INSIGHTS INTO

CLINICAL COUNSELLING

The Clinical Counsellors' Magazine *August 2010*

The Neurological Pathways of PTSD

BC Association of Clincal Counsellors BCACC *Enhancing Mental Health All Across Our Province*

C O N T E N T S

Note from the Editor

By **Michelle Morand,** Editor

Welcome to another diverse, educational and inspirational edition of *Insights* into *Clinical Counselling*. You'll notice a new, blended name on the cover and you'll find an article from our Executive Director, Jim Browne, exploring that process and explaining the end result which you see before you.

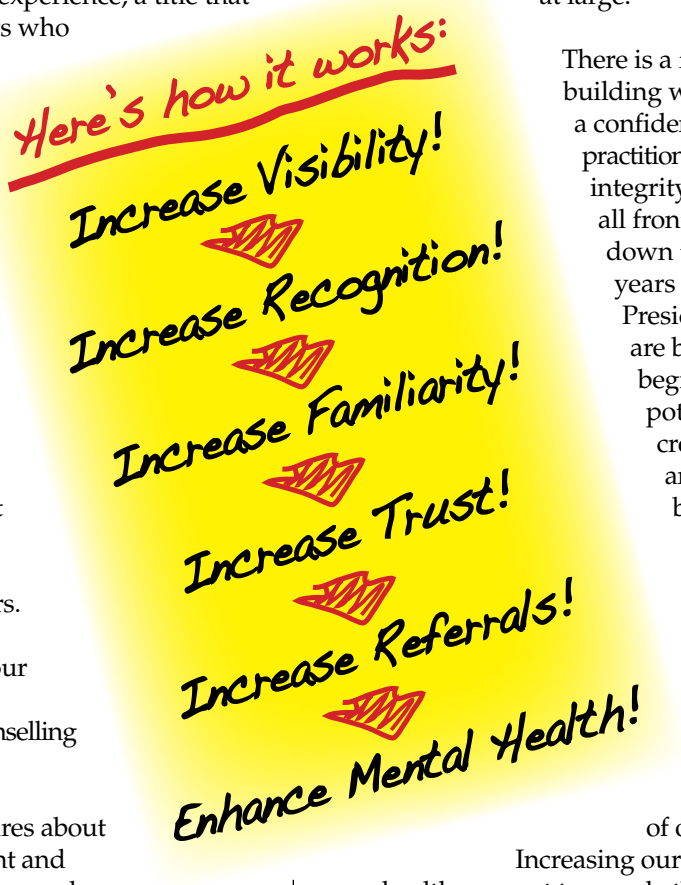
In my professional and marketing experience, a title that catches the eye and mind of readers who are not already informed of the purpose and content of the publication is, undeniably, a key factor in whether those potential readers pick up our magazine or instead, reach for the latest "People" or "National Geographic" as they wait patiently in their doctor's office.

Increasing the visibility of our organization to specific professional organizations and to the public at large is very important to your Association's goal of increased recognition for the scope and professionalism of our members. Increased visibility will also, undoubtedly increase referrals to our members and generate a greater awareness of the many gifts that counselling has to offer our clients.

Our president, Duncan Shields shares about his latest meetings with Government and their positive outcome towards enhanced recognition and appreciation for the benefits of counselling as a preventative measure and more life enhancing and cost effective approach to healing and wellness.

And, within our association we have members throughout BC providing educational events for the public and for other professionals; we have members writing and lecturing on myriad aspects of the counselling process and sharing their wealth of knowledge. These are also powerful ways to generate more awareness within the public of the skill and compassionate insight that our members bring to their clients.

So it seems that in each area of our association we are all, in our own way, attending to the same purpose, fulfilling our passion for supporting others to be the best they can be, and generating awareness and support from the general public and from Government officials and professionals. The work you do has profound implications on many levels including the interpersonal, spiritual, environmental and financial aspects of your individual client's lives and their community at large.



There is a fabulous momentum building within our Association; a confidence in ourselves as practitioners and in our Association's integrity and professionalism on all fronts. This ball was started down the proverbial hill many years ago by our esteemed, late President, Bev Abbey and we are blessed to now be beginning to realize the potential of the energy she created in this Association and in our Province on behalf of RCC's.

Thank you Bev. And thank you to Jim, Duncan, and all of our members who, in their own way, contribute gracefully, but forcefully to the enhanced recognition of our profession.

Increasing our ability to provide mental health support to people throughout our province is our mission and we are closer than ever before to achieving that goal.

Have a wonderful fall.

Editorial Feedback

I must tell you how absolutely wonderful the last copy of Insights is. I took it on holiday with me because I hadn't finished reading it before I left.

Sincerely,
Mavis

A Name By Any Other Name…

Jim Browne, BCACC Executive Director and Editor-in-Chief

*When seen in a cluster of magazines in the waiting room the relevant title - "***Insights into Clinical Counsellling***" was immediately more identifiable with our brand identity (RCC).*

In 2001, after considerable discussion, the Legislative Counsel for the BC Government wanted to establish a publicly identifiable title for "counsellors", given that the Health Professions Council had determined that the "counselling" is a health profession that should be regulated in the public's interest. The resulting title was "Counselling Therapist" (that was received with all the lightness of a lead balloon).

Some thirteen years earlier a small group of counsellors had puzzled over the same question and pulled "Clinical Counsellor" out of the hat. By 2001, the title "Clinical Counsellor" was beginning to get some traction across communities in British Columbia. However, the government decision makers were taking into consideration the diversity of "counsellors" in the Task Group for Counsellor Regulation (i.e., Canadian Certified Counsellors, Registered Clinical Counsellors,Marriage and Family Therapists, Pastoral Counsellors, Music and Art Therapists…), and decided that "Counselling Therapy" was a preferred "umbrella" title.

During 2008 and 2009 considerations were being given to the benefits of extending the RCC brand identity building program beyond our Association's membership, and reaching out to influential external audiences who can directly and indirectly support our efforts of enhancing the quality and accessibility of mental health in BC. To achieve this, we considered piloting targeted mailings of our hard copy newsmagazine to Family Practice Physicians, Lawyers, Government departments and Government agencies. We speculated that the broader, external brand identity implementation program would benefit from following the Government's lead and we considered re-titling our newsmagazine "Counselling Therapy."

Our brand identity specialist, Uri Sanhedrai and his team, put together a PowerPoint presentation showing the transition from our Insights newsletter to a newsmagazine, and demonstrating how a relevant title that is closely associated with our brand Identity (RCC) was more identifiable when seen in a cluster of magazines in a Waiting Room. The title they used in the presentation was "Counselling Therapy." This was presented to our representative Delegate Council at its annual meeting in March of this year, with mixed results: General agreement on externalizing our brand identity; No general agreement on the masthead title "Counselling Therapy" ("….it's not ours, didn't choose it…"); Varying opinions and expectations on content (with confusion between newsmagazine content and refereed journals).

