

# Conference Program

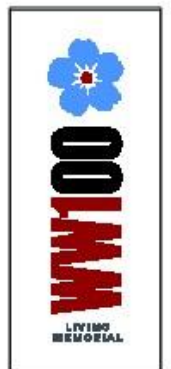


**PTSD**

Causes  
Consequences  
Responses

Multidisciplinary Conference

July 31 – August 2, 2016



*SafetyNet*

Centre for Occupational Health & Safety Research





## Multidisciplinary Conference 2016

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## Welcome

The inspiration for this conference came from Memorial University's WW100 Commemoration Program in recognition of the 100th anniversary of the First World War.

One hundred years after that war, the complex challenges associated with Post-Traumatic Stress Disorder (PTSD) are still being faced daily, not only by veterans who have experienced the trauma of military service, but also by people in diverse occupational settings whose employees are exposed to threats to their physical or emotional safety.

Organized by the SafetyNet Centre for Occupational Health and Safety Research, this conference brings together researchers from a variety of universities and disciplines, a range of community partners, experts, stakeholders, and members of the public with expertise and interest in issues related to the complex realities of PTSD. With a focus on the history, epidemiology, causation, cultural reflections, personal and societal impacts, treatment, and prevention of PTSD, this conference features distinguished keynote and plenary speakers, panel discussions about key issues, workshops, and poster sessions.

We welcome your contribution to this important conversation.

*The Conference Organizing Group*

# Our Sponsors

This conference received generous support from Memorial University's WW100 Commemoration Program, the Office of the Vice-President (Research), the Faculty of Humanities and Social Sciences, the Department of Sociology, and the sponsors listed below.

## Gold Sponsor



## Silver Sponsor



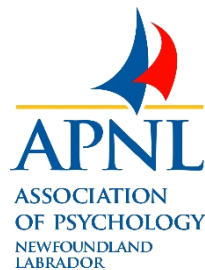
Newfoundland and Labrador Association of Public and Private Employees

## Bronze Sponsors



Mental Health  
Commission  
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du Canada



# Thanks

For their energetic and thoughtful work in support of this conference, the Conference Organizing Group is especially grateful to three members of the staff of SafetyNet: Angela Drake, Amanda Butt, and Elizabeth Andres, and to Rochelle Baker of the NL Centre for Applied Health Research.

We also thank the members of the **PTSD Conference Advisory Committee:**

**Alice Aiken** Associate Professor, Rehabilitation Therapy, Queen’s University and Scientific Director of the Canadian Institute for Military and Veteran Health Research; **Colin Campbell** PhD Student, English, Memorial University; **Michael Clinchy** Research Scientist, Biology, University of Victoria; **Peter Cornish** University Counselling Centre, Memorial University; **Heidi Cramm** Assistant Professor, Rehabilitation Therapy, Queen’s University; Head, Knowledge Translation Canadian Institute for Military and Veteran Health Research; **Thomas Crosbie** Postdoctoral Research Fellow, Center for Research on Military Organization, Department of Sociology, University of Maryland, College Park; **Rhonda Harte-Pittman** I/C Occupational Health Services Unit, Occupational Health Nurse, "B" Division, RCMP; **John Heffernan** Provincial Coordinator, NL Wounded Warriors of Canada; **Marina Hewlett** Registered Psychologist and EMDR Therapist, Royal Canadian Mounted Police; **Laura Huey**, Associate Professor, Sociology, University of Western Ontario; **Mike McDonald** Family Medicine Resident, Memorial University; **Shree Mulay** Associate Dean and Professor, Community Health and Humanities, Memorial University; **Inspector Shawn O’Reilly** Royal Newfoundland Constabulary; **Nicole Power** Associate Professor, Sociology, Memorial University; **Nora Spinks** Executive Director, Vanier Institute of the Family; **Jesse Whiteman** PhD Candidate, Psychology; **Russell Wangersky** author and journalist, TransContinental Media; **Liana Zanette** Associate Professor, Biology, University of Western Ontario.

# Conference Organizing Group



**Dr. Stephen Bornstein**  
Professor, Medicine and Political Science, Memorial University  
Co-Director, SafetyNet  
Director, NL Centre for Applied Health Research



**Dr. Rose Ricciardelli**  
Assistant Professor,  
Sociology (Criminology)  
Memorial University



**Mr. William C. Malone, CFE**  
Director of Global Risk Services,  
McManis & Monsalve  
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**Dr. Jacqueline Blundell**  
Assistant Professor,  
Psychology  
Memorial University



**Dr. Alan Hall**  
Sociology (Police Studies)  
Director, Master of Employment  
Relations Program  
Memorial University



**Dr. Gail Wideman**  
Assistant Professor,  
Social Work  
Memorial University



**Dr. Sean Cadigan**  
Associate Vice-President  
(Academic)  
Professor, History  
Memorial University



**Ms. Lori Frances Clarke**  
Interdisciplinary PhD  
Graduate Student at  
Memorial University,  
artist and researcher

# Information *for* Participants & Presenters

## Oral Presentations

In order to run the sessions as efficiently as possible, we have provided two opportunities for presenters to submit their presentations in advance.

- You can submit files online at: <http://www.ptsdconference.mun.ca/news.php?id=7627> or
- You can bring electronic files to the Conference Information Desk, 1st Floor Atrium, Bruneau Centre where someone will transfer them onto our system.

## Poster Presentations

A dedicated poster session has been scheduled for Sunday, July 31, 2016 from 5:30 pm to 7:00 pm to provide participants with an opportunity to visit the displays. Presenters are expected to be at their displays at all times during the poster session to respond to questions. All poster exhibitors will be responsible for setting up their own posters before 8:00 am and taking them down after the poster reception ends at 7:00pm. The Bruneau Centre will be open at 7:00 am on Sunday morning for set-up.

## Registration

Registration is open daily in the 1st Floor Atrium, Bruneau Centre.

Sunday, July 31, 2016	8:00 am – 7:00 pm
Monday, August 1, 2016	8:00 am – 5:00 pm
Tuesday, August 2, 2016	8:00 am – 10:00 am

## Information

The Conference Information Desk is located on the 1st Floor Atrium of the Bruneau Centre. Please see our staff for any queries you may have regarding the conference and the city. The staff can assist you with making reservations for dining and leisure activities. Telephone for the Conference Information Desk: (709) 325-0180

## Badge

Admission to all conference activities is by name badge; be sure to wear your badge at all times.

## Messages

There is a message board located at the Conference Information Desk.

## Smoking Policy

All public buildings in Newfoundland and Labrador are designated non-smoking. Smoking is also prohibited on the grounds of Memorial University.

## Emergency Telephone Numbers

Campus Security: (709) 864-8561	University Counselling Centre: (709) 864-8874
24-hour Mental Health Crisis Line: 1-888-737-4668	Emergency on Campus (709) 864-4100
Emergency (Police/Fire/Ambulance): 911	Conference Information Desk: (709) 325-0180
Conference Coordinator: (709) 730-1307	



July 31

Sunday

# Featured Speakers: Sunday, July 31

*(in order of appearance)*



## Rakesh Jetly

Senior Psychiatrist, Canadian Armed Forces  
Sunday, July 31, 2016, 9:00 am, IIC2001, Bruneau Centre

*Colonel/Dr. Rakesh Jetly is a senior psychiatrist with the Canadian Armed Forces and mental health adviser to the Surgeon General. He has published numerous articles and presented nationally and internationally on posttraumatic stress disorder, operational psychiatry, and mental illness in the workplace.*

### *PTSD: What have we learned 100 years after the war to end all wars?*

After a decade of war and 100 years after "the war to end all wars," it seems an appropriate time to explore psychological trauma through the lens of military advances. From the trenches of Belgium to the poppy fields of Kandahar, Canadian soldiers have been exposed to traumatic stressors that can overwhelm even the most prepared soldier. Rakesh Jetly will review the approach, then and now, that leaders and medical personnel have taken to address the mental health burden of war. Lessons learned will be discussed. The talk will close with a review of current scientific understanding of PTSD, treatment approaches, research, and future directions.



## Michael Clinchy

Research Scientist, Biology, University of Western Ontario  
Sunday, July 31, 2016, 1:00 pm, SN2109

*Dr. Michael Clinchy is one of the world's leading experts on the 'ecology of fear'. The research group he and Professor Liana Zanette supervise at the University of Western Ontario has conducted elegant experiments and published in top journals such as Science and Nature Communications, demonstrating that the fear of predators can have numerous adverse effects*

*on animals in the wild: having long-lasting effects on the brain; causing chronic stress; and reducing the number of young reared by more than half. These are significant costs that are nonetheless better than the alternative – actually falling victim to a predator.*

### *The Evolution of PTSD and its Potentially Adaptive Benefits*

For obvious ethical reasons, it is not possible to experimentally test what causes PTSD in humans, which is why biomedical researchers conduct laboratory experiments on rats and mice. In the 1990s, researchers at Memorial University pioneered exposing rats and mice to a predator (a cat) to simulate the kind of life-threatening trauma associated with PTSD in the military. At the same time, ecologists began recognizing that the fear of predators can have such profound effects on prey behavior that it can dramatically impair the prey's reproduction. This is largely the result of prey becoming so hypervigilant they are unable to adequately search for food, and they avoid feeding where they are at risk of being

attacked. The adaptive benefit, in Darwinian terms, is that wary prey stay alive to reproduce another day. Dr. Clinchy will discuss how PTSD may be a human manifestation of the same evolutionary imperative to avoid being killed by predators.



## Terri Aversa

Health and Safety Officer, Ontario Public Service Employees' Union  
Sunday, July 31, 2016, 1:00 pm, IIC 2001, Bruneau Centre

*Theresa (Terri) Aversa works as a Health and Safety Officer at the Ontario Public Service Employees Union (OPSEU). Her role includes providing health and safety assistance and advice to OPSEU's 130,000 members and participating with other stakeholders to improve workplace health and safety in Ontario. Terri was involved in developing the 2012 Mental Injury Tool Kit, a resource tool developed by unions, workers, and organizations to identify and address organizational factors that may cause or contribute to undiagnosed or diagnosed mental distress for workers. Terri works with OPSEU members to use the kit to take action and make changes to reduce worker exposure to psychosocial hazards in the workplace. Terri completed her Master's in McMaster University's Work & Society program.*

### *Responding to PTSD by supporting first responders and other front-line workers*

Terri will discuss Ontario's new PTSD presumption legislation, where, as of April 6, 2016, post-traumatic stress disorder is considered a work-related illness for first responders. OPSEU, along with other unions in Ontario, called upon the government to include healthcare workers, probation and parole officers, workers in child protection, and other front-line workers who are exposed to trauma on the job. Terri will share highlights from a session held by the National Union of Public and General Employees (NUPGE); where component unions discussed PTSD legislation across Canada and its effects. Workers are concerned about the cumulative trauma they face in daily exposures to the horrible sights and heartbreaking life events in their clients' or patients' lives. Another issue is that PTSD is but one diagnosed outcome of trauma. Securing recognition for other conditions such as anxiety disorders, depression, and alcohol and drug addiction remains fraught with difficulty. Furthermore, preventative interventions and care should not be overlooked. A variety of studies with paramedics state that for every person diagnosed with PTSD, two more have symptoms but lack the full diagnosis. OPSEU, and other Ontario unions, continue to lobby for more coverage and more prevention, and are developing additional strategies to secure pre and post PTSD protection for other front-line workers.

# Conference Schedule: Sunday, July 31

## MORNING SESSIONS

SUNDAY, JULY 31

<b>08:00 - 09:00</b>	<b>Registration and Breakfast   Bruneau Centre Lobby</b>			
<b>09:00 - 10:00</b>	<b>IIC 2001   Welcome Noreen Golfman</b> Provost and Vice-President Academic, Memorial University <b>Featured Speaker Rakesh Jetly</b> Senior Psychiatrist, Canadian Armed Forces <i>PTSD: What Have We Learned 100 Years After the War to End All Wars?</i>			
<b>15 min</b>	<b>Break</b>			
<b>10:15 - 11:45</b>	<b>Panel 1   SN 2908</b> <b>Condensed Models of Exposure-Based Treatment</b>  <b>Joel Foster, Marlin Moore, J. Cigrang:</b> <i>Condensed PTSD Treatment</i>  <b>Kathleen Decker:</b> <i>Treatment of Combat PTSD with Virtual Reality-Case Series of Complex PTSD</i>	<b>Panel 2   SN 2101</b> <b>Paradigms &amp; Policy</b>  <b>Brenda LeFrançois:</b> <i>Post-Traumatic Stress Response: Medical or Political?</i>  <b>Gerald Young:</b> <i>The Symptoms, Dimensions, and Causes of PTSD: Implications for Practice and Court</i>  <b>Christopher Smith:</b> <i>Blunt Force Impact Trauma: (Re-) Tracing the Succession of Popular and Professional Paradigm Shifts in the Historical Understanding of Extreme Experience, from 'Shell Shock' to 'PTSD'</i>	<b>Panel 3   SN 2105</b> <b>Occupational Health and Safety</b>  <b>Nick Carleton:</b> <i>Operational Stress Injuries: Considerations for Public Safety Personnel</i>  <b>Heidi Cramm, Linna Tam-Seto, Alyson Mahar, Katie Fortuna, Katerina Repas-Rindlisbacher, Paula Campbell, Gowshia:</b> <i>Understanding posttraumatic stress disorder among firefighters: A scoping review</i>  <b>Alex Forrest:</b> <i>Presumptive Legislation Coverage for PTSD, a Discussion of Manitoba's New Legislation</i>  <b>Doug Cadigan:</b> <i>IAAF IAFC Wellness-Fitness Initiative and Behavioral Health: Explanation, History, Implementation in the SJRFD</i>	<b>Workshop 1   SN 2025</b> <b>Packing your Carry-On: Essential Tools for Understanding and Managing PTSD</b>  <b>Sharon Meredith</b> <b>Brittany Meredith</b> <i>This is a practical presentation designed to help people gain a better understanding of post-traumatic stress and to acquire practical self-help tools to both understand and manage their PTSD.</i>
<b>11:45-13:00</b>	<b>Lunch Break</b>			

**AFTERNOON SESSIONS**

**SUNDAY, JULY 31**

<b>13:00-14:00</b>	<b>IIC 2001   Featured Speaker Terri Aversa</b> Health & Safety, Ontario Public Service Employees' Union <i>Responding to PTSD by supporting first responders and other front-line workers</i>	<b>SN 2109   Featured Speaker Michael Clinchy</b> Department of Biology, University of Western Ontario <i>The Evolution of PTSD and its Potentially Adaptive Benefits</i>
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<b>15 min</b>	<b>Break</b>		
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<b>14:15-15:45</b>	Panel 4   SN2098 <b>PTSD: Policing and Corrections</b> <b>Adrienne Peters:</b> <i>Post-Traumatic Stress Disorder among youth probationers in British Columbia: Prevalence, offence profiles, and implications for probation practice</i>  <b>Daniella Simas-Medeiros, Hayley Crichton, Rose Ricciardelli:</b> <i>Canadian Provincial Correctional Officers and Experiences of Post-Traumatic Stress Disorder</i>  <b>James Liles, Dale Spencer:</b> <i>"It's pretty brutal, but we'll keep doing what we're doing": Examining the impact of policing culture on the mental wellness of Canadian police officers</i>  <b>Amy Sheppard, Karen Pennell:</b> <i>The need for trauma work with female offenders and prison staff</i>	Panel 5   SN 2101 <b>Effectiveness of PTSD Treatments</b> <b>Sarah Chaulk:</b> <i>Preliminary Findings on the Effectiveness of Group-Based Cognitive Processing Therapy for PTSD: Outcomes, Client Satisfaction, and Group Cohesion</i>  <b>Marney Riendeau, Melissa Stewart, Pia Barnes, Gabrielle Curley, Alanna Hager:</b> <i>Investigating the Effectiveness of a Pre-Treatment Education Series in the Management of PTSD and Related Mental Health Conditions in an Operational Stress Injury Treatment Setting</i>  <b>Grace Ewles, Peter Hausdorf:</b> <i>Investigating the Role of Social Support in Policing</i>	Panel 6   SN2105 <b>First Nations Mental Wellness</b>  <b>Kassandra Woods, Carol Hopkins, Brenda Restoule, Patricia Wiebe, Judy Whiteduck:</b> <i>First Nations Mental Wellness Continuum Framework</i>  <b>Suzanne Barry-Kroening:</b> <i>Newfoundland Aboriginal Women's Network: PTSD-Healing Through Culture and Therapy</i>	Roundtable 1   SN 2018 <b>We Stand On Guard: Building Military and Veteran-Friendly Communities</b> <b>Gail Wideman, Harold Jones, Alan Horwood, Eli Rowsell, Nadine DeBlois, Derek Spracklin</b>  <i>Today, more than ever before, Canadian Armed Forces families are living in civilian communities; a shift that has substantially altered their access to the networks of support associated with shared experiences of deployment and other challenges of military life. This roundtable will describe the efforts of an alliance of civilian and CAF providers of health and social services, to develop collaborations and capacity across sectors and institutions. A 'Military and Veteran Friendly' community can help enhance resilience, strength and well-being for families experiencing the impacts of CAF service members' post – traumatic stress injuries.</i>
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<b>15 min</b>	<b>Break</b>		
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LATE AFTERNOON/ EVENING			SUNDAY, JULY 31
<p><b>16:00 – 17:30</b></p>	<p>Panel 7   SN 2098 <b>Neuro Mechanisms &amp; PTSD I</b> <b>Francis Bambico:</b> <i>Brain Cannabinoids in PTSD and Depression</i></p> <p><b>Phillip MacCallum:</b> <i>Mechanistic Target of Rapamycin-Dependent Translational Regulation in Fear Memory Consolidation and Reconsolidation</i></p> <p><b>Arun Asok, Jeffrey Rosen, Jay Schulkin:</b> <i>A Neural Pathway that Gates the Expression of Short and Long-Lasting Fears</i></p>	<p>Panel 8   SN 2101 <b>Critical Perspectives in PTSD</b> <b>Christiana MacDougall Fleming:</b> <i>A Social Work Exploration of Trauma and Distress in Childbirth</i></p> <p><b>Sobia Shaheen Shaikh, Brenda LeFrançois:</b> <i>Trauma, risk and harm of racialized children who witness violence against their mothers: Towards an anti-sanist antiracist feminist analysis of PTSD</i></p> <p><b>TJ Jones:</b> <i>The Surface of Things: Looking at the stigmatization of the relationships between PTSD, sex assault, and drug addiction</i></p>	<p>Panel 9  SN 2105 <b>Addressing PTSD in Canadian Armed Forces</b> <b>Lyn Kingsley, Susan Dowler:</b> <i>Best Practices in Diagnosis and Treatment of PTSD in the CAF</i> <b>Suzanne Bailey:</b> <i>Road to Mental Readiness: The Who, What, When, Where, and Why of Mental Health Awareness and Prevention</i></p> <p><b>Bryan Garber:</b> <i>On the Other Side of Kandahar: What we know about the epidemiology of PTSD and Mental Health in the Canadian Armed Forces</i></p> <p><b>Rakesh Jetly:</b> <i>Discussant</i></p>
<p><b>17:30-19:00</b></p>	<p><b>POSTERS, EXHIBITOR BOOTHS, AND RECEPTION   Bruneau Centre Lobby</b></p>		

