

Interview Presentation

Tier 2 Canada Research Chair Position

School of Social Work
McGill University

Dr. Delphine Collin-Vézina, Ph.D.

Career Path – Academic Studies and Research Realizations

- Applied research among vulnerable youth and their families
 - Implications for prevention initiatives and treatment interventions are derived from my research.
- General model:



Career Path – Academic Studies and Research Realizations

- Ph.D. in Clinical Psychology
 - University of Montreal
 - Dissertation on the parental practices of mothers of abused children
 - Clientele from the Youth Protection Services
 - Specific contribution of CSA in comparison to other maltreatment experiences on later parental functioning.
 - Mothers' depression and dissociative symptoms may mediate the relationship between past traumatic experiences and current parental functioning.

Mothers' past
traumatic
experiences



Mothers' current
depression and
dissociative symptoms



Mothers' current
parental functioning

Career Path – Academic Studies and Research Realizations

- Post-doctoral studies in Sexology
 - University of Quebec in Montreal
 - Main research focused on the outcomes of sexually abused preschool and school-aged girls: dissociation, PTSD, depression.
 - Potential factors influencing outcomes of children disclosing CSA:
 - abuse-related characteristics: severity
 - individual factors: coping strategies and self-esteem of the abused child
 - family factors: characteristics of the family environment and the non-offending parent
 - Resilience versus Psychopathology

Career Path – Academic Studies and Research Realizations

- Led to significant international publications:
 - *Child Abuse & Neglect*
 - *Canadian Social Work*
 - *Journal of Trauma and Dissociation*
 - *Journal of Nervous and Mental Disease*
 - *Comprehensive Psychiatry*
- Also led to participation in many local and international conventions.

Career Path – Academic Studies and Research Realizations

- Post-doctoral studies in Sexology
 - Analysed quantitative results of a large evaluative study on a psychosocial intervention offered to adolescent girls under child protective services.
 - Self-concept and dating violence
 - *Child and Youth Care Forum* (2006)
 - Risk factors of dating violence
 - *International Journal of Social Work* (Under revision)

Career Path –

Research Plan: Sexual Abuse

- CSA in preschool-aged children: dissociative symptoms as a consequence
 - A third of all sexually abused children are abused before age 6.
 - Lower ages at the onset of abuse are associated with more primitive coping styles, such as dissociation.
 - Innovative components:
 - Use of a new way of measuring dissociation: narrative story stem technique
 - Developed in order to elicit symbolic representations of children's inner worlds
 - Inclusion of boys in study
 - Recruitment of a control group (from day cares and schools)

Career Path – Research Plan: Sexual Abuse

- CSA in preschool-aged children
 - Standard research grant (2006-2009)
 - Co-researcher (Martine Hebert, principal investigator)
 - Social Sciences and Humanities Research Council of Canada (SSHRC)
 - Conferences given
 - Psychiatric Department of the St-Mary's Hospital
 - International Society for the Study of Dissociation
 - International Society for Traumatic Stress Studies

Career Path – Research Plan: CSA and EDs

- CSA and Eating Disorders (EDs)
 - There is both clinical and empirical support for the link between CSA and EDs.
 - CSA may lead to dissociative symptoms, poor self-esteem, self-hatred, feeling of lack of control... all symptoms that may contribute to the development of EDs.
 - CSA is not the only precipitant factor in EDs, but it is certainly one of many important predictors of these disorders.
 - Paper in preparation for publication in *Child Abuse & Neglect*.

Career Path – Research Plan: Eating Disorders

- Eating disorders (EDs) in adolescence
 - Anorexia, bulimia, binge eating
 - Anorexia is the third most chronic condition in adolescence (up to 1% of the population)
 - EDs are associated with significant psychological, physical, social and family impairments.
 - For example, 10% of individuals with anorexia die from physical complications that ensue from this disorder.