The decision taken by our editorial team was to pilot a masthead, with the August 2010 issue, that portrays the title that RCCs have most identified with: "Clinical Counselling".

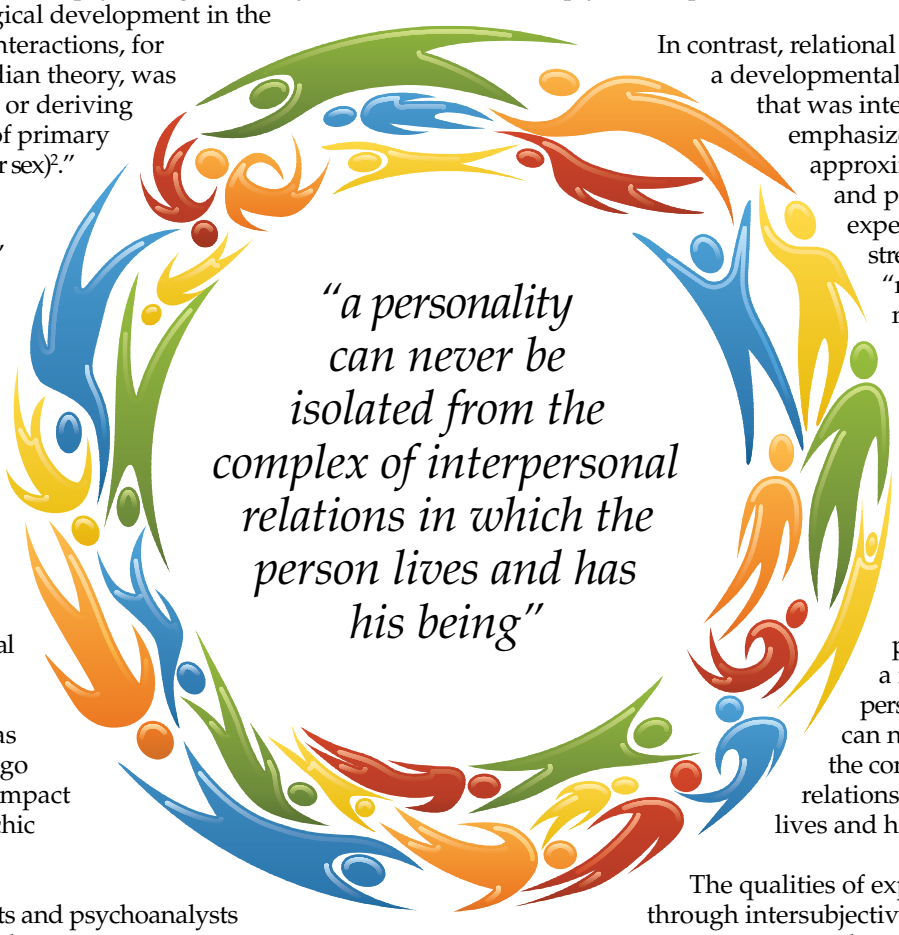
Please let us know what you think.

The River Between Us: Emerging Perspectives in Intersubjectivity

By **Jeannine A. Davies, RCC, Ph.D. Cand. ,** Contributing Writer

Over the past 100 years, personality and developmental theories have been dominated by the notion that to become a healthy human being, one must have a solid and distinct sense of self that emerges through autonomy and progressive degrees of separation from others. As Jordon[1] states, "Emphasis on innate instinctual forces, increasing internal structure, separation and individuation have characterized most Western psychological theory" (pp. 85-86). Psychological development in the context of relational interactions, for example within Freudian theory, was seen as "secondary to or deriving from the satisfaction of primary drives (such as hunger or sex)[2]."

In contrast, the "relational paradigm" or "interpersonal and relational psychology," emerged in the United States as an alternative to structural theory and the ego psychology of the 1960s and 1970s[3]. The early proponents of interpersonal theory emphasized environmental, cultural and interpersonal factors in human development[4]. They believed that there was an overemphasis by ego psychologists on the impact of drives on intrapsychic development.



Intersubjective theorists and psychoanalysts Stolorow, Atwood, and Brandchaft[5], along with feminist theorists Chodorow, Gilligan[6], Jordon[2], and Miller, proposed an alternative theory of development that emphasized intersubjectivity and relational factors in the emerging development of personality. In this view of development, mutuality, or reciprocity, within human connection, is paramount to the healthy formation of personality and psychological development throughout the lifespan.

Much of early clinical developmental theory about the self was shaped through the beliefs and theories of Newtonian physics which emphasized the idea of entities as existing in space as discrete and separate and acting on each other in predictable and measurable ways[7]. In addition, clinical developmental theory emerged through "the socio-political context in Western, democratic societies, [where] the sanctity and freedom of the individual greatly overshadowed the compelling reality of the communal and deeply interdependent nature of human beings[2]".

In contrast, relational psychology proposed a developmental theory of the self that was interconnected and emphasized the "contextual, approximate, responsive and process factors in experience[2]." This model stresses the intersubjective "relationally emergent nature of human experience" versus "a primary perspective, based on the formed and contained self." Such an approach "attempts to leave a language of structure and dualism for one of process." From a relational psychology perspective, "a personality can never be isolated from the complex of interpersonal relations in which the person lives and has his being."

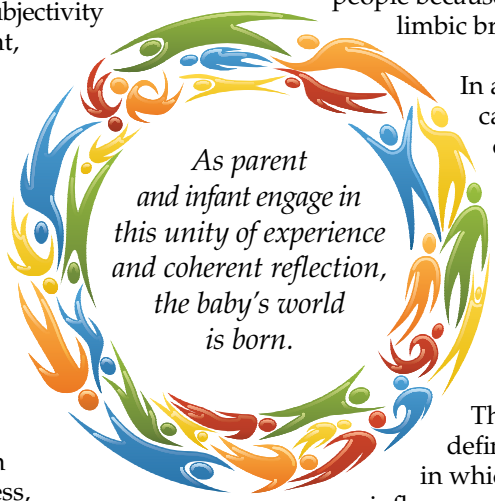
The qualities of experience that arise through intersubjective resonance emerge, and can be felt, between self and other, shifting the felt sense of self from a vantage point of separation to one of shared existence. This felt sense of self becomes a "self inseparable from a dynamic interaction[2]." This experience of "mutual intersubjectivity" makes it clear that, in a relationship, it is both people who are subject to influencing and being influenced within intersubjectivity.

Relational psychology draws attention to the innately empathic and indivisible nature of human subjectivity, opening the intersubjective space, where "growth and

movement is participatory and synergistic[2]." The opportunity to influence and change that receptivity within a mutual encounter, nurtures and gives rise to the potential for novel experiential patterns to emerge, resulting in new mental constructs of association. It is within the contextual nature of this co-mingling empathic union that "action, creativity, and intentionality occur."