AUGUST 1

Monday

# Featured Speakers: Monday, August 1

(in order of appearance)



## Allan Young

Professor, Departments of Social Studies of Medicine, Anthropology, and Psychiatry, Division of Social and Transcultural Psychiatry, McGill University  
Monday, August 1, 2016, 9:00 am, SN2109

*Allan Young received his graduate training at the University of Pennsylvania and has studied traditional medical practices in Ethiopia and Nepal. Dr. Young conducted ethnographic research on PTSD in a psychiatric inpatient unit in the United States for two years. Dr. Young's current research interests are culture and somatization, the ethnography of post-traumatic stress disorder, and anthropology of psychiatry.*

### *A Psychiatric Mystery Story with Alternative Solutions*

A largely undetected epidemic that appears to have begun around the year 2000 now affects a quarter of a million American war veterans. Two solutions have been suggested: a familiar solution is based on self-interest and a categorical conception of traumatic memory; an alternative solution is proposed, based on an emerging neuroscience conception of the human brain and memory.



## David Diamond

Director, Center for Preclinical and Clinical Research on PTSD; Research and Development, Tampa VA Hospital; Departments of Psychology, Molecular Biology and Physiology, University of South Florida, Tampa, Florida  
Monday, August 1, 2016, 9:00 am, IIC 2001, Bruneau Centre

*David Diamond received his Ph.D. in Biology (specializing in Cognitive and Neural Sciences) from the University of California. He is currently a professor with the Department of Psychology at the University of South Florida and a career scientist at the Tampa Veterans Affairs Hospital. His major research interests are the neurobiology of learning and memory, the influence of stress on brain and behavior, the animal model of PTSD, the*

*neurobiology of "Forgotten Baby Syndrome", and nutrition and health.*

### *Beneath the Surface of the PTSD Iceberg: Evolutionary, Neurobiological and Physiological Perspectives on PTSD*

Post-traumatic stress disorder (PTSD) may be considered the most straightforward, and yet most complex, of all psychiatric disorders. That is, PTSD is a unique mental disorder in that its etiological trigger is an event or events that are deemed so horrific that a healthy person can be transformed into one with personality, cognitive, neurobiological and hormonal abnormalities. Thus, the pathogen in PTSD is not a microorganism, nor is it caused by structural damage, rogue proteins or a genetic

mutation; rather, PTSD develops as a consequence of one's perception of an event as horrific, and the memory of that experience is so intense and intrusive that it attains pathological status in a subset of traumatized people. Dr. Diamond will provide a broad perspective on the complexity of PTSD, with discussion of the interaction of evolutionary, psychological and biological factors that address why only a subset of traumatized individuals develops PTSD. He will suggest that the misery underlying PTSD symptoms is the cost of inheriting an evolutionarily primitive mechanism which considers survival, via hypervigilance and trauma memory intensification and persistence to be a more important goal than the quality of one's life. In this context, he will propose that a full recovery of brain function and remittance of symptoms can be accomplished with non-pharmacological therapy that targets the memory processes that have gone awry in an individual with PTSD.



## **Louise Bradley**

President and Chief Executive Officer, Mental Health Commission of Canada  
Monday, August 1, 2016, 1:00 pm, IIC 2001, Bruneau Centre

*A proud Newfoundlander, Louise started her career as a registered nurse in Corner Brook, Newfoundland, where she discovered an immediate passion for mental health. Louise's work has taken her across the country, where she has held a range of positions across the health sector. From front-line nursing, to forensic and corrections care, to research, teaching, and large-scale hospital administration, Louise has seen mental health issues on the ground and at the highest administrative level. Louise became President and CEO of the Mental Health Commission of Canada in 2010, after serving as Senior Operating Officer for the University of Alberta Hospital, one of Canada's leading clinical, research and teaching hospitals.*

### *PTSD Within the Broader Mental Health Dialogue*

In her years of work, Louise has heard from hundreds of Canadians living with mental health problems and illnesses. Their stories are her inspiration to spark leading and lasting change for mental health care in Canada. Louise will speak briefly about her work in mental health care and introduce Roger Brown.



## **Roger Brown**

Assistant Commissioner (ret'd), New Brunswick RCMP  
Monday, August 1, 2016, 1:15 pm, IIC 2001, Bruneau Centre

*Roger Brown is the former Commanding Officer of the RCMP in New Brunswick. Assistant Commissioner Brown has had a 36-year career with the RCMP, where he was the commanding officer for J Division (New Brunswick) from 2013 – 2016, after being transferred from Regina, where he served as the commanding officer of the RCMP Academy (Depot Division).*

### *Resiliency: Policing Without Defeat*

In his last posting with the RCMP in New Brunswick, Assistant Commissioner Brown dealt with several major incidents including the shale gas protests near Rexton and the murders of three members of the Codiac detachment in Moncton. In an article written on the occasion of Brown's retirement, Kevin Bisset, Canadian Press, wrote:

*The last three years of his career have been more challenging and emotionally draining than anyone could have predicted, but the commanding officer of the RCMP in New Brunswick says he'll walk away with no regrets. RCMP Assistant Commissioner Roger Brown will retire Saturday after a 36-year career that has taken him from his hometown in Newfoundland to ventures from coast to coast.*

*Brown first requested a post in New Brunswick when he joined the force more than three decades ago. When he finally got his wish, it proved to be a tumultuous posting that included the event he describes as the low point of his career ... the day a gunman in Moncton shot and killed three RCMP constables and wounded two others, leading police on a tense 30-hour manhunt that paralyzed the city. "From my perspective, in a situation like that we have to be allowed to be who we are. For me, it was emotionally draining, seeing three families whose lives changed forever. It hurt. It still does," he said.*

SOURCE: <http://www.ctvnews.ca/canada/rcmp-commander-retires-after-tragic-and-emotional-post-in-new-brunswick-1.2929691>

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## Keynote Speaker: Monday, August 1



### Amanda Lindhout

Author, Journalist, Humanitarian, Kidnap Survivor  
Monday, August 1, 2016, 7:30 pm, IIC2001, Bruneau Centre

*Amanda Lindhout is a New York Times bestselling author, speaker and journalist. Her multiple award-winning memoir, *A House in the Sky*, has been on the *Globe and Mail* top ten list for over two years.*

### *Freedom in Forgiveness*

As a child, Amanda Lindhout escaped a violent household by leafing through the pages of National Geographic magazine, imagining herself in exotic locales. At the age of nineteen, she began her travels. Aspiring to better understand the world, she backpacked through Latin America and through Laos. In war-ridden Afghanistan and Iraq, she carved out a fledgling career as a television reporter. As a journalist, in August 2008, she travelled to Somalia –“the most dangerous place on earth.”

On her fourth day in Somalia, Amanda Lindhout was abducted by a group of masked men.

Held hostage for 460 days, Amanda received “wife lessons” from one of her captors and risked a daring escape. Moved between a series of abandoned houses in the desert, she survived on her memories—every lush detail of the world she experienced in her life before captivity—and on strategy, fortitude, and hope. At her most desperate, she escaped by imagining herself in a house in the sky, leaving behind the woman in chains, in the dark, being tortured.

Vivid and suspenseful, Amanda’s tale evolves as a young woman’s search for compassion in the face of unimaginable adversity. A captivating and unforgettable speaker, Lindhout brings her audience to a fuller understanding of the freedom we can all experience when we choose to embrace compassion. Her lecture is a celebration of resilience and a very personal tribute to the tenacity of the human spirit.

# Conference Schedule: Monday, August 1

MORNING SESSIONS		MONDAY, AUGUST 1		
<b>08:00 -09:00   Registration and Breakfast   Bruneau Centre Lobby</b>				
<b>09:00-10:00</b>	<b>IIC 2001   Featured Speaker David Diamond</b> Director, Center Preclinical/Clinical Research, PTSD <i>Beneath the Surface of the PTSD Iceberg: Evolutionary, Neurobiological, and Psychological Perspectives on PTSD</i>	<b>SN 2109   Featured Speaker Allan Young</b> Professor, Social Studies of Medicine, Anthropology and Psychiatry, McGill University <i>A Psychiatric Mystery Story with Alternative Solutions</i>		
<b>15 min</b>	<b>Break</b>			
<b>10:15 - 11:45</b>	<p><b>Panel 10   SN 2098</b> <b>PTSD and Substance Abuse Co-Morbidity</b> <b>John Whelan,</b> <b>Roxanne Sterniczuk:</b> <i>Cannabis Use Among Traumatized Military Veterans: Effective Treatment or Self-medication?</i></p> <p><b>Janine Vlaar Olthuis, Margo C.Watt, Sean P Mackinnon, Sherry H. Stewart:</b> <i>Transdiagnostic treatment for posttraumatic stress and alcohol use behaviours and cognitions: An RCT</i></p> <p><b>Craig Moore (for Sherry Heather Stewart), Kara Thompson, Amanda Hud-son, Christine Wekerle:</b> <i>A Chained Mediation Model from Childhood Maltreatment to Problem Drinking through PTSD Symptoms and Drinking to Cope: Investigation in Youth Receiving Child Welfare Services</i></p> <p><b>Gordon Asmundson:</b> <i>Discussant</i></p>	<p><b>Panel 11   SN 2101</b> <b>After the Trauma: Personal and Societal Impacts of PTSD</b> <b>Jennifer Schulenberg:</b> <i>Silent suffering with invisible scars: An academic's journey with PTSD</i></p> <p><b>Kate Lahey:</b> <i>Trauma, affect and haunting in negotiating and managing ordinary life after catastrophe</i></p> <p><b>Lois Brown, Lori Clarke</b> <i>Playwright Lois Brown and facilitator Lori Clarke will discuss the evolution of Ms. Brown's play "When the Angel of Death Says How Are You" and its roots in PTSD resulting from a traumatic traffic accident. They will also discuss the therapeutic role of Somatic Experiencing® as an intervention for people with PTSD.</i></p>	<p><b>Workshop 2   SN 2105</b> <b>Resiliency &amp; Wellness</b> <b>Leslie Block</b> <i>In this experiential workshop, participants will learn how to take stock of their own strengths and weaknesses. They will learn how to rebuild and fortify their unique skill sets. They will learn to see opportunity for growth in conflict situations and how to remove barriers to wellness. This process will bring the participant to better understand the language of stress and of pain through mind-body communications.</i></p>	<p><b>Round Table 2   IIC 2001</b> <b>Exploring the impact of Operational Stress Injuries such as Post Traumatic Stress Disorder on family mental health and well-being</b></p> <p><b>Heidi Cramm</b> <b>Deborah Norris</b> <b>Maya Eichler</b> <b>Linna Tam-Seto</b> <b>Kim Smith-Evans</b></p>
<b>11:45-13:00   Lunch Break</b>				

AFTERNOON SESSIONS		MONDAY, AUGUST 1		
<b>13:00-14:00</b>	<b>IIC 2001   Featured Speakers:</b> <b>Louise Bradley</b> President and Chief Executive Officer, Mental Health Commission of Canada <i>PTSD Within the Broader Mental Health Dialogue</i> <b>Roger Brown</b> Assistant Commissioner (ret'd), New Brunswick RCMP <i>Resiliency: Policing Without Defeat</i>			
<b>15 min</b>	<b>Break</b>			
<b>14:15-15:45</b>	<b>Panel 12   A 1045</b> <b>Policing Without Defeat; Personal Narratives</b>  <b>Howard Fitzpatrick</b> <b>Dale Lewis</b> <b>Bill Malone</b>	<b>Panel 13   SN 2098</b> <b>New Approaches in PTSD Therapy</b> <b>Allison Feduccia:</b> <i>MDMA-Assisted Psychotherapy for Treatment of Chronic PTSD: Findings from MAPS-Sponsored Phase 2 Clinical Research Trials</i>  <b>Kathleen Decker:</b> <i>Improved Outcomes of PTSD Treatment with Adjunctive Art Therapy During CPT for PTSD</i>  <b>Phillipe Lucas, Zach Walsh, Ian Mitchell, Josh Eades, Marcel Bonn-Miller:</b> <i>Medical Cannabis and PTSD</i>  <b>Steve Critchley, Randy Duncan, Jim Marland:</b> <i>Can Praxis: A Model of Therapeutic Learning for Veteran Couples Impacted by PTSD</i>	<b>Panel 14   SN 2101</b> <b>Glucocorticoid Effects on Emotional Memory: From Mechanistic Insight to Clinical Implications for Post-traumatic Stress Disorder</b> <b>Benno Roozendaal:</b> <i>Glucocorticoid-Endocannabinoid Interactions in Influencing Memory for Emotionally Arousing Experiences</i>  <b>Jacqueline Blundell:</b> <i>Glucocorticoids are Required for Extinction of Associative and Non-associative Fear Memories</i>  <b>Gustav Schelling:</b> <i>Glucocorticoids and Endocannabinoids after Trauma Exposure and During Treatment of PTSD</i>	<b>Panel 15   SN 2105</b> <b>Poetic and Performative Approaches to Decolonizing Trauma</b>  <i>The aim of this session is to explore trauma, art and (non)representation. Furthermore, this session seeks to provide information on and engage with the collective and individual trauma caused by settler colonialism that resonates inter-generationally across our country.</i>  <b>Shannon Webb-Campbell</b> <i>Poetry Reading</i>  <b>Amelia Reimer</b> <i>Poetry Reading</i>
<b>15:45-16:00</b>	<b>Break</b>			

**LATE AFTERNOON / EVENING**

**MONDAY, AUGUST 1**

**16:00 –  
17:30**

Panel 16 | A 1045  
**Support and PTSD**  
**Jeannette Waegemakers Schiff, Annette Lane:**  
*PTSD Among Homeless Sector Support Workers*

**Patricia Rodgers:**  
*Nursing: Burnout, Compassion Fatigue, or PTSD?*

**Joel Foster, Samuel Oldham:**  
*Disaster Mental Health Response*

Panel 17 | SN 2098  
**Grief Interrupted: A panel on PTS and Complicated Grief**  
**Peter Barnes:**  
*Recognizing and Treating Trauma in Bereavement Care*

**Christina Harrington**  
*Lest We Forget: Wartime bereavement and its interface with trauma*

**Leah Lewis**  
*Complicated Grief and Trauma in Chronic Illness*

Panel 18 | SN 2105  
**Regarding Residential Schools and We Were Children (2012): A Film Screening**

