MA, Ph.D. student in Clinical Psychology
Ryerson University**

Generalized anxiety disorder (GAD) is characterized by chronic and excessive worry across a number of different areas (e.g., work, finances, the future; American Psychiatric Association, 2013). Several psychotherapies have been developed and tested for GAD; however, the most empirically supported treatment is cognitive behaviour therapy (CBT; Cuijpers et al., 2014). Although CBT is generally effective for individuals with GAD, there is considerable room for improvement as nearly half of treatment seekers do not achieve remission or show a reliable reduction in symptoms (Hanrahan et al., 2013; Springer et al., 2018). Clinicians and researchers suggest that dysfunctional interpersonal processes may impede treatment success (e.g., Borkovec et al., 2002; Szkodny et al., 2014).

Subscales of interpersonal dysfunction are endorsed by people with GAD on the Inventory of Interpersonal Problems-Circumplex (IIP-C; Alden et al., 1990; Horowitz et al., 2000), including overly-nurturant, unassertive, overly accommodating, intrusive, and cold and hostile subscales (e.g., Przeworski et al., 2011; Salzer et al., 2008). Interpersonal problems have been found to be a primary topic of worry (Breitholtz et al., 1995; Roemer et al., 1997), and are theorized to contribute to the development and maintenance of the pathology (Borkovec et al., 2004; Sibrava & Borkovec, 2006). As a result, interpersonal dysfunction may contribute to the poor response rates in CBT for GAD. The objective of this paper was to systematically review and integrate research investigating the relationship between interpersonal dysfunction and treatment outcomes for GAD.

A systematic literature search was conducted in PsychINFO and PubMed electronic databases. Studies included in the paper had to use samples of adults with a GAD diagnosis, investigate a psychological intervention targeting GAD symptoms, and measure interpersonal dysfunction or distress. Thirteen studies were included in the review paper. Although most studies investigated CBT, other therapies included acceptance-based behavior therapy (ABBT), and short-term psychodynamic psychotherapy (STPP).

In general, it was found that greater interpersonal dysfunction and distress at baseline or post-treatment was associated with worse treatment outcomes (e.g., Borkovec et al., 2002; Crits-Cristoph et al., 2005; Zinbarg et al., 2007). For STPP, only the overly-nurturant subscale of the

(continued on page 8)



Bailee L. Malivoire, MA, Ph.D. student in Clinical Psychology Ryerson University (cont.)

IIP-C predicted worse treatment outcomes (Crits-Christoph et al., 2005), whereas, in a CBT trial, higher scores on almost all the IIP-C subscales were associated with worse outcomes at post-treatment or follow-up (Borkovec et al., 2002). The studies that investigated pre-post change in interpersonal dysfunction found a significant decrease in either total score or subscales of interpersonal dysfunction pre-posttherapy and/or over the follow-up period (e.g., Borkovec et al., 2002; Crits-Christoph et al., 2005; Millstein et al., 2015; Newman et al., 2011; Gomez Penedo et al., 2017). However, not all subscales of interpersonal dysfunction improved to a similar extent. For instance, greater overly-nurturant problems at baseline predicted worse treatment outcomes and were less amenable to change following treatment (Borkovec et al., 2002; Crits-Christoph et al., 2005; Millstein et al., 2015). Overly-nurturant problems are consistently associated with greater GAD symptoms (e.g., Eng & Heimberg, 2006; Salzer et al., 2008) and are suggested to be particularly relevant to understanding GAD pathology (Borkovec et al., 2004). Therefore, it may be important to consider more targeted interventions.

It is possible that some individuals with GAD would benefit from an interpersonally-oriented CBT tailored to the individual's specific areas of dysfunction. This would involve assessment of the dysfunction ideally from both self- and informant-report to understand whether the problems are due to biased perceptions or actual interpersonal problems. Interventions could include correcting biases or assisting the individual with their social skills (e.g., through assertiveness training; problem-solving). Further, the therapy sessions themselves could be tailored to target specific dysfunctional behaviors. For instance, encouraging one who is unassertive to take a more active role in the therapy and positively reinforcing assertive behaviors (Przeworski et al., 2011). It may also be possible to augment treatment by including a significant other to assist with decreasing worry behaviours that maintain GAD and interpersonal dysfunction (e.g., reassurance seeking; checking-in on loved ones).