Intersubjectivity in Early Child Development

The potency of the relational influence in human development begins in life's earliest moments. Feldman[8] suggested a model for intersubjectivity made visible through parent-infant relatedness and interaction synchrony. Her research of the parent-infant relationship showed that interaction synchrony within intersubjectivity plays a vital role in human development, directly impacting the formation and maturation of the social brain, self-regulation, and emotional resonance, symbol use, and empathy. Feldman[8] defined synchrony as "a construct used across multiple fields to denote the temporal relationship between events" or "the relation that exists when things occur at the same time." In addition, synchrony is a "co-regulatory lived experience within attachment relationships."



As infant and parent commune through this closely timed mutuality of awareness, whether "concurrent, sequential, or organized," the seeds of future behavioral patterns are planted[8]. These discrete relational expressions, when positively experienced and transmitted between parent and infant, and cultivated through the intersubjective immersion, set the stage for the emergent patterns that will surface within interpersonal relationships later in life, critically impacting an individual's capacity for intimacy and potential for personal transformation.

As Feldman states, synchrony's "core function lies in facilitating self-regulation by means of a co-regulatory process[8]". As parent and infant engage in this unity of experience and coherent reflection, the baby's world is born. The self takes shape through this relational resonance, through this invisible flow of love that is felt between them. Winnicott's statement that "the infant and the maternal care [provided] together form a unit; there is not such [a] thing as an infant" echoes the indivisible nature of this flow of interpersonal mutuality[8].

Intersubjectivity within Psychotherapy

Intersubjectivity plays a critical role in illuminating processes of change within psychotherapy. As Lewis, Amini and Lannon[9] stated, "When a person starts therapy, he [or she] isn't beginning a pale conversation; he is stepping into a somatic state of relatedness." This heightened state of relatedness is directly influenced by the therapist's skill in relational attunement. So, a therapist who is attuned "feels the lure of the patient's limbic Attractors. He doesn't just hear about an emotional life – the two of them live it." This capacity to truly "live with" the client's terrain of experience, as it is being mutually felt, involves "love's three neural faces," defined as "limbic resonance, regulation and revision[9]." These factors are what "constitute psychotherapy's core and the motive force behind the adult mind's capacity for growth."

Further explained, the neocortical brain collects facts quickly. The limbic brain does not. Emotional impressions shrug off insight but yield to a different persuasion: the force of another person's Attractors reaching through the doorway of a limbic connection. Psychotherapy changes people because one mammal can restructure the limbic brain of another[9].

In a study conducted by Natterson (1993), case illustrations were used to demonstrate that a "crucial ingredient in turning points in psychotherapy is the intersubjective transaction." Specifically, Natterson discussed the experience of intersubjectivity within psychotherapy as critical in marking "turning points" whereby the patient's behaviour, attitudes, or feelings shift.

This intersubjective transaction is defined as a "process of reciprocal influence in which each person in the therapeutic dyad influences and is influenced by the other" (p. 45). In this sense, it is not simply the client in therapy in which the therapist must seek to foster an atmosphere of transformation. Rather, it is also the therapist's ability to enter a state of mutuality and openness to influence, which in turn helps foster communion within the intersubjective atmosphere where transformation becomes possible.

As Natterson expressed, "nothing short of a complete inclusion of all psychological input and reactions of both participants will permit optimal understanding of the issue" (Aron, 2001, p. 70).

Pickering[10] adds to this perspective in her study of intersubjectivity with couples. She stated that the intersubjective field is "revealed by the communications of the individuals, but controlled by neither." In this way, the intersubjective field can be seen as an additional dimension of space, where consciousness, previously attributed as separate and self contained, becomes permeable and shared within the between. She further expressed that "there are the two partners, the complex network and dynamics of relations between them, and the relationship itself which creates a fluid, interpenetrating and interactive field…"

The means by which two people achieve co-immersion within this "fluid, interpenetrating" field, in part, relates to partial and relative degrees of surrender of one's subjectivity (or sense of self as separate). Pizer and Pizer[11]

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Interpersonal Mutuality

Psychology in a Trans-Cultural World

By **Geoffrey Ayi-Bonté, MA, RCC,** Contributing Writer

Our social experience is becoming increasingly more global as we have more opportunities to be exposed to other ways of thinking and being. The choice of exposure remains a conscious decision often impacted by privilege and "careful selection". The issue of culture is not a Caucasian versus non-Caucasian one, but one that affects all, albeit not in equal ways. The challenge then becomes to "undo" intentional and unintentional "blindness" – specifically in a profession that purports to serve all equally well, responsibly and respectfully.

To begin to lift the veil of historical cultural injustice, one must recognize that despite advertized governmental intentions of "multi-culturalism," we are far from close to achieving that goal. The presence of cultural fairs, for example, does not mean that people experience cultural equality in all aspects of life. To deepen our understanding of our immediate communities, we need to take an active interest in global events and relate them to our local communities and way of life.

The recent ruling, for example, within the government of India, to have no less that a third of the cabinet occupied by women is a monumental decision that has far-reaching effects within that government, within society, and within families abroad and on Canadian soil. As the role of women is officially and legally shifting in that society, we are well-served to acknowledge an increase in emergence of challenges and shifts in roles within families on Canadian soil. It is our duty to take interest and engage in dialogue about the potential and actual effects for people who live here and have family abroad regarding gender roles, family cohesiveness, access to finances, social relationships and so on. It is not enough to simply celebrate a victory for humanity. We need to understand how people are personally affected.

The aforementioned ruling is one event amidst many that affect us locally. We are also served well to acknowledge the tragic and contemporary injustices our local First Nations brothers and sisters have to endure as they still fight for their basic rights on their own land in their own country.

Hope, resolution and culturally responsible and respectful psychology, require the acknowledgement of privilege and related oppression, whether of the silent or overt type. Our professional challenge toward such resolutions also has strong roots in the education of people in our profession – initial or continued. We are inundated with ideologies and approaches that are culture-specific (the so-called "dominant culture") and consequently culturally exclusive. Too many are taught to act and think in ways that often prevent them from following through on our mandate to not only "do no harm", but to serve all people well. The assumption that current trends indicate that "things will be fine in society" is sadly a common theme of hope for change and growth that is unfortunately, often met with a false perception that personal advocacy is thus not needed.

What is required to reverse this perception? Grass-roots shifts in awareness, ideologies and approaches. It is the responsibility of all of us in this profession to ensure that we do not choose to embrace a privilege that relies on the oppression of others. We are asked to lead by example in order to move our profession beyond the boundaries of cultural oppression and ignorance in our society; become active members of our culturally diverse community; ask questions when we do not know the answer; ask for feedback regarding our beliefs and ways of life; ask of ourselves to embrace discomfort in order to achieve greater comfort for all. It is a matter of professional and personal choice to be culturally responsible.