*The primary aim of this session is to communicate how trauma and PTSD relate to institutionalized forms of violence (emotional abuse, neglect, physical abuse, and sexual abuse) experienced by Indigenous peoples in Canada. The second objective of the session is to explore artistic representations of trauma and PTSD within a visual medium. By mixing interviews with film, We Were Children rethinks cultural memory and what it means to bear witness.*

**Collin Campbell:**  
*Glen’s Last Wish: Postmemory and “We Were Children”*

**Amelia Reimer:**  
*Discussant*

Panel 19 | SN 2101  
**Neuro Mechanisms & PTSD II**

**Benjamin Dunkley, Elizabeth W. Pang, J. Margot:**  
*Brain rhythm hypersynchrony in soldiers with PTSD*

**Marc Legrand, Romain Troubat, Catherine Belzung, Wissam El-Hage:**  
*Transcranial Magnetic Stimulation Reverses Pathological Behaviors in a PTSD Rodent Model*

**Jesse Whiteman, Phillip McCallum, Sriya Bhattacharya, Jacqueline Blundell:**  
*The effects of Rapamycin on Consolidation and Reconsolidation of Predator Stress-Induced fear memories: Implications for PTSD treatment.*

**17:30-19:30**

Free time (2 hours)

**19:30-21:00**

**KEYNOTE SPEAKER | PUBLIC EVENT | IIC2001 MAIN AUDITORIUM BRUNEAU CENTRE**  
**Amanda Lindhout :** Author, Journalist, Kidnap Survivor  
*Freedom In Forgiveness*

**AUGUST 2**

Tuesday

# Featured Speakers: Tuesday, August 2

*(in order of appearance)*



## **Rachel Yehuda**

Professor, Psychiatry and Neuroscience / Director,  
Traumatic Stress Studies Division, Mount Sinai School  
of Medicine

Tuesday, August 2, 2016, IIC2001, Bruneau Centre

*Dr. Rachel Yehuda is a Professor of Psychiatry and Neuroscience and the Director of the Traumatic Stress Studies Division at the Mount Sinai School of Medicine which includes the PTSD clinical research program and the Neurochemistry and Neuroendocrinology*

*laboratory at the James J. Peters Veterans Affairs Medical Center. Dr. Yehuda is a recognized leader in the field of traumatic stress studies. She has authored more than 250 published papers, chapters, and books in the field of traumatic stress and the neurobiology of PTSD. Her current interests include the study of risk and resilience factors, psychological and biological predictors of treatment response in PTSD, genetic and epigenetic studies of PTSD and the intergenerational transmission of trauma and PTSD. She has an active federally-funded clinical and research program that welcomes local and international students and clinicians. Her research on cortisol and brain function has revolutionized the understanding and treatment of PTSD worldwide and she has been awarded the renowned Max Planck Institute for Psychiatry (Munich, Germany) 2004 Guest Professorship. The appointment signifies a special recognition of the outstanding research she has been performing in the field of neuroscience in the context of studies on causality of psychiatric disorders over the years.*

### *Intergenerational Transmission of Trauma*

Recent advances in molecular biology, genomics, and epigenomics, have now provided paradigms for understanding long-term effects of stress. This presentation will focus on intergenerational transmission of trauma as a particularly enduring effect of stress. Most of the research has been conducted on adult children of Holocaust survivors, but has now been generalized to include children of other trauma survivors such as children born to pregnant women who survived the world trade center attack on 9/11. The research has evolved into one that explains the contribution of early environmental experiences-including parenting-on highly conserved molecular and genomic processes. These changes in and of themselves do not signify pathology, but provide a paradigm for understanding long-term effects of profoundly important events. The work has already led to a better understanding of biological risk factors for PTSD, and predictors of outcome in response to trauma.



## Nicholas Carleton

Associate Professor, Psychology, University of Regina

Tuesday, August 2, 2016, 9:45 am, IIC 2001

*Nicholas Carleton is an Associate Professor of Psychology at the University of Regina who has published more than 80 peer-reviewed journal articles and book chapters exploring the fundamental bases of anxiety and related disorders. Dr. Carleton works closely with colleagues and students in the Anxiety and Illness Behaviours Laboratory at University of Regina and maintains a small private practice for adults who have anxiety and related disorders, particularly pain and posttraumatic stress.*

### *Together we are Stronger:*

#### *The Canadian Institute for Public Safety Research and Treatment*

There has been a long-recognized need for research to support evidence-based treatment, decision-making, and policies for our public safety personnel across Canada. The response of our military, related agencies, and academic institutions was to create a national institute to coordinate efforts, ensure the best evidence-based solutions, provide reliable evidence-based answers, support research, and reduce unnecessary duplication. In doing so, the Canadian Institutes for Military and Veteran Health Research has become a cornerstone for improving military health. The National Roundtable on Post-Traumatic Stress Disorder, held on January 29, 2016, was the first opportunity for federal, provincial, public safety, and academic leaders to discuss the mandate to develop a coordinated national action plan on post-traumatic stress disorder, and other operational stress injuries, which disproportionately affect public safety personnel; as such, this presentation will showcase the development efforts underway in creating the Canadian Institute for Public Safety Research and Treatment.

# Conference Schedule: Tuesday, August 2

MORNING SESSIONS		TUESDAY, AUGUST 2		
08:00 - 08:30	Registration and Breakfast   Bruneau Centre Lobby			
08:30-09:30	IIC 2001   <b>Featured Speaker Rachel Yehuda</b> Professor, Psychiatry and Neuroscience   Director, Traumatic Stress Studies Division, Mount Sinai School of Medicine <i>Intergenerational Transmission of Trauma</i>			
15 min	Break			
09:45 - 10:45	IIC 2001   <b>Featured Speaker Nick Carleton</b> Associate Professor, Psychology, University of Regina <i>Together We Are Stronger: The Canadian Institute for Public Safety Research and Treatment</i>			
15 min	Break			
11:00-12:30	<p>Panel 20   SN 2098 <b>From Mental Health Promotion to Building Resilience: Comprehensive Strategies for Preventing Operational Stress Injuries</b></p> <p><b>Ed Mantler:</b> <i>Recovery oriented practices, psychological injury prevention and resilience: Promoting Winning Solutions</i></p> <p><b>Maureen Shaw:</b> <i>Applying an occupational health &amp; safety lens to psychological health and safety</i></p> <p><b>Shawn O'Reilly:</b> <i>Building a Comprehensive Mental Health Strategy: Our Journey So Far</i></p> <p><b>Michelle Green:</b> <i>Moderator</i></p>	<p>Panel 21   SN 2102 <b>Badge of Life Canada: Surviving Trauma &amp; Building Resilience in the Workplace</b></p> <p><b>Bill Rusk Lynn Rusk</b> <i>A presentation and Q&amp;A session on the journey of post-traumatic stress and the effect on the daily lives of police personnel. Stigma, discipline, navigating WSIB, SIU, Coroner's Inquests, and the effects upon family and relationships regarding media and social media coverage of traumatic events will be covered.</i></p>	<p>Workshop 3   SN 2025 <b>The Art of Vulnerability: Healing through Therapeutic Relationship</b></p> <p><b>Theoren Fleury Kim Barthel</b> <i>This workshop features hockey legend Theo Fleury and his collaborator (OT and multi-disciplinary Therapy Instructor) on the book "Conversations with a Rattlesnake" to com-bine information about the neurobiology of PTSD with a sincere and heart-warming discussion with participants. Illuminating reflections upon the processes of healing are guaranteed.</i></p>	<p>Round Table 3   SN 2018 <b>Equi-Assist: Horses and Humans Working Together to Overcome Trauma</b></p> <p><b>Gail Wideman, Rhonda Fiander, Sharon Barnes</b> <i>Equine-assisted practice is an experiential, solution-focused treatment that incorporates horses into the counseling process to facilitate therapeutic outcomes. This presentation will describe a local program that is based on a globally-recognized model of training and certification called EAGALA: Equine Assisted Growth and Learning Association. The discussion include the perspectives of researcher, service provider, and client.</i></p>
12:30-13:30	Lunch Break			

## AFTERNOON SESSIONS

TUESDAY, AUGUST 2

<p><b>13:30 – 15:00</b></p>	<p>Panel 22   SN 2098 <b>The Role of Support Networks</b></p> <p><b>Fabian Henry:</b> <i>Marijuana For Trauma</i></p> <p><b>Derek Spracklin, Kendra Melish</b> <i>The Operational Stress Injury Social Support Program</i></p>	<p>Panel 23   SN 2101 <b>Models of Care</b></p> <p><b>Sarah Chaulk, Kathy Keating:</b> <i>Effective Psychological Treatments for PTSD and How to Access Them</i></p> <p><b>Melissa Stewart, Stacey Ferland, Alanna Hager, Marney Reindeau:</b> <i>Skills Training in Affect Regulation: Examining the Effectiveness of a Group Treatment for Female Military Members, Veterans, and RCMP Members Experiencing Complex Trauma</i></p> <p><b>Peter Cornish:</b> <i>Rapid Access to PTSD Treatment in the Context of Stepped Care 2.0</i></p> <p><b>Wendi Woo, Harry Vedelago:</b> <i>A Novel Approach to the Treatment of PTSD and Addiction</i></p>	<p>Panel 24   SN 2105 <b>Predator-based Animal Models of PTSD</b></p> <p><b>David Diamond:</b> <i>Integrating predator exposure research in a broader framework for understanding hippocampal involvement in trauma memory processing</i></p> <p><b>Jacqueline Blundell:</b> <i>Towards a comprehensive animal model of PTSD</i></p> <p><b>Phil Zoladz:</b> <i>Physiological and Behavioral Sequelae Induced By a Predator-based Psychosocial Stress Model of PTSD</i></p> <p><b>Jay Hoffman:</b> <i>The Predator Scent Stress as an Animal Model of PTSD</i></p>	<p>Round Table 4   SN 2018 <b>Sharing Narratives of Resilience</b></p> <p><b>Deanna Hagen, Kelsey Aboud, David Ossinger, Cathy Saint John</b></p> <p><i>Personal stories of resilience after trauma are important to our broader understanding of post-traumatic stress. Narratives help us grasp the complexities of living and coping with PTSD. During this roundtable, discussants will share their experiences as individuals suffering from this type of injury as well as supportive family members.</i></p>
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<p><b>15:00-15:30</b></p>	<p><b>CLOSING ROUNDTABLE: What have we learned?   IIC 2001</b></p>
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**Abstracts**

# Panels

*numerical order*

**PANEL 1 | CONDENSED MODELS OF EXPOSURE-BASED TREATMENT**

**Sunday, 10:15 – 11:45, SN 2908**

*Chair: Stephen Bornstein, Memorial University of Newfoundland*

**Condensed PTSD Treatment**

*Dr. Joel Foster, United States Air Force, Defense Health Headquarters; Dr. Marlin Moore, West Texas VA Health Care; Dr. J. Cigrang, Wright State University*

There is mounting evidence that early treatment of trauma symptoms may actually attenuate the future risk of developing Posttraumatic Stress Disorder (PTSD; Bryant, 2011). This suggests that identification and early intervention using evidence-based treatments, such as Prolonged Exposure and Cognitive Processing Therapy, is critical. However, traditional therapy may not be appropriate for a number of reasons, particularly for the operational-based military environment. Further, adherence to treatment protocols and follow-up use of consultation by military mental health providers is minimal at best. A viable solution is to develop and disseminate condensed models of exposure-based treatment. Examples include a four-session model abbreviated for primary care (Cigrang et. Al, 2015) and a single-session model tailored for providers embedded in special operating forces units (Moore, 2015). Virtual Reality therapy is also a viable alternative to traditional exposure-based therapy for some patients. The goal of this thematic oral presentation is to review condensed treatment protocols for PTS and examine how they can be disseminated in a time-constrained environment.

**Treatment of combat PTSD with virtual reality – case series of complex PTSD**

*Dr. Kathleen Decker, Hampton VA Medical Center/Eastern Virginia Medical School*

PTSD has been treated with a variety of psychotherapy techniques, which are more efficacious than pharmacotherapy alone. Virtual Reality (VR) treatment, a form of Prolonged Exposure Therapy, has been used to treat combat PTSD. VR offers advantages that it is not a verbally-based form of psychotherapy and is action-oriented. Objective: This is a case series of VR treatment of three patients with combat PTSD and special conditions. One had traumatic brain injury, another received concurrent residential substance use treatment and the third had fetal alcohol syndrome. Method: VR Therapy was delivered using a commercially available apparatus was conducted to reduce symptoms of combat PTSD. Results: All patients' PTSD symptoms and depression scores improved. They were highly satisfied with the treatment. Conclusions: VR therapy may be an effective method to treat patients with traumatic brain injury, especially those with verbal difficulty and/or those who prefer non-verbal, action-oriented therapy.

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**PANEL 2 | PARADIGMS AND POLICY**

**Sunday, 10:15 – 11:45, SN 2101**

*Chair: Alan Hall, Memorial University of Newfoundland*

**Post-Traumatic Stress Response: Medical or Political?**

*Brenda LeFrançois, Professor, Memorial University School of Social Work*

This presentation considers the ways in which the experience of violence in its many forms, as well as one's reactions to such violence, is reinterpreted as illness within mental health services. Biomedical psychiatry with its focus on individualizing distress as located within the person, and its treatments such as drugs and electroshock, not only obscures the root causes of suffering but may also reproduce

trauma. The targeting of individual biochemistry and genes punishes distressed people whilst leaving oppressive socio-political arrangements intact. Emphasis on trauma-based psycho-social interventions also continues, for the most part, to obscure the sources of distress in the real world. This presentation explores trauma and subsequent experiences of distress as located in our daily lives, inside and outside of psychiatry. It also explores the ways in which biomedical psychiatric explanations and neoliberalism mutually constitute each other, rendering invisible state-sanctioned and state-sponsored oppression and maintaining inequitable social hierarchies.

**The symptoms, dimensions, and causes of PTSD: Implications for practice and court**

*Dr. Gerald Young, Glendon College, York University*

The symptoms of PTSD have been changed in the DSM-5 by adding 3 symptoms to the 17 in the DSM-IV-TR and by grouping them into four clusters instead of three. The talk will review research on symptoms in PTSD and their networks how they cluster into dimensions, and the causal factors that lead to it, aside from the trauma involved itself. The author presents a new dimensional model (8 clusters), a better understanding of core symptoms and how they might network, and a combined symptom network/latent variable (construct) model. The dimensional model proposed is based on confirmatory factor analytic studies but adds the dissociative subtype. The core symptom in each cluster is described, along with their possible networking, e.g., in appraised causal linkages. The hybrid symptom/construct model combines bottom-up and top-down influences, respectively, on PTSD expression, but includes intermediate reciprocally causal levels involving personal causal appraisals, as well. Implications for practice (assessment, diagnosis, therapy) and court (forensics, possible malingering) are presented.

**Blunt force impact trauma: (re-)tracing the succession of popular and professional paradigm shifts in the historical understanding of extreme experience, from 'shell shock' to 'PTSD'**

*Dr. Christopher Smith, Assistant Professor, Memorial University School of Social Work*

While the near ubiquitous term 'PTSD' initially appeared in 1980 in the Diagnostic and Statistical Manual (DSM III, 1980), the impact of trauma or extreme experience has received significant public and professional interest for over a century. This paper thus traces the history of extreme experience, from Freud's investigation of 'war neurosis', to the changing definitions of PTSD corresponding to three successive editions of the DSM (III-V). Drawing from the author's recent book manuscript – *Addiction, Modernity, and the City: A Users' Guide to Urban Space* (Routledge, Jan. 2016) – the work then turns to critically interrogate the conceptual, discursive, and diagnostic migration of PTSD from the specific context of war and conflict, to forms of extreme experience common to contemporary urban life. In this sense, the paper borrows from Walter Benjamin's assertion concerning everyday life and/as 'catastrophe,' concluding with a critique of the interdependent nature of (controlled) substance, (urban) space, and (cyborg) subjectivity.

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**PANEL 3 | PUBLIC SAFETY PERSONNEL AND OPERATIONAL STRESS INJURY**

**Sunday, 10:15 – 11:45, SN 2105**

*Chair: Nicole Power, Memorial University of Newfoundland*

**Operational Stress Injuries: Considerations for Public Safety Personnel**

*Dr. Nick Carleton, Department of Psychology, University of Regina*

Operational Stress Injuries (OSIs) represent a significant health risk for Public Safety Personnel. There have been significant developments in research, treatment, and prevention strategies for OSIs over the past decade; however, there has also been a proliferation of misinformation due to insufficient

coordination between our public safety agencies and our academies. This presentation will provide an overview of current information on post-trauma responses, normative ones and ones indicative of OSIs, as well as information on current prevalence rates, and recommendations for evidence-based treatments. Lastly, a brief summary of the recent report on Crisis Intervention and Peer Support Programs for First Responders in Canada from the Canadian Institute for Public Safety Research and Treatment will be presented along with information on where to access the full report free of charge.