Limitations of the review paper include variability across studies in terms of type of treatment, measurement of interpersonal dysfunction, and quality (e.g., sample size, selection bias). Nevertheless, this review paper provides preliminary evidence that although interpersonal dysfunction does improve from psychotherapy for GAD, not all subscales improve equally, and those with more severe interpersonal dysfunction may be less likely to benefit from treatment. Consequently, interventions targeting interpersonal dysfunction could improve treatment outcomes for GAD.

Article Reference:

Malivoire, B.L., Mutschler, C.M., & Monson, C.M. (2020). Interpersonal dysfunction and treatment outcome in GAD: A systematic review. *Journal of Anxiety Disorders*, 76, 1-14. doi:10.1016/j.janxdis.2020.102310



Prevalence and Predictors of Anxiety Disorder Courses in the Canadian Armed Forces

Lily Pankratz, BA (Hons), MA student in Clinical Psychology
University of Manitoba



Few studies have examined the longitudinal courses of anxiety disorders in military members. This study examined the prevalence and predictors of courses of any anxiety disorder in members and veterans of the Canadian Armed Forces, including no lifetime, remitted, new onset, and persistent/recurrent anxiety disorder. The 2018 Canadian Armed Forces Members and Veterans Mental Health Follow-up Survey is the second time-point for the longitudinal project, with participants who participated in the first survey Canadian Community Health Survey: Canadian Forces Supplement in 2002. Diagnoses of any DSM-IV anxiety disorder (i.e., generalized anxiety, social anxiety, and/or panic disorder) in 2002 and 2018 were used to create the four anxiety course groups. A large proportion of the sample (36.3%; new onset = 24.6%, remitting = 6.9%, and persistent/recurrent = 4.8%) met criteria for an anxiety disorder during one or both time points. Factors at baseline and/or between 2002 and 2018, including income, education, military rank, comorbidity of PTSD or depression, deployment history, and traumatic events, were positively associated with most anxiety courses relative to no anxiety in all analyses. Targeted interventions are needed to help mitigate anxiety disorders among this population. Social support and active coping were protective factors for most anxiety courses and may need to be incorporated into targeted interventions.

For a full draft of the manuscript please contact the author: pankrat9@myumanitoba.ca

Acknowledgements: Thank you to my mentors and co-authors on this project; Jordana Sommer, Dr. Shay-Lee Bolton, Dr. Jitinder Sareen, Dr. Murray Enns, Dr. Tracie Afifi, Dr. Renée El-Gabalawy, & Dr. Natalie Mota



Exploring the Role of Persuasive Design in Unguided Internet-Delivered Cognitive Behavioural Therapy for Depression and Anxiety Among Adults: Systematic Review, Meta-analysis, and Meta-regression

Hugh McCall, MA, Ph.D. student in Clinical Psychology
University of Regina



Background: Internet-delivered cognitive behavioural therapy (ICBT) is an effective treatment that can overcome barriers to mental health care. Various research groups have suggested that unguided ICBT (i.e., ICBT without therapist support) and other eHealth interventions can be designed to enhance user engagement and thus outcomes. The persuasive systems design framework captures most design recommendations for eHealth interventions, but there is little empirical evidence that persuasive design is related to clinical outcomes in unguided ICBT.

Objective: This study aims to provide an updated meta-analysis of randomized controlled trials of unguided ICBT for depression and anxiety, describe the frequency with which various persuasive design principles are used in such interventions, and use meta-regression to explore whether a greater number of persuasive design elements predicts efficacy in unguided ICBT for depression and anxiety.

Methods: We conducted a systematic review of 5 databases to identify randomized controlled trials of unguided ICBT for depression and anxiety. We conducted separate random effects meta-analyses and separate meta-regressions for depression and anxiety interventions. Each meta-regression included 2 steps. The first step included, as a predictor, whether each intervention was transdiagnostic. For the meta-regression of ICBT for depression, the first step also included the type of control condition. The number of persuasive design principles identified for each intervention was added as a predictor in the second step to reveal the additional variance in effect sizes explained by persuasive design.