The following 9 points can create a decent cultural platform to foster personal growth and professional accountability, responsibility and care.

1 Seeing color: To live life believing that there is no difference between us perpetuates ignorance and cultural blindness despite the potential presence of good intentions. It is no different than seeing a dog and an elephant as the same, because they are animals. There are certainly similarities but also a wealth of differences.

To see color means that we see people in a more complete way. It gives us the opportunity to see those who have daily experiences of not being seen. It also allows us to be more self-aware regarding our own identity and worldviews. We thus use another layer to acknowledge existence, heritage and ancestry.

The trend to shy away from doing so is typically for fear that others may be offended or that we may violate the code of "political correctness" (PC). It is a sign of humanity to acknowledge all parts of each human. "PCism" tends to ask of us to not offend others, but show respect and care. Sadly, it is misinterpreted as needing to be perfect and needing to know what to say as opposed to learning how to ask genuinely and openly, in order to learn and grow. We can only do so when we learn to ask questions in order to gain answers.

2 Understand that culture is not a color issue…we all have culture: It is often assumed that culture only refers to "people of color". The historic trend to make people of color the "others" has added to the creation of a divide among humans that undermines our innate need to be social and cooperative.

As we all decide to understand culture as something integral to everyone (including ourselves), we can begin to understand ourselves and others better. This philosophy encourages us to become more aware of events that effect others and us alike. Global news is rarely solely about others "over there." As our world is increasingly more connected in economic, cultural and social ways, we are more directly affected – whether we witness the effects of global events on our neighbours or ourselves.

3 Delve into your own color, culture and identity: Our gift is typically to aid our clients to look at themselves, become more self-aware, learn skills and acquire wisdom in order to live better lives. The same applies to us regarding culture. The more aware of ourselves we become, the more responsibly and respectfully we can support our clients with minimal personal intrusions (cultural counter-transference).

Clients enter into therapy with a variety of challenges and goals. They expect of us to support them in the best way possible. At times, however, we forget that our personal sense of color, culture and identity impacts how we "show up." It is a challenging endeavour to be the perfect therapist and yet our duty is to strive toward that elusive goal in the pursuit of excellence in a profession in which our clients are vulnerable to our professional privilege.

4 Celebrate differences: As we begin to embrace the color and culture of others as well as our own, we can start to break down our biases toward one another. The next step is to celebrate, personally and professionally, the differences that make us unique toward each other and yet add some sense of belonging and homogeneity among like-minded people.

As we adjust our personal involvement with our own culture and other cultures, we connect, plug in and become a part of the bigger picture. Personal social investment in culture facilitates professional investment in our clients' culture. Continuing education is part of our professional requirement.

There are countless "non-traditional" ways to acquire knowledge. By joining other cultures during their events as well as those of our own cultures, we learn about our clients. We may not attain professional credits and may have to settle for receiving credit from our clients for being truly informed and understanding.

5 Ask questions from the heart: Despite our best personal and professional efforts, we are guaranteed to make mistakes, offend others and make some people uncomfortable. To expect of ourselves to do otherwise is an unattainable goal. We cannot please everyone and will thus offend someone at some point. This does not mean that we should be careless as opposed to careful (as in: full of care).

As such, speaking from the heart with transparency and honesty and genuine care is all we truly have control over and perhaps one of the few things about us that we can strive to perfect. With transparency and honesty, we present the best part of ourselves to others – our heart. As we model such vulnerability and care, we increase the odds of that being reciprocated.

6 Embrace others' historical and contemporary discomforts: We can agree that the world is changing. Many victories have been achieved in the pursuit of human rights, equality and justice. It is also true that we are still far from the imaginary finish line. Crimes against humanity occur on Canadian soil as well as in other countries. The effects on people's lives of events that date back centuries are still clearly evident in today's world. As much as we desire to move on, move forward, move beyond, it is easier said than done for many.

Add to that the presence of contemporary issues around culture and we can better understand the difficulty regarding transformation. The example closest to home is the long-standing and far-reaching plight of the Indigenous People of North America. Having to fight for the rights afforded to all Citizens on their own land still shows up in high suicide rates, low completion rate of secondary education, major disruptions to family life and personal identity based in centuries of oppression that still exists. The harsh realities are well-disguised and ask of us to seek

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Collaborative Family Law, the "No Court" Option for Separation and Divorce

By **Regina Elizabeth Case, M.A., RCC & Anne Helps, Collaborative Association Administrator,** Contributing Writers

The decision to separate is not made rapidly or easily. It is seldom a mutual decision, as one partner is usually more ready to take the final step. Often couples try repeatedly to work out their issues before deciding to end their relationship.

Clients come to my office for counselling:

• After their spouse/partner informs them of their intent to separate;
• Following a mutual decision that their relationship is over;
• After retaining a lawyer;
• During their litigation in Supreme Court, where lawyers usually prefer dealing with both child custody orders and divisions of property; or
• Following completion of their court process.

Many reveal they are unaware of all the options available for a fair and efficient resolution of legal issues. If they are aware, they often do not understand what these options entail or their full ramifications. Choosing litigation, they find themselves:

• Focusing on strategic preparation for court, rather than problem-solving;
• Observing lawyers deal with child custody issues and property division in court, with lengthy time lapses and unpredictable, costly postponements;
• Financially depleted, with continuing escalating costs;
• Losing control over their dispute outcomes, to an impartial third party – the judge;
• Emotionally and mentally exhausted due to unpredictable feelings and difficult transitional periods between themselves and their children - prior to, during and following court completion.

Clearly, there was a necessity to provide a proactive alternative to clients; one that was radically different from the existing court process. Here is how Collaborative Family Law meets that need:

History of Collaborative Law:

Collaborative Family Law was established in 1990 by an American lawyer who was extremely frustrated with the destructive impact the court process had on families. Since that time, Collaborative Family Law has gained recognition throughout North America and beyond. It began in Vancouver in 1998 and has become a leading process for separation resolution across BC.

The Collaborative Family Law Team:

• Clients are teamed with skilled and caring professionals from the areas of family law, counselling and financial planning.
• The team assists clients to navigate through the many aspects of separation and divorce such as the emotional pain, concern for the children involved and legal issues concerning finance and property.
• The team consists of the two separating partners, their individual lawyers, and may also include Divorce Coaches (counsellors), Child Specialists and Financial Specialists.
• All parties and their lawyers sign a formal 'no court' agreement.

The Collaborative Process:

1. Open communication out of court:
The clients sign a written agreement to engage in respectful communication involving an open and honest exchange of information, out of court.