### **Understanding Posttraumatic Stress Disorder among Firefighters: A Scoping Review**

*Dr. Heidi Cramm, ; Linna Tam-Seto, (ABD); Alyson Mahar, (ABD); Katie Fortuna, MA Candidate ; Katerina Repas-Rindlisbacher, MA Candidate; Paula Campbell, MA Candidate; Gowshi, MA Candidate; Canadian Institute for Military and Veteran Health Research (CIMVHR), Queen's University; Occupational Therapy*

Firefighters are first responders who have high exposure to trauma and proximity to personal peril, placing them at risk for posttraumatic stress disorder (PTSD). They have a wide range of public safety responsibilities that go above and beyond responding to fires, including violent crime, medical emergencies, hazardous materials events, natural disasters, and trench, marine, and high-angle rescue. The purpose of this scoping review was to identify and describe research literature on PTSD among firefighters. Multiple databases were searched, along with reference mining, to yield 829 potential data sources. 109 proceeded to full data extraction and analysis. The research is primarily American, and emphasizes assessment and intervention approaches, the nature and frequency of the trauma exposure, and organizational factors related to PTSD management. Future research is indicated on system-level mental health services geared at prevention and management of trauma exposure.

### **Presumptive Legislation Coverage for PTSD: A Discussion of Manitoba's New Legislation**

*Alex Forrest; Captain WFD, President United Firefighters of Wpg, Canadian Trustee IAFF*

The objective of this presentation will be to introduce the audience to Manitoba's addition of ground-breaking PTSD Presumptive Legislation. More specifically, several aspects will be discussed. Background: Years of lobbying and medical-based presentations had to occur in many political arenas in order to achieve the bill's passing into law. This will be explained. Practical benefits to the worker: The benefits of early identification and access to treatment is crucial to those exposed to an accumulation of traumatic stressors in their lives. The process to access these new resources and the benefits they provide will be discussed with the audience.

### **IAAF IAFC Wellness-Fitness Initiative and Behavioral Health: Explanation, History, Implementation in the St. John's Regional Fire Department**

*Doug Cadigan; Local IFFA firefighters*

The concept of Peer Counseling Training and selection of Peer Support Training of general staff in recognition of signs and symptoms of CISM and PTSD. Getting the action required, when needed. The role of professional health care. The role of the IAFF, OHS department and committee in review and revision of the program. How the Wellness-Fitness Initiative has worked in the SJRFD.

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## **PANEL 4 | PTSD: POLICING AND CORRECTIONS**

**Sunday, 14:15 – 15:45, SN 2098**

*Chair: Rose Ricciardelli, Memorial University of Newfoundland*

### **Posttraumatic Stress Disorder among Youth Probationers in British Columbia: Prevalence, Offence Profiles, and Implications for Probation Practice**

*Adrienne Peters, Memorial University*

The prevalence of mental illness among youth in contact with the justice system is well documented (Gretton & Clift, 2011; Teplin et al., 2002). Many justice-involved youth have also been exposed to traumatic incidents, such as experiencing or witnessing abuse (Cauffman et al., 1998; Smith et al., 2013). These experiences, particularly in the absence of appropriate coping mechanisms, can lay a foundation for the development of posttraumatic stress disorder (PTSD; Moore, Gaskin, & Indig, 2013), which for some young people may contribute to delinquent/criminal behaviours (Ardino, 2012). My research examined the files of 192 youth probationers in British Columbia, Canada, to determine the prevalence of PTSD. This paper compares the needs profiles and offending patterns of the 34 young people who were diagnosed with PTSD to youth who had not received such a diagnosis. Recommendations are offered regarding the case management of young offenders with PTSD in the community.

### **Canadian Provincial Correctional Officers and Experiences of Post-Traumatic Stress Disorder**

*Daniella Simas-Medeiros, Hayley Crichton, Dr. Rose Ricciardelli; Memorial University*

Prisons are known to be potentially violent environments and prisoner workers are recognized as “at risk” of being harmed physically, psychologically, socially or personally. Researchers have documented how correctional officers (COs), particularly those working the front lines and serving as liaisons between management and prisoners, must constantly negotiate their risk potential. This is most obvious when they respond to critical incidents, yet, it is only in the relatively recent past that post-traumatic stress disorder (PTSD) was categorized as a work-related injury in certain provinces, and among certain occupations, including police officers and first aid responders. Omitted here is correctional work and the nuances in experiences or diagnoses of PTSD. As such, drawing on interviews with Canadian Provincial and Territorial COs, we focus on the CO occupational experiences of specific or cumulative stressful incidents and how these experiences shape COs’ wellbeing. Interview findings reveal that few COs are forthcoming about their PTSD diagnosis, yet, it was apparent among those who reported their diagnosis that singular or cumulative traumatic incidents are occupational hazards that can cause long-lasting effects on COs’ well-being. Our findings are grounded in the ways in which the stigma associated with mental health operates in correctional institutions and how such stigma produces barriers for COs to adequately address their mental health needs.

### **‘It’s pretty brutal, but we’ll keep doing what we’re doing’: Examining the impact of policing culture on the mental wellness of Canadian police officers**

*James Liles; Dale Spencer; Carleton University*

The academic literature juxtaposes two competing conceptualizations of policing culture. Traditional conceptualizations of policing culture suggest it is fixed and deterministic and encompassed by characteristics including: group loyalty, prioritizations of crime-fighting initiatives, and a general attitude of suspiciousness towards the citizenry. Emerging conceptualizations of policing culture, however, seek to challenge the notion that policing culture is monolithic by suggesting it is subject to spatial and temporal change. As first responders, police have become unofficial mental health providers by responding to persons in crisis in the community. Responding to the challenging needs of this vulnerable population has required a fundamental cultural shift in policing. Using data collected from interviews and direct observation with a specialized mental health response unit at a major Canadian police organization, this paper argues that new developments in policing culture, as a result of responding to persons in crisis, requires a more substantial focus on addressing the mental wellness of frontline police officers. The results of this study suggest police officers that belong to specialized mental health response units are more focused on service-based initiatives rather than crime-fighting initiatives, and thus become more emotionally invested in the lives of the clients they serve. As a result of this cultural

shift, providing effective mental health support for police officers has become increasingly important.

**The need for trauma work with female offenders and prison staff**

*Amy Sheppard, Social Worker, Stella's Circle; Karen Pennell, Memorial University*

The presentation will highlight the need for trauma work with female offenders and prison staff. As Social Workers with Stella's Circle, we have had the opportunity to work with women in prison. Based on these experiences as well as research indicating the high numbers of women prisoners experiencing trauma and abuse, we have delivered a group based trauma treatment program at the Newfoundland and Labrador Correctional Centre for Women. Reflecting on these experiences, we will discuss how and why the program was implemented. We will present some of the challenges we have faced doing this work in a prison environment and how we have adapted this work to a challenging environment. We will present information on what we have learned including the impact on program participants, the prison staff and prison environment as well as our practice as social workers. Finally we will explore the future of trauma work in a prison environment.

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**PANEL 5 | EFFECTIVENESS OF PTSD TREATMENTS**

**Sunday, 14:15 – 15:45, SN 2101**

*Chair: Stephen Bornstein, Memorial University*

**Preliminary Findings on the Effectiveness of Group-Based Cognitive Processing Therapy for PTSD: Outcomes, Client Satisfaction, and Group Cohesion**

*Dr. Sarah Chaulk, University of Manitoba & Operational Stress Injury Clinic (Winnipeg)*

Cognitive Processing Therapy (CPT) is well established as an effective psychotherapy for Posttraumatic Stress Disorder across a variety of populations. The current study examines the effectiveness of group-based CPT with help-seeking members and veterans of the CAF and RCMP (n = 20). Our objective is to examine the effectiveness of this intervention as it occurs in routine clinical practice. The group intervention includes 13 two-hour psychotherapy sessions led by two doctoral-level clinical psychologists using the CPT Protocol (CPT: Veteran/Military Version). Outcomes are measured using a variety of self-report symptom questionnaires (e.g., depression, anxiety, post-traumatic stress), in addition to other measures of work satisfaction and relationship quality, client satisfaction, and group cohesion. The preliminary findings suggest that this group-based intervention is effective in reducing symptoms of PTSD as well as depression and anxiety. Furthermore, this improvement is related to the levels of client satisfaction with the treatment, and the level of group cohesion.

**Investigating the Effectiveness of a Pre-Treatment Education Series in the Management of PTSD and Related Mental Health Conditions in an Operational Stress Injury Treatment Setting**

*Marney Riendeau, Dr. Melissa Stewart, Pia Barnes, Gabrielle Curley, Dr. Alanna Hager; Carewest Operational Stress Injury Clinic*

The current investigation presents preliminary findings from a recently implemented education series for military, veterans, and RCMP members referred for treatment services at an Operational Stress Injury (OSI) Clinic. Available both on site and via videoconferencing, the Stabilization Education Series is an open, 8-week series offered to clients at the Carewest OSI Clinic in Calgary, Alberta in preparation for individual treatment. This series focuses on educating clients about OSIs, and on providing information and instruction on clinical topics and therapeutic skills (e.g., sleep, managing strong emotions, unhelpful thinking, avoidance, pain, relationships, and resiliency) that clients build upon and utilize in their subsequent individual treatment. Pre- and post-series assessments were conducted to assess

differences in overall distress, as well as symptoms of depression, anxiety, and posttraumatic stress. Clients' perceptions of the effectiveness of the series were also evaluated. Results have important implications for the treatment of PTSD in an OSI treatment setting.

### **Investigating the Role of Social Support in Policing**

*Grace Ewles, Dr. Peter Hausdorf; University of Guelph*

Previous research has widely acknowledged that social support can help buffer the negative effects of job stress. Within policing this research has focused on the role of the organization as the main provider of support after the experience of job-related stress; however, it has been found that many police officers report that they are more likely to deal with issues themselves or seek help from friends and family members (Heffren & Hausdorf, 2014). What remains unclear is what type of support individuals are receiving from these sources, and whether or not the support received is effective at reducing the distress experienced. The present study examines the types of support sought by police officers after the experience of a traumatic event and the impact of this support on their psychological adjustment. Findings from this study will help provide evidence for the development of new support-based programming within the policing community.

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## **PANEL 6 | FIRST NATIONS MENTAL WELLNESS**

**Sunday, 14:15 – 15:45, SN 2105**

*Chair: Hayley Chrichton, Memorial University of Newfoundland*

### **First Nations Mental Wellness Continuum Framework**

*Kassandra Woods, Assembly of First Nations; Carol Hopkins (MSW), Thunderbird Partnership Foundation; Dr. Brenda Restoule, First People's Wellness Circle; Dr. Patricia Wiebe, First Nations Inuit Health Branch; Judy Whiteduck, Assembly of First Nations*

Part of the legacy of Indian Residential Schools is the mental, emotional, physical and spiritual trauma suffered by First Nations (FN), whereby many survivors face post-traumatic stress disorder and other mental health issues as a result. While mental wellness programs and services seek to address the mental wellness challenges faced by many FN communities, there are gaps among these services: they could be better coordinated and are not always delivered in a culturally safe manner. The AFN, FNIHB and various FN mental health leaders embarked on a joint process to map out existing mental health programs to gain an understanding of program strengths, gaps, and emerging priorities. This resulted in the First Nations Mental Wellness Continuum Framework that outlines opportunities to build on community strengths to improve existing mental wellness programming for FNs. It recognizes the important role of culture in improving FN mental wellness, while supporting communities to design programming that meets their unique needs and priorities. Available at:

[http://health.afn.ca/uploads/files/24-14-1273-fn-mental-wellness-framework-en05\\_low.pdf](http://health.afn.ca/uploads/files/24-14-1273-fn-mental-wellness-framework-en05_low.pdf)

### **PTSD: Healing Through Culture and Therapy**

*Suzanne Barry-Kroening, Newfoundland Aboriginal Women's Network*

## **PANEL 7 | NEURO MECHANISMS & PTSD I**

**Sunday, 16:00 – 17:30, SN 2098**

*Chair: Jacqueline Blundell, Memorial University*

### **Brain Cannabinoids in PTSD and Depression**

*Francis Bambico, Centre for Addiction and Mental Health, University of Toronto*

Recent advances have identified a role for the brain's cannabis-like signaling molecules called "endocannabinoids" in emotion and stress adaptation. Novel drugs have been developed to act specifically on endocannabinoids and their receptors, and show promise as treatment for stress-related disorders. In a series of preclinical behavioural and neuroelectrophysiological studies, we provide a rational basis for the therapeutic activity of cannabinoid drugs. Using rodent models, we found that amplifying levels of the endocannabinoid "anandamide" via pharmacological or genetic approaches results in effective reversal of behaviours that mimic some aspects of PTSD and depression, without many of the classical signs associated with cannabis intoxication. The anti-stress effects of endocannabinoids are associated with changes in the activity of brainstem monoamine nuclei and prefrontal cortex. Some of these effects are similar to those of conventional antidepressants. These suggest that endocannabinoid-enhancing drugs may further be developed as novel main or adjunctive treatment for stress-related psychiatric disorders.

### **Mechanistic Target of Rapamycin-Dependent Translational Regulation in Fear Memory Consolidation and Reconsolidation**

*Phillip MacCallum, Psychology Department, Memorial University*

The mechanistic target of rapamycin (mTOR) kinase is a critical regulator of mRNA translation and is known to be involved in fear memory processes. In establishing, stabilizing, and preserving memory, the precise temporal contribution from up- and downstream effectors of the mTOR pathway, such as AKT and S6K1, in specific brain regions, for example the amygdala, are unclear. As such, current experiments are testing the effects of pharmacological inhibitors of the mTOR pathway, such as rapamycin, as well as of the novel drug PF-4708671, at various points following fear conditioning or retrieval on the spatiotemporal distribution of these effectors within the brain and on subsequent memory recall. Besides enhancing our understanding of the neurobiological mechanisms involved in fear memory consolidation and reconsolidation, this knowledge can ultimately be extrapolated to help influence and shape the treatment of human stress and anxiety disorders such as posttraumatic stress disorders in novel ways.

### **A Neural Pathway that Gates the Expression of Short and Long-Lasting Fears**

*Arun Asok, Howard Hughes Medical Institute Postdoctoral Fellow, Columbia University, Department of Neuroscience; Jeffrey Rosen, University of Delaware; Jay Schulkin, Georgetown University*

PTSD patients often exhibit increased levels of the stress-related neuropeptide corticotropin releasing factor (CRF) and increased activity to threat within key brain areas (amygdala and bed nucleus of the stria terminalis (BNST)) important for acquiring and expressing fearful memories. Yet, it is unclear how CRF signaling within these regions is linked to acquiring fear. Using an animal model, we evaluated how CRF neurons within the amygdala-BNST network may modulate the acquisition and expression of two different types of fear – phasic (short-duration) and sustained (long-duration). Using a CRF antagonist and a new optogenetic construct to selectively inhibit CRF neurons, we found that a CRF pathway from the central nucleus of the amygdala to the BNST regulates the expression of sustained, but not phasic, fear. Our data highlight the role of an important amygdala-BNST CRF pathway for learning and expressing sustained fears, which has implications for acquiring and maintaining PTSD-associated behavior.

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**PANEL 8 | CRITICAL PERSPECTIVES IN PTSD**  
**Sunday, 16:00 – 17:30, SN 2101**  
*Chair: Alan Hall, Memorial University of Newfoundland*

**Discussant**

*Ailsa Craig, Memorial University of Newfoundland*

**A Social Work Exploration of Trauma and Distress in Childbirth**

*Christiana MacDougall Fleming, Memorial University*

There is a growing body of research exploring the area of trauma and childbirth. Using a social work framework informed by critical trauma and feminist theories, the literature on childbirth trauma has been explored. The findings suggest that the childbirth literature either ignores or pathologizes the lived experiences of those who express childbirth-related emotional distress. The message is that childbirth distress deserves recognition only once it reaches the point of scientifically determined pathology. However many factors that may contribute to distress (race, mental illness, language, age, and others) have been eliminated from study or marginalized. Thus, research is currently being undertaken, using feminist narrative methodology, to explore childbirth emotional distress through an analysis of childbirth stories. This methodology considers personal experience as a source of knowledge and also as a source of insight into dominant discourse(s) surrounding emotional distress in childbirth.