Results: Of the 4471 articles we identified in our search, 46 (1.03%) were eligible for inclusion in our analyses. Our meta-analyses showed effect sizes (Hedges g) ranging from 0.22 to 0.31 for depression interventions, depending on the measures taken to account for bias in the results. We found a mean effect size of 0.45 (95% CI 0.33-0.56) for anxiety interventions, with no evidence that the results were inflated by bias. Included interventions were identified as using between 1 and 13 persuasive design principles, with an average of 4.95 (SD 2.85). The meta-regressions showed that a greater number of persuasive design principles predicted greater efficacy in ICBT for depression (R^2 change=0.27; $B=0.04$; $P=.02$) but not anxiety (R^2 change=0.05; $B=0.03$; $P=.17$).

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**Hugh McCall, MA, Ph.D. student in Clinical Psychology
University of Regina (cont.)**

Conclusions: These findings show wide variability in the use of persuasive design in unguided ICBT for depression and anxiety and provide preliminary support for the proposition that more persuasively designed interventions are more efficacious, at least in the treatment of depression. Further research is needed to clarify the role of persuasive design in ICBT.

Link to Full Paper: <https://www.jmir.org/2021/4/e26939>

Co-authors: Heather Hadjistavropoulos, Ph.D. (University of Regina), and Christopher Richard Francis Sundström, Ph.D. (Karolinska Institutet and Stockholm University)

Congratulations to all this year's recipients of the Ken Bowers Award for Student Research!! The application for next year's award is due on May 1, 2022. All students who are members of the Clinical Section and whose presentations have been accepted within the Clinical Section program are encouraged to apply. For further information please see:

<https://cpa.ca/sections/clinicalpsychology/clinicalsectionawards/>

COVID-19 Student Research Grant Recipients



The Moderating Effects of Reported Pre-Pandemic Social Anxiety, Symptom Impairment, and Current Stressors on Mental Health and Affiliative Adjustment During the First Wave of the COVID-19 Pandemic



**Jolie Ho, MA, Ph.D. student in Clinical Psychology
University of Waterloo**

In May 2020, we surveyed 488 North American MTurk participants and found that individuals with higher pre-pandemic social anxiety (SA)—especially those with greater pre-pandemic functional impairment and exposure to COVID-related stressors—endorsed greater efforts to reach out to others for affiliative support during the pandemic’s first wave (Ho & Moscovitch, 2021). Despite these efforts, higher SA individuals reported feeling lonelier and more fearful. These findings suggest that SA may be associated with factors that interfere with deriving benefit from affiliation. With the generous support of the Student COVID-19 Research Grant from the CPA Clinical Section, we collected data in June 2021 for a pre-registered, one-year follow-up study to test hypotheses that higher SA blocks access to social reward from affiliation due to: a) increased use of social safety behaviors in online contexts, b) exclusive affiliation during the pandemic with social partners perceived as “safe,” and c) decreased use of effective interpersonal emotion regulation strategies within the COVID context. Of the 488 participants who completed the first study in May 2020, 198 completed the follow-up study in June 2021. We additionally recruited a new sample of 291 North American Prolific participants to further test these hypotheses, and data analyses are currently underway. Exploratory analyses on changes in social anxiety and various outcomes over time will also be conducted. Data collected on participants’ current COVID-related stressors, vaccination status, and in-person affiliative behaviors will capture the impact of SA on interpersonal adjustment as social restrictions ease.

Ho, J. T. K., & Moscovitch, D. A. (2021). The moderating effects of reported pre-pandemic social anxiety, symptom impairment, and current stressors on mental health and affiliative adjustment during the first wave of the covid-19 pandemic. *Anxiety, Stress & Coping: An International Journal*. Advance online publication.
<https://doi.org/10.1080/10615806.2021.1946518>



Perinatal Anxiety and Psychological Service Use in the Context of the COVID-19 Pandemic