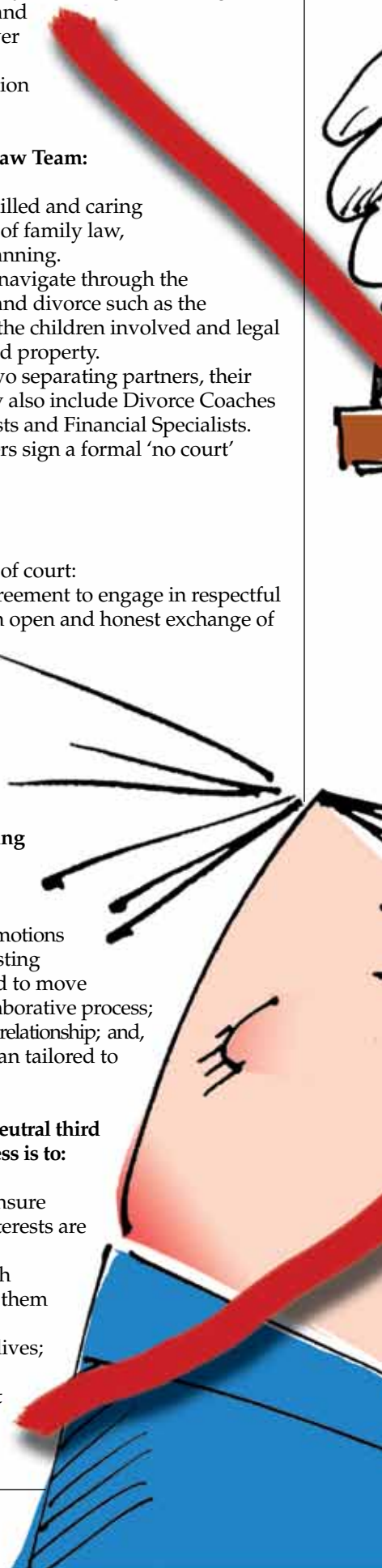
2. Preparation meetings and beyond:
Clients may choose to work with Divorce Coaches and Child Specialists.

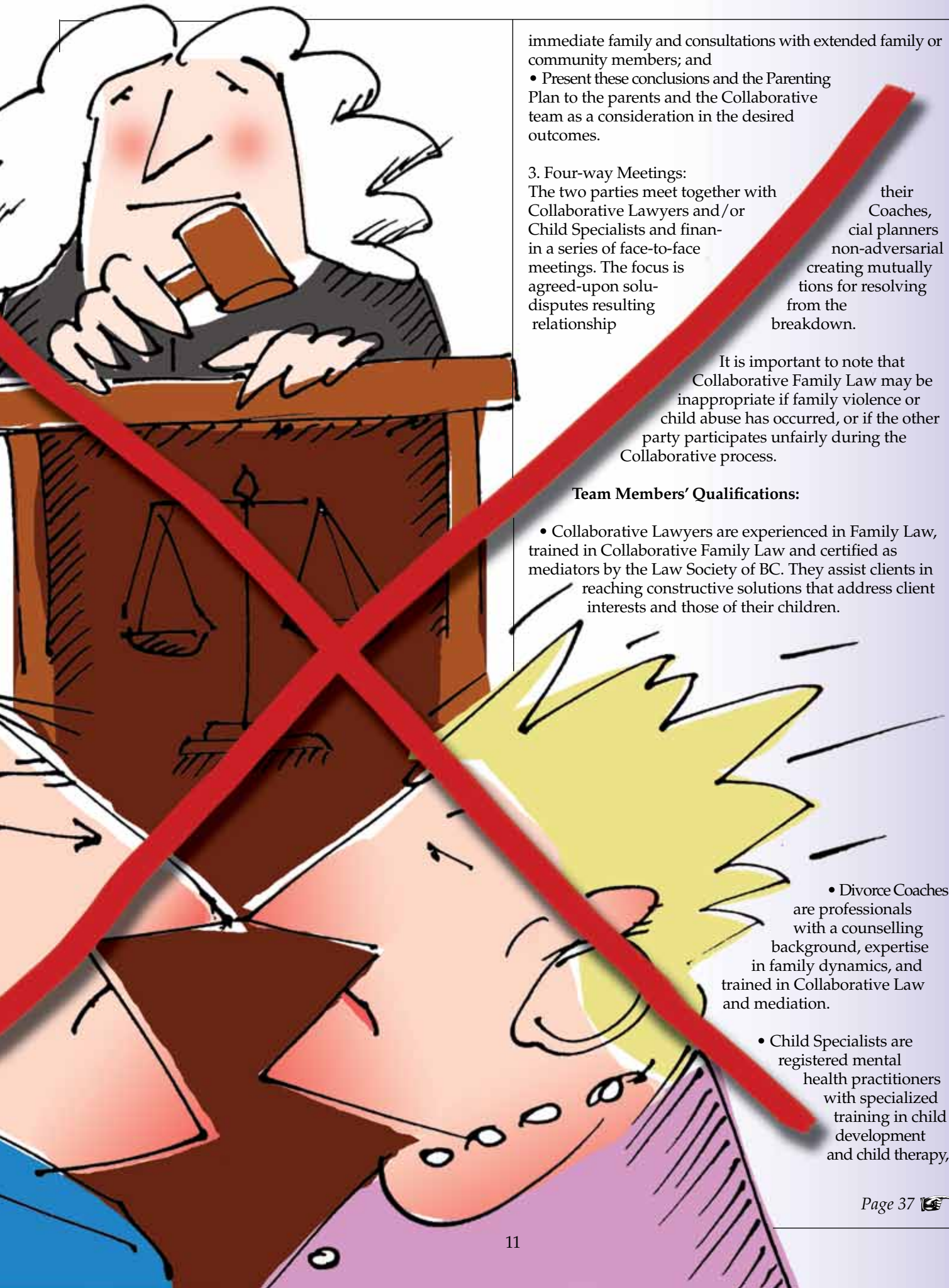
A. In a supportive counselling role, the Divorce Coach assists clients in:

• Resolving the intensity of emotions involved and improving existing communication skills needed to move proactively through the Collaborative process;
• Improving their co-parenting relationship; and,
• Developing a Parenting Plan tailored to specific needs.

B. The Child Specialist is a neutral third party whose role in the process is to:

• Advocate for children to ensure their needs, concerns and interests are addressed;
• Meet with children through interactive sessions, helping them deal with the impact of their parents' separation on their lives;
• Offer a more formal and therapeutic child assessment which may include observations with their





immediate family and consultations with extended family or community members; and
• Present these conclusions and the Parenting Plan to the parents and the Collaborative team as a consideration in the desired outcomes.