**Trauma, Risk and Harm of Racialized Children Who Witness Violence against Their Mothers: Towards an Anti-Sanist Antiracist Feminist Analysis of PTSD**

*Dr. Sobia Shaheen Shaikh, Assistant Professor, School of Social Work, Memorial University*

Although the concern that children experience trauma vicariously through witnessing violence is not a new observation of child welfare and violence against women (VAW) practitioners, since 2000, many child welfare agencies have developed policies and protocols to assess the risk of harm to children who witness the abuse of their mothers. In this paper, we explore and critique discourses of trauma, risk, and harm of current child, family and women's welfare policies meant to protect children who witness violence to their mothers. We consider, specifically, the implications of such policies on racialized and immigrant children, women and families. Drawing from critical trauma studies, antiracist feminism and interlocking analysis of violence and oppression, we argue that simplistic and narrow notions of trauma, risk and harm in such policies and protocols create and reproduce systemic and everyday racist, sexist, Islamophobic, sanist, and other oppressive relations of violence.

**The Surface of Things: Looking at the Stigmatization of the Relationships between PTSD, Sex Assault, and Drug Addiction**

*TJ Jones, St. John's Pride Inc., Trans Needs Committee*

Drawing on personal and volunteer community outreach experience, the presenter will: discuss how any one aspect of this trifecta can predispose you to the other two, and the myriad impacts experienced on education, employment, social integration and health; demonstrate the comorbidity of drug abuse and PTSD in sexual assault survivors using contemporary research; and attempt to engage the audience in workshop and group discussion activities designed to highlight our biases about those of us that experience this combination of factors, and in turn how we are able to provide services to them.

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**PANEL 9 | ADDRESSING PTSD IN THE CANADIAN ARMED FORCES**  
**Sunday, 16:00 – 17:30, SN 2105**

*Chair: Rose Ricciardelli, Memorial University of Newfoundland*

**Discussant**

*Col. Rakesh Jetly, CD OMM MD FRCP, Canadian Armed Forces*

### **Best Practices in Diagnosis and Treatment of PTSD in the CAF**

*LCdr Lyn Kingsley, CD, MSW, Canadian Armed Forces; Dr. Susan Dowler, PhD, CPsych, Canadian Armed Forces*

This presentation will focus firstly on common clinical presentations of PTSD in CAF military members. A brief review of the DSM-5 diagnostic criteria of PTSD will follow, as will a general overview of treatment modalities approved by the CAF. The unique challenges for therapists working with this population will also be described with particular attention paid to differences between the military culture and the mental health culture. Lastly, the presentation will conclude with professional practice recommendations for therapists.

### **Road to Mental Readiness: The Who, What, When, Where, and Why of Mental Health Awareness and Prevention**

*LCol. Suzanne Bailey, SSO Social Work & MH Trg, CF Health Services Group HQ Canadian Armed Forces*

Over the past eight years, the Canadian Armed Forces has developed and implemented the Road to Mental Readiness (R2MR) program to assist military personnel and their families in managing the demands of military service and maintaining optimal health and well-being. This presentation will provide an overview of the key elements of the program as well as insight into some of the lessons learned regarding program development, delivery and receipt. Program evaluation and outcomes will also be discussed.

### **On the Other Side of Kandahar: What We Know About the Epidemiology of PTSD and Mental Health in the Canadian Armed Forces**

*Bryan Garber, MD, MSc, Canadian Armed Forces*

This presentation will discuss the findings from several epidemiologic studies conducted by the CAF over the past decade which explore the incidence, prevalence, risk factors and outcomes for PTSD and other mental disorders, both deployment related and non-deployment related in the CAF. It will also provide an understanding of care seeking behavior as well as unique barriers to seeking mental health care in the CAF that have been gleaned from population based epidemiologic surveys.

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## **PANEL 10 | PTSD AND SUBSTANCE ABUSE CO-MORBIDITY**

**Monday, 10:15 – 11:45, SN 2098**

*Chair: Stephen Bornstein, Memorial University of Newfoundland*

Across a variety of traumatic events, PTSD has been associated with significantly elevated rates of substance use and misuse. This co-occurrence represents a serious public health concern and has significant deleterious implications for the treatment of both conditions. Innovative research on the ever-changing clinical picture of this co-occurrence, and on novel or improved intervention approaches for those struggling with both issues, is imperative for informing evidence based treatment advances. The proposed thematic session consists of a series of three talks by researchers and clinicians possessing experience with this form of concurrent disorder. Themes span from describing patterns of co-occurrence to understanding mechanisms underlying the co-occurrence to innovating novel intervention options. Topics range from PTSD comorbidity with alcohol to cannabis misuse, and cover populations as diverse as military veterans to adolescents involved with child welfare. An expert discussant will provide integrative comments and suggestions for future research to further advance this field.

## Discussant

*Dr. Gordon Asmundson, Professor, Department of Psychology, University of Regina*

### **Cannabis Use among Traumatized Military Veterans: Effective Treatment or Self-Medication?**

*Dr. John Whelan, Clinical Psychologist, Whelan Psychological Services, External Comprehensive Supervisor, Dalhousie University; Roxanne Sterniczuk, PhD*

Medical cannabis is an accepted treatment for Canadian veterans diagnosed with PTSD in spite of the paucity of research. In this study of 120 military veterans undergoing trauma treatment, 50% reported cannabis use; 35% began using cannabis before a military trauma, 23% following a traumatic event, and 42% began cannabis use following military release. Cannabis was reportedly used primarily for relaxation and emotional calm. No relationships were found between cannabis use and PTSD symptom severity. Cannabis use after military trauma was related to a greater risk of cannabis use disorder and onset of use after release was linked with risks to use other illicit substances. Reports of cannabis use for emotional management presents challenges to accepted PTSD interventions (Prolonged Exposure, Cognitive Processing Therapy) and raises concerns over substance use disorders. Findings support ongoing research emphasizing the importance of emotional self-regulation skills to reduce rates of chronic PTSD among military veterans.

### **Transdiagnostic Treatment for Posttraumatic Stress and Alcohol Use Behaviours and Cognitions: A Randomized Controlled Trial**

*Dr. Janine V. Olthuis, Assistant Professor, Department of Psychology, University of New Brunswick, Margo C. Watt, PhD; Sean P. Mackinnon, PhD; Sherry H. Stewart, PhD*

Substance abuse and posttraumatic stress (PTS) are commonly comorbid, operating in a cycle of mutual maintenance. Treatment should thus address both problems in an integrated fashion. We tested a transdiagnostic treatment targeting a shared risk factor – anxiety sensitivity (AS) – a fear of arousal-related sensations arising from beliefs that they will have catastrophic consequences. High AS is linked to PTS, drinking to cope, and alcohol problems suggesting each should improve when AS is treated. We tested the efficacy of AS-focused cognitive behavioural therapy in an RCT. Community-recruited participants with high AS were randomly assigned to treatment or a waitlist. The treatment effectively reduced AS, PTS, drinking to cope, and physical alcohol-related problems. Moreover, AS reductions mediated changes in PTS and drinking to cope, and reductions in drinking to cope in turn mediated changes in alcohol problems. Clinical practice implications, and an illustrative clinical case from the trial, will also be presented.

### **A Chained Mediation Model from Childhood Maltreatment to Problem Drinking Through PTSD Symptoms and Drinking to Cope: Investigation in Youth Receiving Child Welfare Services**

*Dr. Sherry H. Stewart, Professor, Dalhousie University, Departments of Psychiatry & Psychology/Neuroscience; Kara Thompson, PhD; Amanda Hudson, PhD; Christine Wekerle, PhD*

Alcohol use disorder rates are elevated among traumatized individuals. We tested a model where childhood maltreatment exerts effects on problem drinking through posttraumatic stress disorder (PTSD) symptoms and, in turn, drinking to cope. We evaluated this chained mediation model in a 2-wave pseudo-longitudinal study. As part of the Maltreatment Adolescent Pathways (MAP) project, 568 adolescents involved in the Ontario child welfare system completed measures of childhood maltreatment, current PTSD symptoms, drinking motives, and alcohol problems. Measures were completed at baseline and 6-months later with 74% retention by wave 2. Retrospectively-reported maltreatment (wave 1) significantly predicted alcohol problems (wave 2) through PTSD symptoms (wave 1) and, in turn, drinking to cope (wave 2). All indirect paths incorporating only one mediator (e.g.,

maltreatment to PTSD to problem drinking) were nonsignificant; both mediators were necessary, supporting chained mediation. Implications for intervening with maltreated youth to prevent or treat alcohol problems will be discussed.

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**PANEL 11 | AFTER THE TRAUMA: PERSONAL AND SOCIETAL IMPACTS OF PTSD**  
**Monday, 10:15 – 11:45, SN 2101**

*Chair: Adrienne Peters, Memorial University of Newfoundland*

**Silent Suffering with Invisible Scars: An Academic's Journey with PTSD**

*Dr. Jennifer Schulenberg, University of Waterloo*

A culture of acceptance has developed creating an extensive support network of resources for students experiencing a mental illness. The very same culture of acceptance provides little to no support for faculty who battle anxiety, depression, and other illnesses such as PTSD. The stigma of PTSD has cast a long shadow on my professional career, including discrimination after triggers were invoked in the workplace, challenges conducting research with the police, and a daily battle of impression management. I argue that understanding the consequences of PTSD in an academic environment is critical to combat the stigma, pain, and fear experienced in silence within this highly competitive industry.

**Trauma, Affect and Haunting in Negotiating and Managing Ordinary Life after Catastrophe**

*Kate Lahey, Department of English, Memorial University*

How do we negotiate and manage ordinary life after catastrophe? This paper investigates the ways in which trauma, affect and haunting offer three interwoven approaches to investigating this question. The complexity and incomprehensibility of trauma reverberate in our lives in dynamic ways. Affect theory is a lens through which we can conceive of how emotions and intensities circulate after violence. Furthermore, exploring affective resonances unpacks the ways in which the individual and collective, personal and political, familial and national are bridged and entangled. Haunting extends traumatic embodiments and affective resonances. Haunted language, cars and shadows in Argentina hold the affects of violence in non-representational and incomprehensible ways. Trauma, affect and haunting all suggest that ordinary life after catastrophic violence is complex, non-representational and incomprehensible in ways that demand imaginative approaches that are attuned to the dynamic intricacies of violence.

**When the Angel of Death Says How Are You**

*Lois Brown and Lori Clarke*

Playwright Lois Brown and facilitator Lori Clarke will discuss the evolution of Ms. Brown's play "When the Angel of Death Says How Are You" and its roots in PTSD resulting from a traumatic traffic accident. They will also discuss the therapeutic role of Somatic Experiencing® as an intervention for people with PTSD.

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**PANEL 12 | POLICING WITHOUT DEFEAT: FOLLOW-UP**  
**Monday, 4:15 – 15:45, A 1045**

*Chair: Rose Ricciardelli, Memorial University*

*Dale Lewis; RCMP, B Division (NL)*

Dale Lewis describes himself as a member of the RCMP, a Detachment Commander, Tactical Troop Commander, Coach, father of two teenagers and husband to the best wife that you would ever want to meet who almost lost all this because of PTSD.

**Discussant**

*Fitzpatrick Howard; RCMP, L Division (PEI)*

**Discussant**

*Bill Malone, RCMP (ret'd), Director of Global Risk Services, McManis and Monsalve Associates Inc. and Roger Brown; RCMP, J Division*

**PANEL 13 | NEW APPROACHES IN PTSD THERAPY**

**Monday, 14:15 – 15:45, SN 2098**

*Chair: Nicole Power, Memorial University of Newfoundland*

**MDMA-Assisted Psychotherapy for Treatment of Chronic PTSD: Findings from Maps-Sponsored Phase 2 Clinical Research Trials**

*Allison Feduccia, Ph.D., MAPS Public Benefit Corporation*

The Multidisciplinary Association for Psychedelic Studies (MAPS) recently completed FDA-regulated Phase 2 clinical pilot studies that investigated MDMA-assisted psychotherapy for treating chronic, treatment-refractory Posttraumatic Stress Disorder. At five study sites world-wide, 108 subjects underwent a series of non-drug preparatory and integration sessions, interspersed with two to three double-blind, comparator/placebo-controlled sessions where participants received MDMA as an adjunct to psychotherapy. Intent-to-treat findings from these studies showed medium to large effects in reducing PTSD symptoms with a good safety profile. These positive results provide a basis for the continuation of the MAPS-sponsored research program into expanded Phase 3 clinical trials to provide safety and efficacy data for use of MDMA as a pharmacological adjunct to therapy for treatment of PTSD to the FDA. Given the limited effectiveness of current available medications and therapeutic strategies in some people, MDMA-assisted psychotherapy holds promise as a novel treatment option.

**Improved Outcomes of PTSD Treatment with Adjunctive Art Therapy during CPT for PTSD**

*Dr. Kathleen Decker, Hampton VA Medical Center/Eastern Virginia Medical School*

This study was designed to determine if art therapy in conjunction with CPT was more effective for reducing symptoms of combat PTSD than CPT alone. This is the first known randomized, controlled trial of art therapy treatment of combat PTSD during CPT. Methods: Thirty veterans were randomized to receive individual Cognitive Processing Therapy or individual Cognitive Processing Therapy along with individual Art Therapy. Scores on Beck Depression Inventory-II, PCL-M, Likert scale of satisfaction and qualitative comments were collected pre- and post-treatment. Results: All participants had statistically significant improvement in both PCL-M and Beck Depression scores. Average Likert score for treatment satisfaction on post-test interviews was rated 4.7 out of 5 for art therapy and CPT alone was rated 4 out of 5. Comments by veterans indicated that the nonverbal and symbolic nature of art therapy improved trauma processing, enhanced trauma recall and resulted in healthy distancing from traumatic events.

**Medical Cannabis and PTSD**

*Phillipe Lucas, VP, Patient Advocacy, Tilray/Centre for Addictions Research of BC/University of Victoria; Zach Walsh, PhD, Study Co-PI, University of British Columbia; Ian Mitchell, MD, Study Co-PI, University of*

*British Columbia; Dr. Josh Eades, Chief Science Officer, Tilray; Dr. Bonn-Miller, Study Co-I, National Center for PTSD and Center for Innovation to Implementation at the VA Palo Alto Health Care System*

Growing preclinical evidence attests to the therapeutic potential of cannabis in the treatment of PTSD, and an increasing number of veterans and other Canadians affected by PTSD report using this substance for symptom relief. However, to date no clinical trials have tested the safety and efficacy of cannabis for treating PTSD symptoms. This presentation will provide an overview of the state of knowledge re. medical cannabis and PTSD, and an update on the first Canadian randomized controlled trial (RCT) of vaporized cannabis in the treatment of PTSD, which is being conducted at the University of British Columbia in partnership with Tilray, a federally authorized Licensed Producer of medical cannabis. It is anticipated that the results of this research will add to the state of knowledge regarding the potential risks and benefits of cannabis as a treatment for PTSD and allow physicians and patients to make more informed treatment decisions.

**Can Praxis: A Model of Therapeutic Learning for Veteran Couples Impacted by PTSD**

*Steve Critchley, Can Praxis; Randy Duncan, Research Psychologist; Jim Marland, Co-Founder*

Preliminary findings show that 97.80% of veterans had a positive emotional experience during the program and 93.38% of spouses/partners were in agreement about the veterans' positive experience and that they were engaged in the experiential learning process. In addition, 90.20% of veterans reported that the self-mediation skills and knowledge taught would help them repair their personal relationships. Similarly, 98.39% of the spouses/partners reported that the self-mediation training would lead to a better personal relationship. Based on the follow-up data, 93.33% of veterans felt that what they took away from the PTSD-tailored EAL program had led to improved family relationships. Similarly, 86.67% of spouses/partners also felt that what they and their veteran partner took away from the program had improved their personal relationships and saved lives of those with suicidal thoughts.

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**PANEL 14 | GLUCOCORTICOID EFFECTS ON EMOTIONAL MEMORY: FROM MECHANISTIC INSIGHT TO CLINICAL IMPLICATIONS FOR POST-TRAUMATIC STRESS DISORDER**  
**Monday, 14:15 – 15:45, SN 2101**

*Chair: Francis Bambico, CAMH, University of Toronto*

Over the last decades, considerable evidence has accumulated indicating that glucocorticoids – stress hormones released from the adrenal cortex – are crucially involved in the regulation of emotional memory. Specifically, glucocorticoids have been shown to enhance memory consolidation of emotionally arousing experiences, but impair memory retrieval and working memory during emotionally arousing test situations. New discoveries indicate that glucocorticoid effects on memory go beyond their classical genomic action and also involve some very intriguing rapid signaling mechanisms whereas receptor function for glucocorticoid signaling is modulated by both polymorphisms and DNA-methylation status. Moreover, recent insights from clinical studies indicate that these basic research findings might have important implications for the understanding and treatment of traumatic memories in patients with stress related disorders such as posttraumatic stress disorder (PTSD) and phobias. This symposium, bringing together leading experts in the field, will provide a deep overview of both basic neuroscience research and clinical studies aimed at understanding the neurobiological mechanisms of glucocorticoid effects on memory processing and how this affect vulnerability to psychopathology. Such an understanding is prerequisite for the development of effective psychotherapeutic and pharmacological countermeasures. The translational feature will provide an uncommon opportunity to combine knowledge on several aspects of memory processing for emotionally arousing or traumatic

experiences, ranging from the molecular and (epi) genetic basis to individualized drug prescription, leading to better management of neuropsychiatric disorders.