Sarah Petty, MA, Ph.D. Candidate
University of Manitoba



CPA's Clinical Section COVID-19 Student Research Grant supported my Doctoral dissertation, "Perinatal Anxiety and Psychological Service Use in the Context of the COVID-19 Pandemic". Perinatal anxiety is a form of distress experienced by women in the perinatal period, which spans from pregnancy to 12-months postpartum (Gaynes et al., 2005). A recent Canadian study found that between 15.8-17.1% of perinatal people reported symptoms of anxiety during pregnancy and postpartum (Fairbrother et al., 2016). Perinatal anxiety has been described as a significant public health concern by the World Health Organization and is associated with many adverse outcomes for both the parent and the developing fetus/infant (Goodman et al., 2016; WHO, 2008; 2014). Without treatment, perinatal anxiety can persist in the early periods of parenting and beyond (Giallo et al., 2015). While effective psychological treatment is available, help-seeking rates during the perinatal period are low, with only 10-20% of perinatal people with anxiety seeking psychological treatment (Fonseca et al., 2015). The COVID-19 pandemic has had a profound impact on mental health for the general population, with specific concerns for the perinatal population. Perinatal people were impacted by worries about the developing fetus/infant contracting COVID-19, changes in procedures for medical appointments as well as for labor and delivery and reduced social support due to social distancing restrictions related to the COVID-19 pandemic. Our research aimed to a) better understand the experience of perinatal anxiety, including onset, themes of worry, and comorbidities, b) explore the journey of help-seeking for perinatal anxiety, and c) recognize the impact of COVID-19 on the experience of perinatal anxiety, and on the help-seeking journey. Participants ($n = 17$) were recruited from a local hospital-based anxiety disorders clinic in Winnipeg, Manitoba. I met virtually on Zoom Professional with recruited participants to administer the Mini-International Neuropsychiatric Interview (M.I.N.I.; Sheehan et al., 1998) to assess anxiety symptoms and comorbid disorders. During a second virtual meeting, a qualitative interview was administered focusing on the experience of perinatal anxiety, the help-seeking journey, and the impact of COVID-19 on these experiences. Interviews were audio-recorded, transcribed verbatim, and analyzed following protocols set forth by Grounded Theory methodology (Charmaz, 2006). My research collaborators included Dr. Kristin Reynolds, Dr. Patricia Furer, Dr. Gillian Alcolado, Dr. Jen Theule, Dr. Beverley Fehr, and Ms. Megan Gornik. I will be presenting my research findings at CPA's annual convention in Calgary, 2022. Thank you very much to CPA's Clinical Section for the support that allowed me to conduct this research, I am very grateful.



Mental Health Impact of the COVID-19 Pandemic

Jordana Sommer, MA, Ph.D. Candidate
University of Manitoba

An abundance of research has been establishing the adverse mental health impacts of the COVID-19 pandemic. Studies have examined general population samples, as well as several particular sub-groups who may experience unique mental health impacts of the pandemic (e.g., frontline and essential workers, older adults, medically vulnerable and immunocompromised individuals, parents, perinatal samples); this may be due to increased risk of contracting COVID-19, more severe consequences and/or symptoms, or being faced with unique stressors from pandemic-related changes. Individuals who have been exposed to potentially traumatic events may represent another important sub-group that may experience differential impacts of the pandemic. Both those who have experienced prior trauma and those exposed to new potentially traumatic events since the onset of the pandemic may experience elevations in stress, anxiety, depression, and traumatic stress, perhaps due to the impacts that the pandemic has had on methods of seeking support and coping (e.g., due to lockdowns, social distancing mandates, quarantine, capacity restrictions), or due to the compounded impacts of trauma and pandemic-related stressors and changes. The primary aim of this study is to examine the mental health profiles of individuals exposed to potentially traumatic events, using structured clinical interviews and longitudinal self-report survey data.

Participants were screened from a larger sample participating in COVID Survey Canada, a large online longitudinal survey, which gathered data at baseline (May-July 2020), 6 months (November 2020-January 2021), and 1 year follow-up (May-July, 2021). Participants were eligible if they met criteria for subthreshold posttraumatic stress disorder (PTSD) at the survey 6-month follow-up (according to the PTSD Checklist for DSM-5 [PCL-5]) and indicated that they would be interested in being contacted about future research. A sub-sample of 10 participants meeting inclusion criteria agreed to participate. Participants completed two semi-structured clinical interviews (Mini International Neuropsychiatric Interview [MINI 7.0.2] and the Clinician-Administered PTSD Scale for DSM-5 [CAPS-5]) either over the phone or via zoom and provided consent for their responses to be linked to their longitudinal COVID Survey Canada data.