3. Four-way Meetings:
The two parties meet together with their Collaborative Lawyers and/or Coaches, Child Specialists and financial planners in a series of face-to-face non-adversarial meetings. The focus is creating mutually agreed-upon solutions for resolving disputes resulting from the relationship breakdown.

It is important to note that Collaborative Family Law may be inappropriate if family violence or child abuse has occurred, or if the other party participates unfairly during the Collaborative process.

Team Members' Qualifications:

• Collaborative Lawyers are experienced in Family Law, trained in Collaborative Family Law and certified as mediators by the Law Society of BC. They assist clients in reaching constructive solutions that address client interests and those of their children.

• Divorce Coaches are professionals with a counselling background, expertise in family dynamics, and trained in Collaborative Law and mediation.

• Child Specialists are registered mental health practitioners with specialized training in child development and child therapy,

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The neurological pathways of PTSD: *Implications for treatment*

By **Michael R. Dadson, UBC Ph.D. Student, RCC,** Contributing Writer

Posttraumatic stress disorder (PTSD) is characterized by significant cognitive disturbances including recurrent and intrusive recollections of horrific events including images, thoughts and dreams in which aspects of a psychologically traumatic event are expressed (for a complete description see DSM-IV-TR, 2000, p. 463-468).

It was first listed as a mental disorder in 1980 in the DSM-III and is characterized by intense psychological distress, including symptoms of hyperarousal and emotional dysregulation, as a direct result of re-experiencing traumatic events. PTSD develops after a person has been exposed to traumatic events in which they or others are threatened with death or serious injury and to which they responded with fear, helplessness, or horror.

This relatively common and predictable psychological syndrome is accompanied by ongoing traumatic stress and symptoms of hyper-arousal characterized by re-experiencing intrusive memories, heightened arousal, and avoidance behaviours[1]. More recent studies have linked symptoms of hypo-arousal with PTSD that manifest in avoidance, emotional numbing and dissociation[2].

Dissociation is defined as "a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment[3]." Empirically based neuroimaging traumatic memory recall research in PTSD subjects, supports the idea that there are different neurological pathways and different neurological responses to traumatic symptom provocation in PTSD that can be categorized as hypo-arousal and hyper-arousal.[4] These findings have implications for assessment criteria, theory, and the treatment of PTSD. This paper describes the psychopathological and the pathophysiological conditions that characterize PTSD and discusses the implications of these findings for future research and clinical practice.

The Effects of Trauma on the Developing Brain

Although PTSD is a widely known pathological condition, much of its etiology and symptomology remains unknown. Research is now showing that social processes like early attachments, the availability of caregivers, and emotional regulation play a significant role in the development of pathologies like PTSD. [5] Many studies indicate that there are devastating consequences both to the developing brain and the emerging cognitive functions of children when they face prolonged exposure to neglect, trauma and abuse.

There is a significant body of research that suggests that exposure to chronic traumatic stress throughout childhood may set the stage for neurological and developmental trajectories characterized by multiple forms of cognitive, emotional and behavioural difficulties including PTSD.[6]

As a child moves through a variety of psychological developmental stages, traumatic attachments expressed in episodes of hyper-arousal can result in patterns of emotional dysregulation and in patterns of dissociation.

These two neurological pathways are imprinted into the early maturing brain and change the child's developmental trajectory[7]. These enduring structural changes lead to the inefficient stress coping mechanisms that lay at the core of infant, child, and adult PTSD symptomology[8].

Disorganized-disoriented insecure attachment, characterized by early childhood abuse by the child's primary caregiver, negatively impacts the developmental trajectory of the right brain which is dominant for attachment, affect regulation, and stress modulation. Early childhood developmental trauma sets the template for coping defects of both mind and body and sets the stage for PTSD symptomology[8].

Childhood traumatic experiences are

a fundamental predictive factor in PTSD

Adverse interpersonal traumas in early childhood, including the following events disrupt childhood development and can be conceptualized as developmental trauma: sexual; physical; and emotional abuse; abandonment by caregivers; chronic and severe neglect; domestic violence; or death or gruesome injuries that result from community violence, terrorism or war[7].

Some childhood developmental psychologists believe that early childhood traumatic experiences are a fundamental predictive factor in PTSD [8&9].

In essence, psychological trauma interferes with normal psychobiological development[7]. Early childhood experiences lay down tracks that permanently alter the neural structures that promote learning. The stress response system, including the autonomic nervous system and the

immune system, are over-activated so that the individual becomes pre-wired to anticipate, prevent, and protect against the possibility of potential or actual dangers and is driven and reinforced to search out and identify threats. The stress response system overrides and reduces the functionality of brain systems that are necessary for learning, including brain systems that promote seeking rewards, managing distress, and making conscious judgments and plans[7].

The neurobiological system of the individual becomes pre-wired for trauma in such a way that it places them at significant risk for PTSD when a future adult trauma is combined with this developmental history.

The Effects of PTSD on Neurological Functions

Liberson and Martis[9] believe that neuroimaging research offers a powerful means to understand the deregulated emotional processes of PTSD patients. Lanius et al. [10] noticed that patients can have distinctly different responses when they recall memories of traumatic experiences.

Recent neuroimaging studies support Bremmer[11] Van der Kolk et al. [12] and van der Hart, Nijenhuis, and Steele's[13] theories that there are subtypes of acute stress responses. Neuroimaging research helps show that individuals with PTSD can have different neurological and phenomenological responses to script driven imagery[14].

These differences shed new light on the biological dimensions of the disorder. Current findings support a model of dissociative reactivity as a form of emotion dysregulation that involves extreme underengagement mediated by midline prefrontal inhibition of limbic activity.

Results indicate patients with PTSD can have significantly different responses to traumatic script-driven imagery. PTSD may involve multiple and perhaps simultaneous or rapidly sequentially unfolding types of psychobiological responses to trauma related stimuli[15].

Future research will explore the possibility that different neurological mechanisms involved in PTSD symptomology may represent dimensions of emotional dysregulation[4]. The different neurological pathways in PTSD symptomology may reflect attempts to inhibit or modulate aversive emotional experiences caused by intense psychological distress[4].

Future research and practice must address this mixed pattern of response to script driven traumatic material between individuals. There are many unanswered questions: Questions like why do 30% of PTSD subjects respond with a typically dissociative response and 70% respond with hyper-arousal?

Why do 30% of PTSD subjects respond with a typically dissociative response and 70% respond with hyper-arousal?

There is also the question of mixed patterns of response within the individual: Some individuals respond to script-driven symptom provocation with hyper-arousal on one occasion and with dissociative, hypo-arousal on another occasion to the same script.

Still, neuroimaging research findings indicate there are at least two distinctive neurological and symptomatic pathways in PTSD and it has now been proposed that these findings need to be reflected in future diagnostic criteria of PTSD[15].

Studies provide evidence that the central nervous system (CNS) responds to trauma recall in at least two distinctive hyper- and hypo-neurological pathways.