**Glucocorticoid-Endocannabinoid Interactions in Influencing Memory for Emotionally Arousing Experiences**

*Benno Roozendaal; Donders Institute for Brain, Cognition and Behaviour, Radboud University Nijmegen, the Netherlands*

Glucocorticoid hormones, released during stressful experiences, are crucially involved in regulating memory of emotionally significant experiences. Glucocorticoids enhance the consolidation of newly acquired memories, but impair memory retrieval and working memory during emotionally arousing situations. Glucocorticoid effects on these different memory functions are integrated through emotional arousal-induced noradrenergic activity within the basolateral complex of the amygdala and projections to other brain regions, including the hippocampus, striatum and cortex. I will present recent findings indicating that such glucocorticoid interactions with the noradrenergic system on influencing both the consolidation and retrieval of memory involve rapid and non-genomically mediated actions via a membrane-associated steroid receptor and downstream endocannabinoid signaling.

**Glucocorticoids are Required For Extinction of Associative and Non-Associative Fear Memories**

*Dr. Jaqueline Blundell, Memorial University*

The inability to extinguish intense fear memories is an important clinical problem in stress-related disorders such as PTSD. Treatments for these types of disorders often rely on progressive extinction of these fear memories. While treatments are beneficial for some PTSD patients, they are not effective in all cases. Thus, the goal of my research is to identify key factors that modulate progressive extinction of fear memories produced by severe stress. One such factor is the stress hormone, corticosterone. I will discuss data that suggests corticosterone enhances extinction of associative and non-associative fear memories in rodents.

**Glucocorticoids and Endocannabinoids after Trauma Exposure And During Treatment of PTSD**

*Gustav Schelling, Ludwig-Maximilians-University, Munich, Germany*

Critically ill patients are at an increased risk for traumatic memories and PTSD. Memories of traumatic events from critical illness or injury play an important part in the symptom pattern of PTSD in these patients. Preclinical evidence has clearly shown that the consolidation and retrieval of traumatic memories is regulated by an interaction between the noradrenergic, the glucocorticoid and the endocannabinoid system. A number of small studies have demonstrated that the administration of cortisol to critically ill or injured patients results in a significant reduction of PTSD symptoms after recovery. The hypothesis that stress doses of cortisol or the pharmacologic manipulation of the glucocorticoid-endocannabinoid interaction reduce PTSD risk after trauma exposure should be tested in larger controlled studies.

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**PANEL 15 | POETIC AND PERFORMATIVE APPROACHES TO DECOLONIZING TRAUMA**  
**Monday, 14:15 – 15:45, SN 20105**  
*Chair: To be determined*

In this session, we seek to investigate creative approaches to decolonization and trauma from distinct, interdisciplinary perspectives. Two Indigenous women poets will read and an interactive performance titled “Bonnie’s Story” will be presented with the help of community members from the St. John’s

Native Friendship Center. These presentations will be moderated by artist and academic Kate Lahey. The aim of this session is to explore trauma, art and (non)representation. Furthermore, this session seeks to provide information on and engage with the collective and individual trauma caused by settler colonialism that resonates inter-generationally across our country.

### **Poetry Reading**

*Shannon Webb-Campbell, Memorial University*

Shannon Webb-Campbell is an award-winning poet, writer, and journalist of Mi'kmaq ancestry. *Still No Word* (Breakwater Books 2015), recipient of Eagle Canada's Out In Print Award, is her first collection of poems. She was Canadian Women In Literary Arts critic-in residence 2014, and holds a MFA in Creative Writing from University of British Columbia, a BA from Dalhousie University, and currently studies literature at Memorial University. She has written for Quill & Quire, The National Post, Atlantic Books Today, The Coast, and Visual Arts News Magazine. Shannon will be presenting several of her poems in contribution to this session.

### **Poetry Reading**

*Amelia Reimer, St. John's Native Friendship Centre*

Amelia Reimer is a Cultural Support Worker for the St. John's Native Friendship Centre. She is a proud Métis woman originally from the Pacific Northwest, but has made her home in St. John's for the past 4 years. For the past 23 years, she has worked with and served a wide variety of Aboriginal communities across North America. With the Native Friendship Centre, she has taken on the national Faceless Dolls project – tracking and honouring Missing and Murdered Indigenous Women in Newfoundland and Labrador while increasing public awareness through media, speaking, and events. She also focuses on providing emotional and cultural support to Residential School Survivors so that they and their families can heal from the multi-generational and institutional traumas experienced by entire populations. She volunteers her time with a variety of community organizations, including serving on the Steering Committee for the Community Coalition for Mental Health (CC4MH) and The Independent newspaper's Board of Directors. She is also a single mother with two strong and handsome sons.

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## **PANEL 16 | DISASTER MENTAL HEALTH AND SUPPORT WORKERS**

**Monday, 16:00 – 17:30, A 1045**

*Chair: Bill Malone*

### **PTSD Among Homeless Sector Workers**

*Dr. Jeannette Waegemakers Schiff, University of Calgary, Faculty of Social Work; Annette Lane, Associate Professor, Athabasca University*

This research presents the findings of a study examining symptoms of PTSD, burnout, and vicarious traumatization among 481 workers in the homeless-serving sector in 23 organizations across two major Canadian cities. We present reported rates that are significantly higher than reported in other work environments, including combat-related PTSD and emergency first responders, and examine significant relationships among these indicators of extreme work-related stress. We also look at the challenges of working with homeless individuals who have experienced/are experiencing trauma, addictions and mental illness, and a plethora of additional psychosocial stressors, as well as the physical/environmental challenges of the work, and potential organizational level contributors. In this presentation we would

also like to invite attendees to discuss the potential causative factors that may account for these high rates, as the results suggest that there are causative factors not completely explored in existing literature.

### **Nursing: Burnout, Compassion Fatigue, or PTSD?**

*Patricia Rodgers, Clinical Educator, Critical Care Areas, Eastern Health*

Nurses deal with patients and families in almost every set of shifts they work in Acute Care. The acuity of patients in hospital is very high causing complex care requirements. Our population is growing older in Newfoundland. We have the highest number of elderly per capita than other provinces. People are living longer with chronic disease. Nurses deal with cardiac arrest, death and serious wounds and complications in their patients. This is in addition to the stress of heavy workloads, sicker patients, computer and written documentation that must be done, ensuring their patients get their tests and get to their appointments on time. Some patients may require the nurse to provide all care for them including tube feeding, washing, turning, providing medications and so much more. The nurse is the 24/7 care provider who is caring for someone's loved one. The chance of becoming injured when patients require total care and complex care is always a worry for the nurse. The stress of daily work and exposure to critical events over time add up to Compassion Fatigue, Burnout and PTSD.

### **Disaster Mental Health Response**

*Dr. Joel Foster, United States Air Force, Defense Health Headquarters; Dr. Samuel Oldham, Sheppard Air Force Base*

Post-disaster intervention is an important socio-cultural objective, especially considering that up to 38% of individuals seen in shelters and assistance centers have disaster-related disorders (North & Pfefferbaum, 2013). Early intervention may also facilitate receptivity to future evidence-based treatment (Zatzik, 2012) such as Prolonged Exposure and Cognitive Processing Therapy by enhancing social influence variables such as trustworthiness. The Disaster Mental Health (DMH) team, which included an integrated response among mental health personnel, chaplains, and family care workers, is the prevention model used by the United States Air Force (USAF) to attenuate development of problematic trauma symptoms. The DMH team trains quarterly, actively engages in pre-exposure and deployment preparation activities, and assists commanders in normalizing stress responses following trauma exposure. The goal of this presentation is to review the DMH model in a multi-cultural context and initiate cross-fertilization with similar models used in other countries.

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## **PANEL 17 | GRIEF INTERRUPTED: A PANEL ON PTS AND COMPLICATED GRIEF**

**Monday, 16:00 – 17:30, SN 2098**

*Chair: Lori Clarke, Memorial University*

Bereaved people constitute a significant portion of those seeking treatment for PTSD. This panel will look at how PTS shows up in the bereaved, how it relates to Complicated Grief which occurs in approximately 7% of bereaved people and how psychobiological approaches to trauma resolution such as Somatic Experiencing(r) provide hopeful responses.

### **Recognizing and Treating Trauma in Bereavement Care**

*Rev. Dr. Peter Barnes, Bereavement Services EH*

As coordinator of Bereavement Services, Regional Palliative Care Leadership Team, Eastern Health, Rev. Dr. Peter Barnes will share his insight into the recognition and treatment of traumatic stress responses in bereavement care.

### **Lest We Forget: Wartime Bereavement and its Interface with Trauma**

*Dr. Christina Harrington, RSW, Social Work Solutions Canada*

This presentation explores the experience of wartime bereavement and the overlap with trauma/ PTSD. Participants will learn about the unique features of wartime bereavement as well as aspects generalizable to other forms of sudden and traumatic death. Aspects of experience that can precipitate traumatic responses are highlighted, as are the ways in which trauma disrupts bereavement processes. The presentation draws on qualitative research conducted with family members' of fallen Canadian soldiers as well as research examining the implications of viewing the body of a loved one following a sudden death. Implications for policy and clinical practice are discussed.

### **Complicated Grief and Trauma in Chronic Illness**

*Dr. Leah Lewis RDT, CCC, Memorial University*

In this presentation, Meaning Reconstruction is reapplied to the context of complex chronic illness, namely End Stage Renal Disease and transplant loss. Leah Lewis's dissertation *Good Grief: Meaning Making through an End Stage Renal Disease Illness Narrative*, explores the phenomenon of transplant loss and the trauma of medical procedures such as dialysis via a narrative-driven grief lens. Dialysis patients routinely navigate interruptions in health and functioning due to their dialysis status, recurring invasive and painful medical procedure, which marks narrative schemas via the body's experience of medically related trauma - both due to the life sustaining routine of dialysis as well as necessary and common supplemental procedures. Such constant exposure to health-related loss and trauma makes for a constant need to revisit grieving that manifests out of chronic complex illness such as renal disease. This study explores the dialysis experience through the lens of complicated grief and body-trauma, resulting in patients needing to work to reconstruct illness-saturated narratives in order to find meaning within and because of their dialysis experiences.

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## **PANEL 18 | REGARDING RESIDENTIAL SCHOOLS AND WE WERE CHILDREN (2012): A FILM SCREENING**

**Monday, 16:00 – 17:30, SN 2105**

*Chair: Kate Lahey, Memorial University*

The film *We Were Children*, produced by Eagle Vision and the National Film Board of Canada, dramatizes the childhood traumas experienced by two residential school survivors, Lyna Heart and Glen Anaquod, in the 1950s and 1960s. This film features their recollected testimonies alongside dramatic, acted reconstructions of their lives. The primary aim of this session is to communicate how trauma and PTSD relate to institutionalized forms of violence (emotional abuse, neglect, physical abuse, and sexual abuse) experienced by Indigenous peoples in Canada. The second objective of the session is to explore artistic representations of trauma and PTSD within a visual medium. By mixing interviews with film, *We Were Children* rethinks cultural memory and what it means to bear witness.

### **Last Wishes: Postmemory and *We Were Children***

*Collin Campbell, Memorial University*

Co-interviewees Lyna Hart and Glen Anaquod recall that throughout most of their adult lives, their traumatic experiences in the residential schools were met with disbelief and a general refusal to acknowledge the institutional violence. This short talk focuses on the film's self-conscious construction of their stories as testimony: that is, the film means not only to teach the history of residential schools,

but also to recuperate the silence and denial around residential school violences. Drawing on Marianne Hirsch's concept of postmemory, or, the ways that we construct, retell, and memorialize traumatic cultural memories, this talk explores how *We Were Children* participates in an ongoing cultural project to breach the silence around residential schools and it examines why *We Were Children* has become so popular for educators.

**Discussant**

*Amelia Reimer, St. John's Native Friendship Centre*

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**PANEL 19 | NEURO MECHANISMS AND PTSD II**

**Monday, 16:00 – 17:30, SN 2101**

*Chair: Jaqueline Blundell, Memorial University of Newfoundland*

**Brain Rhythm Hypersynchrony in Soldiers With PTSD**

*Dr. Benjamin Dunkley, Dr. Elizabeth W. Pang, Dr. Margot J. Taylor; The Hospital for Sick Children*

Brain functional connectivity alterations have been observed in PTSD but these have mostly been limited to studies of haemodynamics, whilst neurophysiological interactions remain relatively unexplored. Using magnetoencephalography, we examined resting brain rhythm synchrony in soldiers with PTSD and a group of matched control soldiers. High-frequency oscillations in the PTSD group were elevated compared to controls in left temporal and frontal regions, as well as the default-mode and salience networks; conversely, decreased intra-network synchrony was observed in low-frequency rhythms. Hippocampal connectivity in the PTSD group was associated with symptom severity, as well as connectivity between the salience and attention networks. Given this, we conclude that atypical neural synchrony across the brain and between neuronal circuits may underlie symptoms of PTSD, and that the hyperconnectivity of memory regions underlies reliving of traumatic memories. These findings contribute to accumulating evidence that PTSD is a disorder of brain systems and interregional communication.

**Transcranial Magnetic Stimulation Reverses Pathological Behaviors in a PTSD Rodent Model**

*Marc Legrand, Romain Troubat MA, Dr. Catherine Belzung, Dr. Wissam El-Hage; INSERM U930 Team 4 University François Rabelais*

Despite solid knowledge on the underlying pathophysiology of PTSD (hyperactivation of ventral limbic structures over prefrontal areas), current therapeutic approaches remain non effective for many patients. The goal of this study was to assess the efficacy of applying repetitive transcranial magnetic stimulation (rTMS) on altered neuronal networks in an animal model. 128 male mice went through a foot-shock traumatic context to induce a PTSD phenotype. Magnetic stimulation was focally applied over prefrontal structures in a 5-day long protocol at excitatory parameters (12.5 Hz, 1.6 Tesla), in comparison to an antidepressant treatment. rTMS elicited beneficial effects, i.e. diminishing avoidance toward traumatic cues, enhancing memory performance and decreasing the hallmark freezing behaviors during re-exposure to the traumatic context. These beneficial effects of rTMS were observed with greater magnitudes than those produced by the antidepressant. These findings highlight the potential of rTMS and its neuronal-based effects as a therapeutic alternative to current methods.

**Predator Stress, Fear Memory & the mTOR Kinase Pathway: Implications for PTSD**

*Jesse Whiteman, Phillip McCallum, Sriya Bhattacharya, Jaqueline Blundell; Psychology Department, Memorial University*

Treatments for Post-Traumatic Stress Disorder (PTSD) involve integrating knowledge at molecular, neural, and behavioural levels. Drug treatments in particular involve research linking the molecules acted on by drugs, to the brain circuits these actions influence, to effects on behaviour due to altered circuit function. The Predator Stress paradigm is an animal model of PTSD where exposure of a rodent to a predator generates contextual fear learning, anxiety, and startle behavior, paralleling human PTSD symptoms. This allows for testing of potential drug treatments, as their effects on fear learning, anxiety and startle can be precisely measured. Research implicates the mTOR kinase pathway as a key component of PTSD-related fear learning, with the mTOR blocker Rapamycin as a possible treatment. This talk describes studies of Rapamycin's effect on consolidation and reconsolidation of fear memories induced by predator stress, a key step in evaluating the drug's potential as a PTSD treatment.

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**PANEL 20 | FROM MENTAL HEALTH PROMOTION TO BUILDING RESILIENCE: BUILDING OVERARCHING PREVENTION AND PROMOTION STRATEGIES INTO THE CONTINUUM OF CARE**

**Tuesday, 10:15 – 11:45, SN 2098**

*Chair: Hayley Crichton, Memorial University of Newfoundland*

It is time for us to look at psychological injury prevention, much in the same way as we promote occupational health & safety. Participants will learn about a compelling case for effective prevention strategies as part of the overall continuum of interventions. Panelists will discuss evidence-informed practices for building resilience and preventing mental illnesses, including Road to Mental Readiness and the National Standard for Psychological Health & Safety.