The sample was comprised primarily of those identifying as female (90%), White, (90%), and married/common-law (60.0%), who were ages 30-49 (40%) or 50+ (40.0%). Several index traumas involved a personal or loved-one's serious illness or injury and the death of a loved one, whether due to COVID-19 or other illness. Overall, 60% screened positive for PTSD

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Jordana Sommer, MA, Ph.D. Candidate

traumas involved a personal or loved-one's serious illness or injury and the death of a loved one, whether due to COVID-19 or other illness. Overall, 60% screened positive for PTSD during their 'worst month' according to the CAPS-5, and 60% also screened positive for 2 or more comorbid mental health conditions according to the MINI. The most common positive screens for comorbidities included lifetime major depressive episode (70%), lifetime panic disorder (40%), current major depressive episode (30%), and current generalized anxiety disorder (30%). Through the open-ended survey responses, participants reported experiencing current stress due to the health risks and impacts of the pandemic, impacts on relationships, and impacts on work and finances. Common coping strategies described included behavioural changes (e.g., unhealthy eating habits, increases in exercise), distraction, and seeking support. Participants also commented on positive impacts or silver linings of the pandemic, such as enhanced relationships and personal and lifestyle changes, among others, though some noted they could not identify any positive impacts. Taken together, results provide a preliminary overview of the COVID-19 mental health profiles of individuals with a prior history or new experience of trauma exposure. Future research is warranted to examine the mental health impacts of the pandemic among this sub-group in a larger sample.

Interested in supporting fellow CPA members' research projects or recruiting for your research project?

The CPA Recruit Participants Research Portal (R2P2) provides a listing of current active research projects that are currently recruiting participants. For further information please see: <https://cpa.ca/science/r2p2/>

Book Release: *How to Have Fun While Promoting Child Mental Health Virtually* Laura Lynne Armstrong, Ph.D., C.Psych.



Written by: Dr. Laura Lynne Armstrong, C.Psych.

Dr. Laura Armstrong, a clinical psychologist and Associate Professor at Saint Paul University in Ottawa, recently published a book of hands-on activities for fun, engaging virtual therapy with children. Adaptations for family therapy and classrooms are also included. This book is a collection of brief, practical, virtual psychotherapy and educational classroom games and exercises. These activities are for use by clinicians and teachers during the COVID-19 pandemic and beyond.

The virtual exercises in Dr. Armstrong's book are designed to foster physical, spiritual, and emotional well-being in children, adolescents, and families. These evidence-based approaches are presented by psychologists, psychotherapists, and clinician-scientists from a unique variety of theoretical frameworks, including Second Wave Positive Psychology, Cognitive Behavioural Therapy, Satirian Family Therapy, Acceptance and Commitment Therapy, Logotherapy, and Emotion-Focused Therapy. This collection features contributions by Drs. Maria and Edward Marshall, co-directors of the Ottawa Institute of Logotherapy, and Drs. Paul and Lilian Wong, co-directors of the Meaning-Centered Counselling Institute, as well as several other psychologists and psychotherapists.

Several of the initial activities on the book are virtual therapy adaptations (for children, adolescents, or families) of classroom activities. These activities come from Dr. Armstrong's school-based mental health promotion program for children ages 6 to 12, called D.R.E.A.M. – Developing Resilience through Emotions, Attitudes, and Meaning. The D.R.E.A.M. Program uses a Second Wave Positive Psychology framework to successfully promote mental health and meaning mindset: Agency over thoughts and behaviours, social-emotional literacy, meaning in daily life and meaningful engagement, openness to experience and to learning, positive self-concept, and hope for the future. This bilingual program was developed collaboratively with mental health professionals, four school board psychology teams, parents, children, teachers, as well as music and media experts. This SSHRC-funded program uses hands-on activities, original professionally recorded songs, and video "Magic Mirror" episodes to teach children skills. It is a selection of the hands-on activities components from D.R.E.A.M. that appear in this book, along with the contributions by other professionals.