Implications for Theory, Assessment and Treatment

These findings are important because they provide a knowledge base that is shaping theory, assessment, and treatment. For example, based on the findings of neuroimaging research, van der Kolk is proposing changes to the DSM-IV to include the diagnosis, Developmental Trauma Disorder[6].

Schore [8,16,17,18] is proposing that there is enough evidence to suggest a paradigm shift in the way psychotherapy is being practiced. Siegel[19&20] suggests the neurobiology can now inform developmental psychologists about the developing mind.

In current psychobiological models, Schore[18] theorizes, "attachment is defined as the interactive regulation of states of biological synchronicity between the mother and child" (p. 5). The disruption of attachment leads to regulatory failure and impaired autonomic homeostasis. Neurobiological development is a self-object mechanism.

Sighting neuroimaging research on PTSD (p. 226) Schore[17] suggests that the neurological effects of PTSD indicate the same interregional brain activity, connectivity patterns, neuronal mechanisms and regions that are implicated in affect regulation between the mother and her infant. This he says, has profound developmental implications for the developing infant's ability to mange stress and regulate affect and somatic sensory input[17].

According to Shore [18], there is now a large body of clinical observations and psychiatric research that suggest the most significant consequence of early relational trauma is the child's failure to develop the capacity to self-regulate the intensity and duration of emotional states[18].

Maltreatment in childhood is associated with adverse influences on brain development specifically referring to an impairment of a higher circuit of emotion regulation[18]. He suggests that any intervention with patients who have such impairments must treat not only the deregulatory effects of trauma but also the dissociation defense against it[18].

Van der Kolk et al,[12] described primary, secondary, and tertiary types of dissociation in his attempt to classify and treat the wide range of phenomena experienced by traumatized individuals. Van der Hart et al.,[13] have used primary structural dissociation, secondary structural dissociation and tertiary structural dissociation in an attempt to classify a spectrum of what they see as dissociative disorders.

Each suggests interventions that interact with an individual's distinctive presentation. They support intervention strategies that promote increased activation of affect in hypo-aroused states and regulation to hyper-aroused states.

In effect, these treatment models propose arousal modulation and regulation of the autonomic nervous system and heart rate variability.

Referencing neuroimaging research that demonstrated decreased activation of the medial prefrontal cortex and its role in the extinction of fear response, Van der Kolk,[12] researched the effectiveness of yoga and mindfulness in activating this neurocortical region. He proposes that becoming a more careful observer of the ebb and flow of internal experience, and noticing thoughts, feelings, body sensations, and impulses may be an important part of treatment for PTSD[13,12,2].

Siegel[19] draws on findings from a wide range of scientific disciplines to explore the idea that the mind develops through an interface between humans in relationship and that these relationships effect the unfolding structure and function of the brain. He draws on the findings of neuroscience to support his theory.

He suggests that as cognitive neuroscience findings enable us to better understand the neural process involved in autobiographical recollection, we can begin to hypothesize the mechanisms by which parent attachment distinctions may have distinct neurobiological implications[19] (p.71). He proposes mindfulness training as a treatment intervention which may alter brain function, and references neuroimaging techniques as potential means of evaluating interventions[20].

Ogden[21] incorporates the concept of the "Window of Tolerance," largely because she recognizes that clients can respond in a hypo- and a hyper-aroused state in session. She believes that holding clients in a widow of emotional engagement with traumatic memories (not hypo-arousal) but only to the degree that the affect is contained and regulated (not hyper-arousal) is where effective processing of emotional distress occurs in session.

> The most signifcant consequence of early relational trauma is the child's failure to develop the capacity to self-regulate the intensity and duration of emotional states

Her work is an excellent example of how research practitioners are integrating neuroscience findings about the different neurological pathways of PTSD into theoretical frameworks and therapeutic interventions.

Bradshaw and Cook[22] have developed Observed & Experiential Integration (OEI) over the past 15 years. OEI has been found to be particularly effective at treating both hypo-arousal and hyper-arousal symptomology. The originator, Audrey Cook, and co-developer Rick Bradshaw, live and work in the greater Vancouver area.

Although many of the OEI techniques were freshly discovered and have wide clinical applicability, the core procedures evolved out of Gendlin's focusing, EMDR, and Brain Gym[22]. OEI procedures are used to process side effects of trauma processing, known as "dissociative artifacts". These include visual distortions, dizziness, drowsiness, headaches and other pains, and loss of balance. The most sophisticated of the OEI procedures is used to locate and titrate physical & emotional intensity and paresthesias.

Two randomized clinical trials have been completed with trauma survivors and it has been found to be particularly useful addressing emotional dysregulation and dissociation found in Complex PTSD and other Dissociative Disorders. It has also been found to be helpful with Addictions, Eating Disorders, and Agitated Depression[22&23].

The neurological effects of trauma on the developing brain and on clients who suffer from PTSD show there are at least two distinctive neurological pathways that support a hyper-arousal and a hypo-arousal response to traumatic memories.

Neuroimaging research findings reveal different neurological pathways to PTSD symptomatology and this has clear treatment implications.

This kind of research is important because it supports a broader understanding of psychopathological and pathophysiological conditions of PTSD that includes a dissociative/hypo-arousal response and a flashback/hyper-arousal response.

It is critical for therapists who treat PTSD and trauma related disorders to become aware of the ways these different responses manifest in clients and to employ effective interventions and treatments.

***Michael R. Dadson**, Ph.D. Student, M.A., M.Div., RCC. Co-director Brookswood Counselling Services*

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References are available from the author

Disaster Preparedness and the Counselling Profession

By **John Fraser, MA, RCC,** Contributing Writer

Being members of the BC Association of Clinical Counsellors, Registered Clinical Counsellor's (RCC's) have an obligation to provide exemplary mental health counselling to their clients within the parameters of their professional and ethical standards. It could also be said that RCC's have a degree of responsibility to promote the overall health of the communities in which they live. Under the umbrella of this professional accountability, RCC's also need to be diligent with respect to self care, in order to be able to competently perform their duties. For the most part, RCC's are quite capable of meeting the above expectations, but what happens when an RCC's capacity to do their work is suddenly challenged in the event of a large scale disaster? Since disasters do tend to happen, it seems imperative that individual RCC's, as well as the counselling profession as a whole, think about what their role might be with respect to disaster preparedness and/or disaster response.

A disaster can be defined as an occurrence that causes widespread destruction and distress. A disaster can also be characterized as an encounter between forces of harm and a human population in harm's way. This occurrence or encounter can be a natural event (earthquake, flood, etc.) or a man-made event (terrorism, wide scale industrial accident, etc.). Typically, a disaster creates demands that exceed the coping capacity of the affected community. Communities affected by a disaster need to receive help from surrounding communities. One of the primary objectives of this outside support is to help facilitate individual and community resiliency so that disaster-affected communities can be quickly empowered and restored to optimal functioning. From this perspective, the counselling profession and individual RCC`s can indeed provide a necessary and beneficial role with respect to disaster preparedness and/or disaster response.