**Recovery Oriented Practices, Psychological Injury Prevention and Resilience: Promoting Winning Solutions**

*Ed Mantler, Vice-President, Programs & Priorities, Mental Health Commission of Canada*

**Applying an Occupational Health & Safety Lens to Psychological Health and Safety**

*Maureen Shaw, Principle, Act Three Consulting; Member of Mental Health Commission of Canada Psychological Health & Safety Advancement Committee*

**Building a Comprehensive Mental Health Strategy: Our Journey So Far**

*Shawn O'Reilly, Inspector, Royal Newfoundland Constabulary*

**Moderator**

*Michelle Green, Consultant, Mental Health and Addictions Division, Government of Newfoundland and Labrador*

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**PANEL 21 | BADGE OF LIFE CANADA: SURVIVING TRAUMA & BUILDING RESILIENCE IN THE WORKPLACE**

**Tuesday, 10:15 – 11:45, SN 2102**

*Chair: Rose Ricciardelli, Memorial University*

**Stigma & Resiliency:**

**Are we Weak...or...Are we Heroes?**

*Sgt. Bill Rusk, B.A. & Lynne Rusk, B.Sc., Directors, Badge of Life Canada*

Overview: The journey of post-traumatic stress and the effect on the daily lives of police personnel. Stigma, discipline, navigating WSIB, SIU, Coroner's Inquests, and the effects upon family and relationships regarding media and social media coverage of traumatic events. Learning Objectives: Stigma reduction & awareness education on the Warrior Mentality within policing.

**Stigma, fear, shame, weakness, discipline and the Warrior Mentality:**

**Informal vs Formal Peer Support: When reaching out to the organization's formal peer support process is not an option.**

Overview: For Police and Corrections officers involved in fatal or near fatal use of force in their duties, the predicament of now being investigated for a criminal act may preclude the use of the formal peer support services offered by the organization – thus, the importance of having available an informal, yet well structured, peer support service in place in all organizations. Learning Objectives: Understanding when an informal and formal peer support structure can assist members during crisis interventions in the workplace.

**Effective Organizational Peer Support Structures:**

**Third Pillar of Mental Health” - Distinguishing a Moral injury from PTSD**

Overview: Moral injury is “the pain that results from damage to a person’s moral foundation” or an erosion of “a sense of goodness and humanity” that many officers involved in shootings experience. It is a new term but not a new concept. Learning Objectives: Understanding how the often-unexplained pain and suffering of a moral injury can erode the inner fiber of an involved member. Police, EMS, Fire and Corrections personnel will all benefit from this topic as it is applicable in many first responder settings involving life and death decisions that can impact the lives of the public and the involved members forever.

**Perceived Injustice and Sanctuary Trauma**

Overview: The little-recognized, yet profound, impact of perceived injustice (the sense that one has been harmed by another) and sanctuary trauma (the sense of betrayal when the institutions that are supposed to provide support fail to do so) and the impact upon the member. Dealing with the failure of “the system” can be devastating to the member, and sometimes even worse than the trauma of the original incident. Employers, WSIB, and long-term disability insurers can all have a positive role in helping the member to heal—but they can also keep the member disabled, even as they are trying to save money by getting the member back to work. Learning Objectives: Understanding the importance of timely treatment and the effects upon the member when “the system” is ‘perceived’ to be letting them down.

**Moral Injury, Perceived Injustice and Sanctuary Trauma - Panel Discussion/Q&A**

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**PANEL 22 | THE ROLE OF SUPPORT NETWORKS**

**Tuesday, 13:00 – 14:30, SN 2098**

*Chair: Scott Kenney, Memorial University*

**Operational Stress Injury Social Support Program**

*Derek Spracklin, Kendra Melish; Operational Stress Injury Peer Support (DND) (PEI, NL)*

The Peer-Support Coordinator for NL and Lab and the Peer Support Coordinator for PEI will discuss the Operational Stress Injury Social Support program and its model and how they effectively create a boots on the ground approach to dealing with peers. The OSISS Program is a partnership program between the Department of National Defence and Veterans Affairs Canada created in 2001. The OSISS vision is “To be an exemplary model of standardized peer support to Canadian Armed Forces (CAF) personnel, Veterans and their families”. Breaking down the barriers of stigma and providing social support has led many CAF members, Veterans and their families to seek the needed help. In short, OSISS is a critical non-clinical addition to the mental health services of both Departments. Peer Support Coordinators and Family Peer Support Coordinators are typically former CAF members or families of Veterans or CAF members, who know first-hand the lived experience of operational stress injuries (OSIs) and the possible impacts. Peer support means hours of conversation, working to balance listening with sharing and helping peers connect with others.

### **Marijuana for Trauma**

*Fabian Henry, Sgt. Retired; Founder/CEO MFT Group Inc.; Marijuana for Trauma Inc.*

Fabian Henry, Sgt. Ret'd will present information regarding Marijuana for Trauma's national three phase program to help those suffering with chronic PTSD. This will include details on why medicinal cannabis has been highly effective for the close to 1000 Canadian Forces veterans that make up Marijuana for Trauma. Among the information presented is the scientific relationship between the endocannabinoid system and PTSD, what works best for PTSD and why, additional finding after working with hundreds of veterans, their families and doctors. MFT Group is a global leader involved in cutting edge programs for those suffering with PTSD.

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## **PANEL 23 | MODELS OF CARE**

**Tuesday, 13:00 – 14:30, SN 2101**

*Chair: Adrienne Peters, Memorial University of Newfoundland*

### **Effective Psychological Treatments for PTSD and how to Access Them**

*Sarah Chaulk, Phd., University of Manitoba & Operational Stress Injury Clinic (Winnipeg); Dr. Kathy Keating, Keating Psychological Services (Kelowna)*

Post-Traumatic Stress Disorder (PTSD) is increasingly being identified as an occupational hazard for many individuals who work in emergency response, law-enforcement, and military organizations. There are numerous evidence-based treatments for PTSD including, Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Eye Movement Desensitization and Reprocessing Therapy (EMDR), among others. Yet there remains a difficulty in navigating our health care systems to determine where, when, and how to seek help for post-traumatic stress. This presentation will review effective psychological treatments for PTSD as well as information on how to access these services in Canada in both the public and private systems. Our aim is to disseminate information about treatments and access to these interventions. Our target audience would include case managers (e.g., Workers' Compensation, Veterans Affairs), mental health professionals, family members of those with PTSD, and members of first response, policing, or military organizations.

### **Skills Training In Affect Regulation: Examining the Effectiveness of a Group Treatment for Female Military Members, Veterans, and RCMP Members Experiencing Complex Trauma**

*Dr. Melissa Stewart, Stacey Ferland, Dr. Alanna Hager, Marney Reindeau; Carewest Operational Stress Injury Clinic*

The current investigation presents findings from a recently implemented skills-based group treatment for female military members, veterans, and RCMP members who receive treatment services at an Operational Stress Injury (OSI) clinic. The Skills Training in Affect Regulation (STAR) Group is a 14-week group treatment for women receiving individual treatment at the Carewest OSI Clinic in Calgary, Alberta who present with complex trauma and experience difficulties regulating emotions, managing distress, and maintaining healthy relationships. Informed by Dialectical Behaviour Therapy (DBT), the STAR Group focuses on teaching coping skills and decreasing dysregulation across four areas: behavioural, cognitive, interpersonal, and self. Assessments were conducted pre-, mid-, and post-treatment to measure changes in emotional dysregulation, utilization of coping skills, and symptoms of anxiety, depression, and posttraumatic stress across the treatment course. Results have important implications for the treatment of emotional dysregulation among military and RCMP members who are experiencing PTSD and other mental health issues.

### **Rapid Access to PTSD Treatment in the Context of Stepped Care 2.0**

*Peter Cornish, PhD; Associate Professor & Director of Memorial University Student Wellness & Counselling Centre*

A new model for delivering services that eliminates wait lists is presented, as well as how this treatment works for those suffering from PTSD.

### **A Novel Approach to the Treatment of PTSD and Addiction**

*Wendi Woo, Psychological Associate; Dr. Harry Vedelago, Clinical Manager; Addiction Medicine Service, Homewood Health Centre*

The co-occurrence of PTSD and addiction is well documented in the literature. Recent evidence has indicated that concurrent treatment for both disorders is considered best practice. We present a unique unifying principal that links PTSD and Addiction as a single disorder. The intertwined nature of PTSD and addiction will be discussed as well as the application of this unifying principal in the delivery of care at the Homewood Health Centre Addiction Medicine Service.

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## **PANEL 24 | PREDATOR-BASED ANIMAL MODELS OF PTSD**

**Tuesday, 13:00 – 14:30, SN 2105**

*Chair: Liana Zanette, Western University*

This session will highlight research by four investigators that utilize a live predator or predator-based cues as the core component of animal models of PTSD. Overall, this session focuses on the idea that identifying the neural mechanisms underlying traumatic stress based on an ethologically relevant stressor may improve our understanding of why a subset of traumatized people develop PTSD, as well as to enhance the development of effective pharmacotherapy for PTSD.

### **Integrating Predator Exposure Research in a Broader Framework for Understanding Hippocampal Involvement in Trauma Memory Processing**

*Dr. David Diamond, University of South Florida*

Dr. Diamond will review research on traumatic stress, brain and memory, followed by an overview of the animal model of PTSD he developed with Dr. Zoladz. Their psychosocial stress model of PTSD is based on the interaction of acute trauma (predator exposure) with chronic social instability to mimic clinically relevant risk factors for PTSD susceptibility.

### **Towards A Comprehensive Animal Model of PTSD**

*Dr. Jacqueline Blundell, Department of Psychology, Memorial University of Newfoundland*

Dr. Blundell will present findings examining changes in brain and behavior following exposure to a traumatic stress (in this case, a predator). The predator stress paradigm, in which a mouse is briefly exposed to a rat, takes advantage of the innate fear a mouse has towards a rat. Identifying the neural mechanisms underlying traumatic stress may contribute to understanding the development, as well as advance the treatment of stress-related disorders such as PTSD.

### **Physiological and Behavioral Sequelae Induced By a Predator-Based Psychosocial Stress Model of PTSD**

*Dr. Phil Zoladz, Associate Professor of Psychology, Ohio Northern University*

David Diamond and I previously developed a predator-based psychosocial stress model of PTSD, in which rats are exposed to a cat on two separate occasions and undergo chronic social instability for a period of 31 days. In this work, we showed that psychosocially stressed rats displayed several PTSD-like changes in physiology and behavior. In the present talk, I will discuss more recent work that has been completed with the model, including its effects on HPA axis function and myocardial sensitivity to ischemic injury. I will also describe the ability of certain pharmacological agents to block the observed effects, as well as the recent emergence of sex differences in the model.

### **The Predator Scent Stress as an Animal Model of PTSD**

*Dr. Jay Hoffman, Department of Educational and Human Sciences, University of Central Florida*

Dr. Hoffman will describe his research based on predator scent exposure as an animal model of PTSD. He will describe the effects of exercise, nutritional and pharmaceutical interventions on behavioral responses to stress.

**Abstracts**

# Workshops

## **WORKSHOP 1 | PACKING YOUR CARRY-ON: ESSENTIAL TOOLS FOR UNDERSTANDING AND MANAGING PTSD**

**Sunday, 10:15 – 11:45, SN 2025**

*Facilitators: Sharon Meredith, Brittany Meredith; Power Psychology Services, Inc.*

Sharon Meredith is a retired RCMP sergeant (29yrs). As a result of her volunteer work with traumatized colleagues and their families, she is recipient of the Governor General's Member of the Order of Merit Medal. She is a registered psychologist, and an EMDRIA approved consultant. She volunteers with the Canadian Federation of Clinical Hypnosis-Alberta Society as a board member, peer support group host, and basic training facilitator; and with Momentum Walk-in Counselling Society as a therapist and graduate student supervisor.

Brittany Meredith has six years' experience in mental health. As a community health worker, she has seen the direct impacts of trauma, on children, adolescents, and families. Brittany is trained in EMDR, clinical hypnosis, and narrative therapy. She is in private practice at Power Psychology services and volunteers with Momentum Walk-in Counselling Society. Her clients include individuals, couples, and families impacted by trauma.

### **Abstract**

This is a practical presentation meant for persons wanting to gain a better understanding of post-traumatic stress and to acquire practical self-help tools. It will begin with a discussion of the symptoms of post-traumatic stress disorder, with emphasis on how the DSM-5 defines PTSD. Participants will have an opportunity to review and can choose to complete a Post-traumatic Checklist-5 (PCL-5). Further psychoeducation will include a brief discussion of the triune brain, the vagal nerve, as well as the flight, fight, freeze, and collapse responses. Dr. Francine Shapiro's (EMDR) Adaptive Information Processing theory will be briefly reviewed in terms of memory processing of overwhelming events. Essential tools for emotional and physiological regulation will be provided, including grounding, containing, deep breathing, calm place, inner coach, and inner team. As well, participants will be provided opportunity for experiential practice. Links to free practical tools, workbooks, and apps will be provided.

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## **WORKSHOP 2 | RESILIENCY AND WELLNESS**

**Monday, 10:15 – 11:45, SN2105**

*Facilitators: Leslie Block, registered psychologist, Leslie Block and Associates*

### **Abstract**

First responders regularly deal with uniquely stressful occurrences, unexpected events, and threats to personal safety. Over time, these realities and pressures can become overwhelming, leading to fatigue and burn out. PTSD is not an uncommon consequence to these adverse events.

Resiliency is a naturally occurring process that humans possess, to some degree or another. It is seen most clearly during a crisis or emergency. It is not simply bouncing back from an event or incident. It is the stuff that keeps folks intact even in the face of evil, adversity, and chaos. It is the way folks remain adaptive and creative so that they are not harmed or damaged by life events. Self-care is required to keep this process from becoming depleted.

In this experiential workshop on Resiliency and Wellness, the participant will learn how to take stock of their own strengths and weaknesses. They will learn how to rebuild and fortify their unique skill set. They will learn to see opportunity for growth in conflict situations and how to remove the barriers to

wellness. This will invariably bring the participant to understand the language of stress and of pain through mind-body communications.

Related topics include but are not limited to the following: supportive relationships, management of anxiety, optimism – pessimism continuum, communication, expectations, affect regulation, faith and confidence, boundaries, conflict, closure to old wounds, learning from the past.

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**WORKSHOP 3 | THE ART OF VULNERABILITY: HEALING THROUGH THERAPEUTIC RELATIONSHIP**

**Tuesday, 10:15 – 11:45, SN 2025**

*Facilitators: Theoren Fleury, co-author of Conversations with a Rattlesnake, Raw and Honest Reflections on Healing and Trauma, Former NHL hockey player, Founder of Breaking Free Foundation; Kim Barthel, Co-author of Conversations with a Rattlesnake, Occupational therapist and multi-disciplinary therapy instructor.*

**Abstract**

Following the release of his powerful book 'Playing with Fire', hockey legend Theo Fleury joined forces with world-renowned therapist Kim Barthel in creating and living their best selling book 'Conversations with a Rattlesnake, Raw and Honest Reflections on Healing and Trauma'. Since 2014 they have been in front of thousands of people across the country supporting the process of reflection and compassion - from prison visits to Victor Walks - whatever it takes to help end the cycle of trauma.

Join Kim and Theo for this unique workshop that combines cutting-edge information about the neurobiology of PTSD with sincere and heart-warming discussion with participants about what happens to the brain (mind, body, and soul) in the presence of PTSD. Illuminating reflections upon the processes of healing are guaranteed.

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**Abstracts**

# Roundtables

**ROUNDTABLE 1 | WE STAND ON GUARD: BUILDING MILITARY AND VETERAN FRIENDLY COMMUNITIES**

**Sunday, 16:00 – 17:30, SN 2018**

*Chair: Gail Wideman, Memorial University*

Today, more than ever before, Canadian Armed Forces (CAF) families are living in civilian communities; a shift that has substantively altered their access to the networks of support associated with shared experiences of deployment and other challenges of military life. This workshop will describe the efforts of an alliance of civilian and CAF providers of health and social services, to develop collaborations and capacity across sectors and institutions (e.g. health, education, faith-based, government and private) to meet the needs of military personnel, veterans and their families. Since the end of the mission in Afghanistan the province has seen an increase in military retirements and combat veterans, and a concomitant demand for trauma informed mental health services. A 'Military and Veteran Friendly' community can offer a collective community based response that will enhance resilience, strength, and well-being for families experiencing the impacts of CAF service members' post-traumatic stress injuries.

**Discussants**

*Harold Jones, Veterans Affairs*

*Alan Horwood, Military Family Resource Centre*

*Eli Rowsell, Joint Personnel Support Unit (Canadian Armed Forces)*

*Nadine deBlois and Derek Spracklin, Operational Stress Injury Social Support*

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**ROUNDTABLE 2 | OPERATIONAL STRESS INJURY**

**Monday, 10:15 – 11:45, IIC 2001**

*Chair: Heidi Cramm, Canadian Institute for Military and Veteran Health Research (CIMVHR), Queen's University*

**Exploring the impact of Operational Stress Injuries such as Posttraumatic Stress Disorder on family health and well-being.**

Findings from a scoping review exploring the impact of Operational Stress Injuries such as Posttraumatic Stress Disorder on the mental health and well-being of military and veteran families indicate a negative effect on family dynamics and relationships. Findings for roundtable discussion include:

- The directionality and relationship, along with specific factors and mechanisms, between OSIs and negative impacts on relationship quality, secondary trauma, caregiving experiences, and intimate partner violence.
- The complexity of the transaction among parental OSI, spousal mental health, and child development.-The unique ways in which OSIs may impact families of populations subsets (e.g., younger veterans, long parents, etc.)
- The extent to which OSI needs to be understood and addressed within a family-centred context.
- The opportunities to support OSI recovery through technology
- The professional development needs for supporting families living with OSI.
- The priorities for next steps in research.