This book is available through Amazon:

<https://www.amazon.ca/While-Promoting-Mental-Health-Virtually/dp/B08WYDVM8J>

Book Review: *CBT Made Simple, Second Edition* Nina Josefowitz, Ph.D., and David Myran, MD



Reviewed by: Maria McParland, MA student in Psychology, Laurentian University

Cognitive Behavior Therapy (CBT) has emerged as a first-choice intervention for treating anxiety disorders, depression, and other mental health conditions. The rising popularity and practice of CBT, along with the growing incorporation of mindfulness-based components, have called for a practical and comprehensive guide to understanding and applying this important form of therapy. The second edition of *CBT Made Simple*, by Dr. Nina Josefowitz and Dr. David Myran, flawlessly fits the bill. This updated guide retains the first edition's immersive and evidence-based approach to CBT, with useful and timely additions on how to use mindfulness and work with a client's underlying beliefs.

Part One of this book covers the foundation of CBT in chapters one through four. The authors first familiarize readers with CBT theory and the importance of the four-factor model of thoughts, feelings, physical reactions, and behavior in maintaining a client's problems. The focus then shifts to how to connect with the client and understand their strengths, stressors, and psychosocial history, before covering how to introduce the client to CBT and the four-factor model. Josefowitz and Myran also discuss how the therapist and client can work together to set specific and measurable goals for therapy, and how to optimally structure therapy sessions.

Part Two delves deeper into working with and understanding the client's problems, beginning with an exploration of how to help the client first identify their triggers and resultant feelings, physical reactions, and behavior in chapter five. The authors recognize that thoughts can be more difficult for clients to detect, and so they focus chapters six and seven on how to help the client identify and then work on their "hot thoughts."

With both the therapist and client having a better understanding of the client's problems, Part Three effectively explores cognitive and behavioral interventions in chapters eight through eleven. Here Josefowitz and Myran explain how to help clients create balanced thoughts, use problem-solving and coping thoughts, engage in behavioral activation, and undergo exposure therapy. In working with all these interventions, the authors emphasize and demonstrate the importance of the client being involved in the decision-making process.

The final two parts in this book are valuable new additions to this second installment of *CBT Made Simple*. Part Four introduces readers to how to work with the client's core beliefs and underlying assumptions—the elements that comprise underlying beliefs. The book then closes with a thoughtful summary of the guidelines on how to treat depression and anxiety in-session. To further inform readers when and how the various interventions covered in this guide might be used, a helpful session-by-session breakdown is included for the two clinical cases that are incorporated throughout the book.

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Book Review: *CBT Made Simple, Second Edition*
Nina Josefowitz, Ph.D., and David Myran, MD



CBT Made Simple is a user-friendly guide to CBT with a clear voice and an engaging style. The authors successfully encourage reconsolidation of the book's content through repetition and practice using an array of methods. For instance, each chapter effectively emulates a therapy session, including check-ins and homework reviews, setting and working an agenda, and reviewing and assigning homework that encourages the reader to apply CBT principles to their own life. Also included are guided client-therapist dialogues, numerous examples, mindfulness applications, therapist question prompts, and "Your Turn!" exercises with solutions in the Appendix. Within each chapter, readers are also directed toward many enriching online resources, including practice exercises with guided solutions, therapy session videos, "Practice in Your Imagination" audio files, and incredibly useful handouts and worksheets to use in therapy. These resources can be downloaded from <https://www.newharbinger.com/9781684034550/#nh-book-accessories>

Lastly, this guidebook is suitable for a variety of individuals. Clinical psychologists, therapists, other mental health professionals, and students with varying degrees of experience using CBT, can benefit from this pragmatic and resource-rich manual. The authors "wrote this book to encourage [readers] to try using CBT in [their] own therapy practice as well as [their] own life." By engaging in all aspects of this guide, each reader has the opportunity to experience firsthand the tangible impact that CBT can have in one's everyday life. This ultimately makes the second edition of *CBT Made Simple* ideal for professionals, students, and anyone who desires to become better equipped in how to use the principles of CBT to help clients and/or oneself make positive life changes.