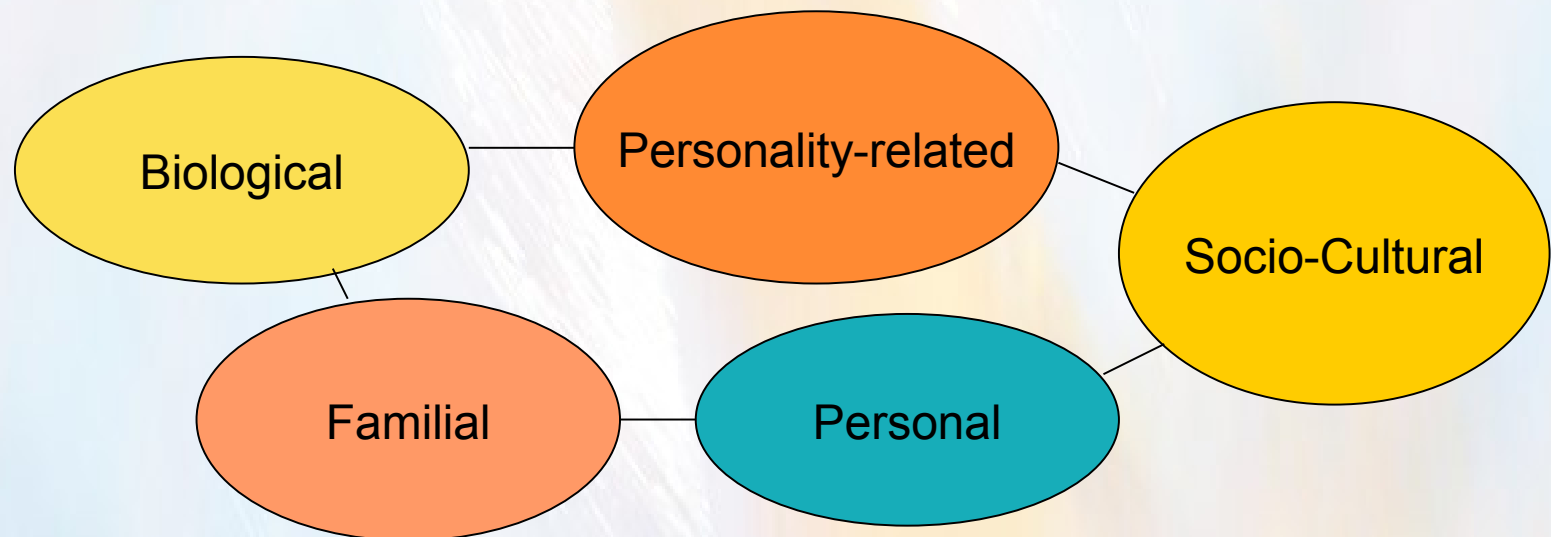
Career Path – Research Plan: Eating Disorders

- Eating disorders (EDs) in adolescence
 - Despite their frequency and significant negative consequences, little is known about adolescents with EDs.
 - Their development is compromised.
 - Therapy is important in helping them overcome their disorder before adulthood.
 - More knowledge is needed in order to intervene quickly and more efficiently to reduce their sequelae.

Career Path – Research Plan: Eating Disorders

What is known from adult ED research:

- EDs are frequently associated with comorbid psychopathology (e.g., depression, anxiety, dissociation, substance abuse).
- EDs are multidetermined: a combination of factors cause the disorder



Career Path – Research Plan: Eating Disorders



Career Path –

Research Plan: Eating Disorders

- Implementing a new research protocol at the Ste-Justine Hospital (quantitative methodology)
- Objectives:
 - Identify various profiles of adolescents with EDs that account for ED symptoms, ED diagnoses, comorbid psychiatric disorders, personality traits, personal and family factors and adherence to the sociocultural influence.
 - Compare these profiles to those obtained in the general population (recruit a comparison group).
 - Assess their evolution on a long-term basis after discharge from therapy.
- Estimation of 80 adolescent girls recruited per year.
- Apply for a standard research grant in fall.

Career Path –

Research Plan: Eating Disorders

- Other potential research questions that may ensue from this project (for MSW and Ph.D. students)
 - The specificity of male adolescents with EDs.
 - 5% of the total clientele at the Ste-Justine Hospital
 - Qualitative methodology
 - The socioeconomic and ethnic contributions to EDs.
 - It was long believed that EDs were more common among higher socioeconomic status but this has not been consistently confirmed.
 - Some U.S. studies have shown a lower prevalence of EDs among African Americans compared with Caucasians (what about in Canada?)

Career Path – Teaching Background

- Taught various courses as a sessional lecturer:
 - U of M and UQAM
 - both undergraduate and graduate levels
 - different departments (i.e., psychology, educational psychology and sexology)

Child Development (Ecosystemic Approach)

Psychological Assessment

Basic and Advanced Interview Techniques

Methodology and Statistics

Violence and Sexual Abuse

Career Path – Clinical Experience

- Children, adolescent and adult populations
- Individual, couple, group and family therapy
- Various problems, such as
 - Long term physical health conditions (Ste-Justine Hospital)
 - Psychiatric disorders, such as Autism, ADHD, Social Anxiety, Conduct Disorders (Jewish General Hospital)
 - Bereavement (Urgel Bourgie's Funeral Home)
 - Pathological Gambling and Substance Abuse (Maison Jean Lapointe)

Career Path – Community Involvement

- Many lectures in psychiatric departments.
 - Presented research to other professionals
- Participated in numerous preventive interventions:
 - Coordinator of the VIRAJ project in Montreal.
 - Implemented project in many French schools in Quebec.
 - Aim: To prevent dating violence and psychological harassment.
 - Creator of program and lecturer on preventive issues in day cares.
 - Aim: To teach parents about early signs of CAS among preschool-aged children and about ways of reacting to the CSA.

Posttraumatic Stress Disorder and Dissociation in Sexually Abused Girls: Influence of Individual and Family Factors

Delphine Collin-Vézina, Ph.D.

Supported by a grant from the Social Sciences and
Humanities Research Council of Canada (SSHRC)

Dissociation & PTSD

- What does dissociation refer to?
 - Separation of psychological processes
 - Thoughts, Emotions, Memory, Identity
 - Conceptualized on a continuum
 - From normal quotidian processes (daydreaming) to extreme splitting of experiences (DID).
 - Dissociation as a way of coping with severe trauma.
 - Adaptive initial response to a traumatic event but dysfunctional on a long-term basis.

