CANADIAN PSYCHOLOGICAL ASSOCIATION

SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE

Opening Remarks to the Senate Sub-Committee on Veterans Affairs

By

Dr. Andrea Lee, Policy Associate

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Thank you, Mr. Chair and members of the committee for the invitation to the Canadian Psychological Association (CPA) to appear before you today. My name is Dr. Andrea Lee. I am a policy associate with the CPA and a practicing clinical psychologist. I am here today with Glenn Brimacombe, the Director, Policy and Public Affairs at the CPA.

The CPA is the national association for the practice, science and education of psychology. There are, approximately, 19,000 registered psychologists in Canada.

As part of today's discussion on emerging treatments for Canadian Armed Forces (CAF) and Royal Canadian Mounted Police (RCMP) Veterans suffering from occupational stress injuries, we understand that the sub-committee is interested in the use of psychedelic-assisted psychotherapies.

Your previous experts and witnesses have provided a good overview of the state of the science on their use and appropriately made recommendations for continued research. While research is ongoing and holds promise, it contains some cautions.

As would be the case for any treatment, it is important to have population specific data. In other words, information about how well the treatment works with Veterans. A further and equally important question is whether the treatment works with all Veterans, or only for a subset with specific characteristics.

For example, psychedelic treatments can be contraindicated, or unsafe, if the Veteran has psychosis, a dissociative disorder or is at high-risk of suicide. In addition, it is not clear that psychedelic assisted treatments work with all trauma or only some kinds of trauma. For example, treating military sexual trauma in this way may carry risk to patients and providers. We need to keep in mind that the treatment alters consciousness in a confined space, and the treatment itself may involve the Veteran lying down or being touched. These treatment characteristics may be problematic for some Veterans with military sexual trauma or who may become more anxious in small spaces or with loss of control.

If these treatments are to become more researched and utilized, they must have well-established protocols, well-thought-out cautions and exclusions as appropriate, licensed providers who are well-trained in these and other trauma therapies, and licensed providers who understand military culture.

It is also very important to understand that this is psychedelic-ASSISTED therapy which means that psychedelics on their own are likely not the driver of the therapeutic change. The psychedelics, and the state they create, help the cognitive and behavioural therapy to work. Psychedelics are not a magic bullet nor are they a treatment for PTSD in and of themselves.

Equally important is that there is no one-size-fits-all treatment for every condition, disorder, or person. We already have well-established, evidence-based treatments available to veterans with operational stress injuries.

Currently, prolonged exposure (PE), cognitive processing therapy (CPT), eye movement desensitization and reprocessing therapy (EMDR) and written exposure therapy (WET) have an established research base and can effectively treat trauma.

Research is also beginning to show that "massed" or multiple sessions per week of treatment using prolonged exposure or cognitive processing therapy can enhance effectiveness. Increasing the intensity or "dose" of already established treatment may be a key factor in treatment success for treatments known to be effective.

Reconsolidation therapy is also an emerging approach. Like psychedelic assisted therapy, it uses a drug combined with psychological treatment. This approach uses a beta-blocker called "propranolol" to decrease the emotional intensity of the traumatic memories while the psychological therapy activates the traumatic memory.

There are numerous other emerging therapies, including cognitive-behavioural conjoint therapy (CBCT) which involves the family in treatment for a veteran with PTSD. Accelerated Resolution Therapy (ART) is where the therapist guides the client to replace the negative images they hold in their the mind that cause the symptoms of PTSD with positive images of the client's choosing. These are but a few.

The good news is that there are a range of interventions for the treatment of trauma, each with their own evidence-base. In deciding among treatments for a patient several things must be considered:

- Has the research shown to be effective for people from this population and with this type of disorder?
- Does the patient have any characteristics which might make this treatment an ineffective or unsafe choice?
- What is needed to ensure the gains of treatment can be sustained over time?

A licensed and trained health provider must use their understanding of the research literature, as well as their professional judgement, to decide if a particular treatment is right for their patient.

In order to ensure best practice in mental health treatment, we cannot neglect the importance of increasing funding for research. And while we need evidence-based treatments, we also need licensed mental health providers to deliver them. There is a shortage of providers, like psychologists, available to meet the needs of Veterans. Providers in this space will ideally have training in more than one evidence-based trauma treatment so that they can tailor their

approach to each patient with PTSD. These providers also need to understand military culture and the needs common and unique to individuals working in the military.

Thank you for the opportunity to speak today. We would be pleased to address any questions you may have.