



Centre for Treatment of Sexual Abuse and Childhood Trauma

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Front (L-R): Margo Lemelin, Lalita Salins, Karen McCallum, Jan de Crespigny, Lori de Laplante, Wendy Paterson, Back: Heather MacIntosh, Brenda Saxe, Susan Oke, Mary Hogan-Finlay, Janice Fraser

Centre Update, by Lalita Salins

At the end of September, the 11 therapists now working at the Centre for Treatment gathered together for a Strategic Planning Day. As the morning began, we drifted in one by one, hugs all around, drinking coffee, sharing recipes, and getting excited over photos of our children and grandchildren. We all look forward to the food we bring to our gatherings, and there is something truly magical afloat as the aromas of homemade soups and fresh-baked muffins fill the air. The day was facilitated by Pauline Barrett, one of the original founding members of the Centre. Pauline has been a mentor and clinical supervisor to many of us working in the trauma field in Ottawa for over 25 years. We think of Pauline as one of the "grandmothers" of our Centre - a keeper of our stories. Her presence provided us with a wonderful opportunity to reflect on where we've come from as a Centre and where we're headed.

We thought it might be interesting to share some of our thoughts about what it is that makes the Centre unique. The Centre for Treatment has become a focal place in the Ottawa-Carleton community when people think of trauma. Our services are provided by a multi-disciplinary team of clinicians with a range of degrees and training. While we are best known for trauma-focused psychotherapy and play therapy for children, we also treat individuals in distress from such experiences as grief, divorce, job loss, and illness. In addition, therapists at the Centre have developed expertise in such areas as dissociation, addictions, physical health problems and couples counseling. We provide clinical training to university students in the area of trauma, and we organize conferences

and workshops with cutting-edge speakers from all over North America. The Centre is one of the few remaining places in Ottawa where children can be seen for longer-term therapy and where their parents and siblings can be seen by other clinicians on-site as well. We meet together as a team on a weekly basis for case consultation and treatment planning, so that our efforts to help individuals, couples and families affected by trauma are systemic and well coordinated. Many members of Aboriginal and Inuit communities and other special populations have come to trust the Centre as a safe place for help on their healing journeys.

As of this summer, we welcomed a new therapist, Heather MacIntosh, who has completed her Ph.D. in Clinical Psychology at the University of Ottawa. Heather is skilled in working not only with adults and couples, but also with children and adolescents. We look forward to the "fresh eyes" and new ideas she brings to the Centre.

We also bade a fond farewell this past spring to Thérèse Laberge, one of the founding Associates of the Centre. Thérèse worked with children and adolescents in both French and English. She brought great dedication and rich clinical skills to her work and she will be missed. Thérèse has changed professions and now works in a family law practice in Cornwall. We wish her all the best!

Thanks to all of our referral sources, wonderful Board members and those of you who have attended our conferences over the past 13 years! We look forward to many more years of serving the Ottawa-Carleton community.

Save The Dates!

The Centre for Treatment is pleased to announce the following workshops for 2006:

April 21, 2006

Dr. Peter Barach
presents

*"Diagnosis and Treatment of
Dissociative Disorders and
Dissociative Symptoms in Adults"*

October 13-14, 2006

Dr. Steven Gold
presents

*"Contextual Therapy for Survivors of
Prolonged Child Abuse"*

Registration information regarding these workshops will be available on our website in the coming months.

Dr. Jeremy Safran in Ottawa

Last April the Centre sponsored a two-day conference by Dr. Jeremy Safran, entitled "Negotiating the Therapeutic Alliance: A Relational Treatment Guide." Dr. Safran, of the New School University in New York, discussed the importance of awareness and self-disclosure in identifying and working through ruptures in the client-therapist relationship. When done skillfully and respectfully, this allows clients to understand and change maladaptive patterns of behaviour in their personal relationships. Dr. Safran helped us think differently about emotional self-disclosure and the therapeutic value of being sensitive to our own emotional responses. His workshop was very well received by those who attended.

The Physical Impact of Emotional Trauma, by Lori de Laplante

Much has been written over the years about the impact of childhood or adult trauma on a person's psychological, emotional and social development. However, it is only in recent years that an interest has developed in exploring the impact of past traumatic experiences on an individual's physical health in adulthood.

In my Ph.D. dissertation, I discovered that early childhood trauma represented a significant risk factor for individuals developing "medically unexplained" physical symptoms in adulthood (e.g. chronic pain/fatigue, digestive/respiratory problems). In my clinical work with clients recovering from motor vehicle or work-related accidents, it has become apparent that individuals with past histories of trauma are much more likely to develop PTSD and become disabled by a range of physical, emotional and cognitive symptoms, than individuals without such a history. These experiences have led me to develop a strong interest in understanding the role of trauma and dissociation in the development of physical health problems.

In his book, The Body Bears the Burden: Trauma, Dissociation and Disease, Dr. Robert Scaer describes how his many years of working with MVA clients led him to develop a neuropsychobiological model of trauma pathology to explain "whiplash syndrome." Biomechanical explanations of whiplash are unable to account for why an individual knocked unconscious is left with minimal cognitive or physical impairment, while a person who is rear-ended at 20 mph becomes disabled by cognitive, physical and emotional symptoms. According to Dr. Scaer's model, neurophysiological changes are immediately triggered in individuals with past traumatic histories who find themselves experiencing a current event that elicits similar feelings of terror and helplessness to their past experiences. These include changes in brain function, muscles, digestion, blood pressure, and many other bodily systems. These changes are also assumed to play a role in chronic pain syndromes, irritable bowel syndrome, cystitis, fibromyalgia, chronic fatigue syndrome, reflex sympathetic dystrophy and autoimmune diseases. Additional studies have demonstrated links between adverse childhood experiences and incidence of smoking, hepatitis, obesity, diabetes and heart disease.

In this era of modern science, we have tended to dissociate mind from body, ignoring ample evidence that psychological stress has somatic effects. Whether it be through neurophysiological changes or unhealthy lifestyle choices, many individuals with traumatic histories suffer from physical health problems as adults in much greater numbers than most of us realize. They also suffer from being stigmatized by health professionals who either blame them for their maladaptive coping behaviours (e.g. smoking, drinking, eating) or label their medically unexplained symptoms as "psychosomatic". As a result, they are victimized and silenced once again. These individuals need our help in understanding and treating their physical and emotional symptoms from a more holistic, trauma-based perspective, where psychotherapy and physical treatments can work together to address the underlying mechanisms that are contributing to their disability and suffering.