

## Julia Poole



### Biography

Julia completed her undergraduate degree at the University of Victoria, where she majored in psychology. During this time, Julia discovered her passion for scientific research and became determined to pursue a career as a clinical scientist. For three years after she graduated with her BA (Hons., first class), Julia managed a major research laboratory at the Alberta Children's Hospital. There, she learned invaluable lessons about what it takes to successfully run a large-scale study.

In 2014, Julia began her graduate studies (MSc/PhD) in the Clinical Psychology program at the University of Calgary. Since beginning her graduate studies, Julia has worked to create a meaningful program of research that explores her interests, which focus on the cumulative effects of exposure to adversity (e.g., stress, trauma) on mental health status. Throughout her graduate studies, Julia has worked with a team of clinicians, researchers, and health care officials ("the EmbrACE Study Research Team") to evaluate the effects of childhood adversity on health outcomes among adult primary care patients. Julia's MSc thesis revealed the strong relationship between childhood adversity and adult depression among a sample of 4,006 primary care patients. Her PhD research will evaluate the treatment efficacy of a cognitive behavioral therapy program for depression among primary care patients with a history of childhood adversity.

Through her research, clinical work, and extensive community involvement, Julia works to be an advocate for the development and dissemination of innovative research that improves mental health initiatives in her community and beyond.

### Project Summary

*An Innovative Clinical Treatment for Primary Care Patients with Depression*

An astounding 70% of Canadian adults report a history of adverse childhood experiences (ACEs), such as childhood abuse and neglect. ACEs are strongly associated with rates of depression across

the lifespan. This is important, because depression affects 12% of Canadians and costs an estimated \$14.4 billion per year in direct and indirect costs.

Clinical treatments that target both depression and adversity may be most effective in reducing depression among adults with ACEs. This research will be the first to evaluate a clinical treatment program that was designed specifically to improve depression among adult primary care patients with ACEs.

Adult primary care patients will be eligible for the study if they report a history of ACEs and current depression. Half of the patients will be assigned to attend six sessions of the treatment program, while the other patients will receive no treatment beyond usual care from their primary care provider. All patients will complete a measure of depression at baseline, mid-study, and post-study. It is hypothesized that the treatment group will show significant improvements in symptoms of depression as compared to the usual care group.

This study will provide important information about the effectiveness of the program in the treatment of depression and about the feasibility of implementing such a program within primary care settings. Ultimately, findings will inform the dissemination of a widely accessible treatment protocol for Canadians with ACEs that will expand choice for patients, improve quality of care, alleviate the burdens of depression, and lower health care costs for society as a whole.