**Discussants**

*Deborah Norris, Associate Professor, MSVU*  
*Maya Eichler, Canada Research Chair, MSVU*  
*Linna Tam-Seto, Doctoral Candidate*  
*Kim Smith-Evans, Masters Candidate*

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**ROUNDTABLE 3 | EQUI-ASSIST: HORSES AND HUMANS WORKING TOGETHER TO OVERCOME TRAUMA**

**Tuesday, 10:15 – 11:45, SN 2018**

*Chair: Gail Wideman, Memorial University*

Equine assisted practice is an experiential, solution focused treatment that incorporates horses into the counseling process to facilitate therapeutic outcomes. As prey animals, horses are uniquely sensitized to their environments. Interacting with horses has been shown to contribute to client success related to improving self-esteem, creative problem solving, leadership and relationship building. There is a growing interest in equine assisted programs supporting the psychological health and relationships of members of the Canadian Armed Forces. It is anticipated that a large number of military personnel will be retiring in NL over the next several years, and that there will be an associated increased demand for relevant mental health services. This presentation will describe a local program that is based on a globally recognized model of training and certification called EAGALA: Equine Assisted Growth and Learning Association. The presentation will include the perspectives of researcher, service provider, and client.

**Discussants**

*Rhonda Fiander*  
*Sharon Barnes*

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**ROUNDTABLE 4 | SHARING NARRATIVES OF RESILIENCE**

**Tuesday, 13:00 – 14:30, SN 2018**

*Chair: Bill Malone, McManis & Monsalve Associates Inc.*

Personal stories of resilience after trauma are important to our broader understanding of post-traumatic stress. Narratives help us grasp the complexities of living and coping with PTSD. During this roundtable, discussants will share their experiences as individuals suffering from this type of injury as well as supportive family members.

**Discussants**

*Deanna Hagen*

"I am a regular member of the RCMP having worked in various operational capacities. I developed PTSD from my duties, regimental funerals, lack of support, and the Mayerthorpe tragedy. In 2007 I sustained an on-duty traumatic brain injury. These conditions have been debilitating, forcing me to pursue a journey of survival, wellness, renewal, and hope. I understand firsthand the PTSD spectrum and a little about brain injury. I want to share aspects of my healing, how I overcame the stigma and shame, and still deal with the "tough guy" credo of the Force. I want to talk about the necessary strength and

courage one needs in fighting back, along with the pitfalls and setbacks one faces. My story of resilience will resonate with other first responders and heroes of our society. “

*Kelsey Aboud*

“My story is a personal journey with PTSD- I am a 13 year member of the RNC and was diagnosed last year. I have been sharing my story when and where I can in an effort to erase the stigma. Not only the stigma of mental illness, but the stigma of front line workers with PTSD. It is a growing issue and I feel that my openness about my journey and my struggles can help others know they are not alone and that it isn't a form of weakness.”

*Dave Ossinger*

“I can speak to my own experience of trauma in police work, with particular emphasis on how anger and resentment stand out as key responses. Anger or the sense of having been somehow ‘let down’ or betrayed by coworkers or managers seemed to somehow amplify the magnitude of what I went through, and seemed to become my greatest barrier to recovery. I can also speak to recovery issues in PTSD. My personal theme tends to be meaning-centred lifestyle interventions to build resiliency. In my own experience, rewarding hobbies and meaningful relationships have been key to helping me tolerate and recover from critical incidents.”

*Cathy St. John*

“If my inner scars were visible, people would simply turn their heads in shock and never actually see me nor understand the magnitude of my resiliency. From a very early age, I learned through several traumatic adversities of a lasting inner-strength within myself that would carry me through unimaginable future hardships. But for a force far greater than myself, and with the assistance of extraordinary individuals who crossed my life path during the past several decades- I emerged whole and powerful.”

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**Abstracts**

# Posters

*Bruneau Centre Lobby*

**POSTER 1 | Sexual Assault on the Rock: LGBTQ+ Experience In Newfoundland and Labrador**  
*Christopher Cumby, M.Ed Counselling Psychology (student), Memorial University of Newfoundland*

This study examines the prevalence of sexual violence within the LGBTQ+ (Lesbian, Gay, Bisexual, Trans, Queer, etc.) community of Newfoundland and Labrador. Using an anonymous survey, participants from across the province are asked to answer questions regarding (unwanted) sexual activity. The goal of this study is to understand the rates at which sexual violence occurs within the LGBTQ+ community, and to provide a basis for future prevention and educational work. The poster will link sexual violence as a cause of PTSD and related mental health issues, while underlining the unique situations and barriers that people who inhabit an LGBTQ+ identity experience compared to the general population. It will ultimately encourage PTSD researchers and allied health professionals to include LGBTQ+ populations in future research directions

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**POSTER 2 | Trauma-Recognition Brain Activity in Soldiers with PTSD**

*Dr. Benjamin Dunkley, The Hospital for Sick Children*

*Co-authors: Mennella, Rocco, Mr; Pang, Elizabeth W, Dr; Taylor, Margot J, Dr.*

Maladaptive memory biases toward trauma-related scenes, proposed to manifest as a facet of functional aberrations in temporal brain regions in PTSD patients. Magnetoencephalography was used to examine cognitive processing of war-related imagery in soldiers both with and without PTSD, and a civilian control group. Two tasks were completed; (1) Visual processing of war-related and neutral pictures. (2) A delayed recognition task of previously presented scenes. Soldiers with PTSD exhibited elevated responsivity in limbic regions involved in emotional regulation in both neutral and war-associated stimuli, as well as greater activation in left temporal pole (ITP) for war associated pictures. ITP activity in PTSD patients was negatively associated with accuracy of recognising neutral targets and is implicated in the storage and integration emotional associations. Thus, preferential processing of war related stimuli interferes with the recognition of previously-viewed neutral stimuli, indicating a neural process underpinning the recognition bias towards trauma-related stimuli in PTSD.

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**POSTER 3 | Brain structure differences in soldiers with PTSD**

*Dr. Benjamin Dunkley, The Hospital for Sick Children*

*Co-authors: Sussman, Dafna, Dr; Pang, Elizabeth W, Dr; Jetly, Rakesh, Col; Taylor, Margot J, Dr.*

Anatomical neuroimaging studies of PTSD have revealed that differences exist in brain structures responsible for memory and behaviour, for example, the hippocampi and cortex, but none have conducted a comprehensive examination of other brain regions, including the cerebrum and cerebellum. Structural MRI was conducted to investigate the volume of cortical, subcortical, and cerebellar anatomy in two groups of trauma-exposed soldiers, one group with PTSD, and one without. Soldiers with PTSD were found to have reduced cortical thickness, primarily in the frontal and temporal lobes, as well as decreased volumes of the caudate and right hippocampus, and enlargement in several cerebellar lobules. These data reveal structural differences in the brains of soldiers with and without PTSD, and emphasize the diagnostic potential of high-resolution MRI.

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**POSTER 4 | Psychiatric Service Dogs and Emotional Support Animals in the Treatment of PTSD in Veterans: What Do We Need To Know?**

*Lydia Ottenheimer Carrier, Canine Research Unit, Department of Psychology, Memorial University*

The use of psychiatric service dogs to assist Armed Forces veterans living with PTSD is a growing movement, with dozens of organizations in the USA and Canada providing service dog training. Many veterans reports that both service-trained and non-trained emotional support dogs provide them with tangible quality-of-life benefits, and media campaigns have popularized service dogs as therapeutic for those with PTSD. However, scientific evidence for its effectiveness remains sparse. In both countries, federally-funded research is ongoing to evaluate the use of service and emotional support dogs on mental health outcomes for veterans, with results expected by 2017-2018. These current research efforts should be augmented with studies using other animals (e.g., cats, horses), as well as studies focused on the neurobiological factors influencing human-animal attachment, in both traumatized and non-traumatized populations. A better understanding of the human-animal bond will further enhance our knowledge of the mechanisms involved in animal-assisted PTSD outcomes.

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**POSTER 5 | The Efficacy of Interpersonal Process (IP) Group Therapy for Posttraumatic Stress Disorder**

*Emma van Reekum, St. Francis Xavier University, NB*

*Co-authors: Watt, M. C., PhD., Frausin, S., MSc, Rasic, D., MD, Napier, L., MD, Sutherland, D. MSc*

This study was designed to investigate the efficacy of interpersonal process (IP) group therapy for Posttraumatic Stress Disorder (PTSD). The goal of IP is to hone interpersonal skills through real-life experience in a safe environment. Group therapy is recommended as it fosters social support, a strong predictor for reduction of PTSD symptom severity. An IP approach to PTSD is relatively untested but was recently piloted by a group of Halifax-based clinicians (2 psychologists, 2 psychiatrists). Group sessions were conducted biweekly for 12 weeks. Participants included 28 Canadian veterans and RCMP officers with a primary diagnosis of PTSD: 10 in each of two treatment groups and 8 in a treatment-as-usual group. Pre- and post measures of negative affect, substance use, health, moral injury, etc. were administered. Results of both quantitative and qualitative data will be described. Results of this study will inform a future randomized control trial of group IP for PTSD.

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**POSTER 6 | Fear has Long-Lasting Effects on the Brain in Wild Animals**

*Dr. Liana Zanette, Department of Biology, University of Western Ontario*

*Co-authors: Hobbs, Emma, Ms. ; MacDougall-Shackleton, Scott, Dr; Clinchy, Michael, Dr.*

Predator-induced fear has long-lasting effects on the brain in animal model (lab rat) studies of post-traumatic stress disorder (PTSD). Demonstrating comparable long-lasting effects in the brains of wild animals would provide a compelling mechanism linking the acute effects of predators on prey behaviour and physiology with the lasting effects of fear on prey reproduction and survival demonstrated in recent large-scale field experiments. Finding comparable long-lasting effects in the brains of wild animals would also validate and expand the animal model of PTSD. We conducted the first manipulation on any wild animal showing that the 'sound of fear' (predator playbacks) has both acute (c-fos) and long-lasting ( $\Delta$ FosB) effects on the amygdala of black-capped chickadees. Our study also reveals that predator

sounds have the same effects on the amygdala ('fear center') as do the visual and olfactory predator cues used in animal models.

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**POSTER 7 | Fear, Vulnerabilities and Mental Strains Faced by Former Prisoners during Employment Reintegration**

*Taylor Mooney, Master's Student, Memorial University*  
*Co-author: Ricciardelli, Rose, Ph. D*

Life in prison can be fraught with vast amounts of violence and various de-humanizing tactics, resulting in long-term negative effects on the psychological well-being of former prisoners. Re-entering society and finding employment is challenging and often terrifying for former federal prisoners. Yet, their re-entry success, according to the National Parole Board and Corrections Services Canada, is partially assessed in light of their ability to acquire employment, causing parole officers to pressure releasees into finding work quickly post release. The psychological toll that incarceration, or the experiences leading up to incarceration, can take on former prisoners might further complicate their workforce re-entry. To illustrate issues pertaining to fear, vulnerabilities and mental strains faced by former prisoners during employment reintegration, we draw upon in-depth, semi-structured interviews with 24 former prisoners upon their release into a large metropolitan city in Ontario. The majority of persons in our sample are victims of rather severe and reoccurring trauma and abuse.

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**POSTER 8 | Psychological Suffering: PTSD and Wrongful Convictions**

*Crystal Cline, Master's Student, Memorial University*  
*Co-authors: Ricciardelli, Rose, Dr.; Clow, Kimberly*

Wrongful convictions create challenges for the victim beyond being punished for crimes of which one is innocent. People who have been wrongfully convicted may experience a number of psychological symptoms in light of their experience pre, during and post arrest, court and incarceration. Post-Traumatic Stress Disorder is a possible yet understudied side-effect of wrongful conviction. Symptoms of PTSD often manifest from specific instances of trauma or can have a cumulative effect over long term exposure to or anxiety about the potential for trauma. Recognizing researchers have suggested that PTSD symptoms post release for former prisoners include repeated nightmares of assaults, panic attacks in response to hearing police sirens or police presence, constant anxiety, hesitations about being back in the public sphere, and fears of being attacked or rearrested (Scott, 2010), in this poster we explore the potential for wrongfully convicted persons to experience PTSD and the challenges that shape reintegration. We show how the challenges they face during reintegration are intensified because exonerees do not qualify for services available for persons on probation or parole. Policy implications related to the need for compensation and service provision for exonerees are discussed. References: Scott, L (2010). It Never, Ever Ends: The Psychological Impact of Wrongful Conviction " American University Criminal Law Brief 5, no. 2:10-22.

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**POSTER 9 | Improving Relationships Affected by PTSD: Veteran Couples Therapy Based on a Three Phase PTSD-Tailored EAL Program**

*Steve Critchley, Co-Founder, Can Praxis (Equine Therapy for PTSD)*  
*Co-authors: Duncan, Randy, Research Psychologist; Marland, Jim, Co-Founder*

The emerging Can Praxis program now offers three phases of therapy to address relationship issues for veteran couples affected by PTSD. This therapy, delivered via experiential learning, utilizes a program of goal-directed EAL activities integrated with practical self-mediation techniques. Pilot testing for Phase I started in March 2013 and as of February 2016, 127 veteran couples along with five RCMP couples have completed the initial therapy session. Phase I examines 'relief from PTSD symptoms' and 'acquisition of self-mediation skills and knowledge' as a first data collection point. Current findings for the end of Phase I, suggested that 96.97% of veterans and 87.90% of spouses/partners were very positive that the integrated PTSD-tailored EAL program would help them repair their personal relationship(s). The second data collection point includes three follow-up scenarios: i) once Phase I participants are back in their everyday environment for a minimum of three months; ii) completion of Phase II of the program; and/or iii) completion of Phase III. These follow-up scenarios provide for an examination of 'improvement in personal relationships' and 'longer-term reduction in PTSD symptoms'. The current follow-up data from 32 veterans and 25 spouses/partners indicate that 92.98% reported improvement in their personal relationship(s) after an average of 11.12 months post therapy. Most of these 57 participants attributed this success to learning the communication and conflict resolution skills emphasized in the self-mediation process and the influence of positive interactions with horses. These positive early results are moving the Can Praxis program towards its goal of meeting the scientific requirements for a valid evidence-based therapy, which could be included in the long-term mental health strategies of the VAC and other paramilitary organizations like the RCMP.

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**POSTER 10 | PTSD Among Victims of Sexual Abuse and Changes in Structural and Functional Brain Connectivity**

*Helen Cléry, INSERM U930 Imaging and Brain, University François-Rabelais of Tours, CHRU of Tours, France*

*Co-authors: Andersson Frédéric, Mr.; El-Hage Wissam, Dr.*

Most of the neuroimaging studies in posttraumatic stress disorder (PTSD) were conducted in male war veterans. However, the most prevalent causes of PTSD in civilians are the physical and sexual assaults, especially in the female population. The goal of this longitudinal study is to characterize changes from baseline brain connectivity in sexual assault female victims who developed PTSD compared to healthy control one month after the trauma and six months later. We measure early modifications in structural and functional connectivity in brain structures implied in the development of PTSD using different kinds of MRI-based techniques during cognitive tasks and rest. Coupled with the neuroimaging acquisitions, biological and psychophysiological measurements reflecting the level of stress and the neurovegetative state of participants are recorded: salivary cortisol and electrodermal response. This study improves our knowledge of PTSD, especially on the early and persistent changes in the architecture of brain regions involved in emotion regulation of rape victims.

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**POSTER 11 | Is Acute or Chronic Juvenile Stress A Risk Factor for PTSD in Adulthood?**

*Lauren E. Chaby Postdoctoral Research Fellow, University of Michigan*

Many factors are suggested to contribute to resilience and susceptibility to post-traumatic stress disorder (PTSD), a chronic, debilitating disorder that can develop after exposure to a trauma event. Exposure to trauma in childhood has been identified as a key risk factor for PTSD, but animal studies suggest that individuals exposed to stress as juveniles, when exposed to stress in adulthood, can exhibit either enhanced functioning or increased stress responsivity. We tested the hypothesis that adult rats exposed to stress during juvenile development exhibit exacerbated responses to an animal model of

PTSD, single prolonged stress, compared to adult rats reared without stress. We evaluated the lasting effects of both acute and chronic stress in juvenile development on PTSD specific end-points. We report that juvenile stress exposure affects aspects of fear learning and memory, and discuss effects of juvenile stress on morphological traits.

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