Dissociation & PTSD

- Post-traumatic stress disorder
 - Anxiety disorder associated with serious traumatic events.
 - Characterized by symptoms such as reliving the trauma in dreams, numbness, lack of involvement with reality and recurrent thoughts and images.
 - Dissociation symptoms and PTSD are related but distinct sequelae.

Dissociation & PTSD

- Relationship between childhood sexual abuse (CSA) and both dissociation and PTSD symptoms:
 - Both frequent in adult CSA survivor populations.
 - Similar results with child and adolescent populations, but many questions remain unanswered.
- Potential factors influencing outcomes in children disclosing CSA:
 - abuse-related characteristics: severity
 - individual factors: coping strategies and self-esteem of the abused child
 - family factors: characteristics of the family environment and the non-offending parent

Objectives

- To assess Posttraumatic Stress Disorder (PTSD) and dissociation symptoms in a group of 67 sexually abused school-aged girls, compared with a group of 67 non-abused girls.
- To measure the contribution of family functioning, family and peer support, self-esteem and coping strategies on symptoms.

Method

Experimental group

- 67 sexually abused girls
 - Referred for evaluation at the Child Protection Clinic of the Ste-Justine Hospital, Montreal, Canada
 - All reported a recent event of CSA (6 months or less).
- From 7 to 12 years of age, (M = 9.0)
- 66% Penetration
- 69% Perpetrator from immediate or extended family
- 47% Chronic abuse (over several months or years)

Method

Comparison group

- 67 non-sexually abused girls
 - Recruited in three public schools in Montreal
 - Screened to exclude all sexual abuse victims
- Matched for age (M = 9.2)
- Groups were found to be comparable on all socio-economic variables

Method

All measures were administered in their French version.

Dissociation

Child Dissociative Checklist (CDC 3.0; Putnam et al., 1993)

PTSD

Children's Impact of Traumatic Events Scale –Revised (CITES; Wolfe, 1996)

Family functioning

Family Relationships Index (Holahan & Moos, 1981)

Parental and peer support

Social Support Scale for Children (SSSC; Harter, 1985)

Child's self-esteem

Self-Perception Profile for Children (SSPC; Harter, 1985)

Child's coping strategies

Self-Report Coping Style (SRCS; Causey, 1992)

Results

Likelihood of reaching a clinical level
(Logistic regressions)

- Pathological dissociation (Scores ≥ 12)
 - Sexually abused girls: 30%
 - Non-sexually abused girls: 5%
 - CSA increased the likelihood of presenting pathological dissociation by 8.
 - $z = 8.5$, $p = 0.0$, $\text{Exp}(B) = 8.3$
- PTSD (Diagnosis based on DSM-IV criteria)
 - Sexually abused girls: 46%
 - Non-sexually abused girls: 18%
 - CSA increased the likelihood of presenting a PTSD diagnosis by 4.
 - $z = 11.7$, $p = 0.0$, $\text{Exp}(B) = 4.0$

Results

Contribution of family functioning, family and peer support, child's self-esteem and coping strategies on dissociation.

<u>Variables</u>	<u>β</u>	<u>T</u>	<u>Adjusted R^2</u>
<u>Block 1</u>			0.18***
Childhood Sexual Abuse	0.43	5.37***	
<u>Block 2</u>			0.32***
Childhood Sexual Abuse	0.35	4.67***	
Family functioning	-0.26	-3.35***	
Parental support	-0.15	-1.79	
Peer support	0.01	0.11	
Child's self-esteem	-0.06	-0.71	
Avoidance coping strategies	0.13	1.47	
Approach coping strategies	0.24	3.04**	

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Results

Contribution of family functioning, family and peer support, child's self-esteem and coping strategies on PTSD.

<u>Variables</u>	<u>β</u>	<u>T</u>	<u>Adjusted R^2</u>
<u>Block 1</u>			0.13***
Childhood Sexual Abuse	0.37	4.50***	
<u>Block 2</u>			0.22***
Childhood Sexual Abuse	0.33	4.09***	
Family functioning	0.11	1.32	
Parental support	-0.15	-1.66	
Peer support	0.01	0.10	
Child's self-esteem	-0.03	-0.34	
Avoidance coping strategies	0.29	3.20**	
Approach coping strategies	0.03	0.37	

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Conclusions

- Both symptoms of dissociation and PTSD were found to be significantly related to CSA.
 - 8 and 4 times higher, respectively
- CSA, poor family functioning and more approach coping strategies were found to elevate dissociation symptoms.
 - Talking about abuse, at least at time of disclosure, may increase dissociation symptoms?
- CSA and more child avoidance coping strategies were found to elevate PTSD symptoms.

Conclusions

- Intervention programs with sexually abused girls should address dissociation and PTSD symptoms.
- The CSA child's family context and coping strategies should also be targeted.
- Programs should include both individual and family interventions to help these children overcome their difficult and traumatic experiences.