In considering what role the counselling profession could take in regards to disaster preparedness and/or disaster response it is helpful to explore what an individual RCC can do to be better equipped in the event of a disaster. In other words, what can a RCC do to achieve and maintain a high level of disaster health and well-being? If an RCC is considered as having a valuable response role, then taking the necessary steps to be ready, willing, and able to respond when disaster threatens seems to be an important objective. Following are some tips and suggestions that individual RCC`s can take to develop a disaster-ready preparedness lifestyle.

One of the first steps to take with respect to developing a disaster-ready preparedness lifestyle is to plan for your disaster role. Planning for a disaster role starts by conducting a hazards review. As much as possible, think about and plan for specific disasters that have a higher probability of affecting your community. For example, are you living in an earthquake or flood zone? You will need to take this into consideration when developing a family disaster plan. If you are considering taking an active community based role in the event of a disaster, you need to be assured that your immediate family members are taken care of before you venture out to help others. For more information on developing a family disaster plan, the BC Provincial Emergency Program website has some very useful information (www.pep.bc.ca/hazard_preparedness/Personal_Safety.html). The Center for Disaster and Extreme Event Preparedness (DEEP) also has a very extensive Family Disaster Plan Guidebook that is available for download (www.deep.med.miami.edu/x534.xml).

For those of you who are considering taking a more active community based response, the second step to developing a disaster-ready preparedness lifestyle involves practicing for the disaster role that you might find yourself in. Local communities often stage mock incidents to practice disaster response skill sets. Participating in these exercises goes a long way to prepare you for a potential real life event. In BC, disasters are managed under the umbrella of the British Columbia Emergency Response Management System (BCERMS). As a potential disaster responder it is crucial that you have an understanding of this structure: (www.pep.bc.ca/bcerms/bcerms.html).

It is also important that you have a good understanding of BC Emergency Social Services (ESS) and the Incident Command Structure that is typically used during an emergency response (http://www.jibc.ca/emergency/

Programs_Courses/Online_Learning.htm). Although having some experience working with trauma is definitely an asset, responding on a professional level to a disaster scenario requires some specialized disaster focussed skills. Responding to large scale emergencies or disasters will likely put you into situations that are intense and chaotic.

As a potential disaster responder you will be called upon to provide the "calm in the storm," to encourage resilience and to provide support. This requires a willingness to work in non-traditional ways including providing support by pitching in and doing tasks that might not normally be associated with "support" in a clinical practice. The North Carolina Disaster Response Network (http://nccphp.sph.unc.edu/training/nc_drn/) offers a free web-based training to introduce the field of disaster mental health. The BC Disaster Psychosocial Response Program is currently working with the Justice Institute of BC to modify this training to better fit a Canadian audience. It is hoped that this training will be available within the next year. In the meantime, it is still recommended that you take the training being offered by North Carolina.

The final step in developing a disaster-ready preparedness lifestyle involves prioritizing stress management. This entails learning about the stress response, identifying and dealing with disaster stressors, and practicing stress management techniques as they apply to both yourself as a responder and also to those that you would be working with.

In BC, the counselling profession as a whole has indeed taken an active role with respect to disaster preparedness and/or disaster response. Under the auspices of the Provincial Health Services Authority (PHSA), Disaster Psychosocial Services (DPS) has established a volunteer network of registered clinicians with members from the B.C. Association of Clinical Counsellors, the B.C. Psychological Association, Registered Social Workers, The Canadian Association for Spiritual Care, and Police Victim Services. The DPS Program also has representation from the above-mentioned professional associations at the provincial planning and committee level. DPS has been active in disaster psychosocial planning and response since May 2001. Some of the incidents where DPS has called on volunteer clinicians include the following:

- 2001 September 11 – Vancouver and Abbotsford Airports
- 2003 Forest fires – Barriere/Louis Creek, Kamloops and Kelowna
- 2003 Forest fires – Canadian Red Cross Call Centre in Vancouver
- 2004 Avian influenza – Farm Crisis Line
- 2005 South Asia tsunami – British Columbians impacted
- 2005 Vancouver's North Shore mudslides – evacuees
- 2006 Lebanese Repatriation – in partnership with the Canadian Red Cross
- 2007 Freshet: Terrace and Fraser Valley
- 2008 Prince George Ice Jam Flood
- 2010 Returning BC residents evacuated from Haiti earthquake

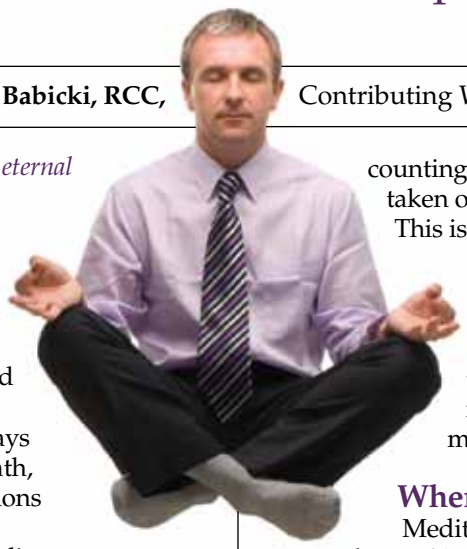
While many of us may not have been directly impacted by a disaster at this time, the above-mentioned incidents clearly demonstrate that disasters do indeed occur on a fairly regular basis. Disasters always have the potential of catching us off guard. Taking the proper steps to prepare for a potential disaster will go a long way to reduce the impact of this disaster for yourself, your loved ones, and your community. If you decide that you would like to take a more active community based response role, taking the necessary steps to prepare for this cannot be underestimated. From this perspective, the counselling profession as well as individual RCC`s can indeed play a vital role in disaster preparedness and/or disaster response.

The BC Disaster Psychosocial Services Committee is currently updating its network of volunteers. As a RCC, you may have already indicated your willingness to volunteer with DPS when you filled out your BCACC renewal application at some point in the last few years. In an effort to ensure that potential volunteers have the necessary preparedness, the DPS Committee will be sending out renewal applications in the near future. When this application is sent out, you will be required to have completed some additional training before your application is accepted. The online courses mentioned in this article are examples of some of the necessary training. Having completed these courses prior to receiving your new application form will definitely expedite your application process. If you are not currently on the DPS volunteer network list, but would like to sign up, please contact John Fraser, MA, RCC at johnfsi@telus.net or 604-602-0890. An application and some additional information regarding DPS will then be forwarded to you.

***John** has been a member of BCACC since 1994. He has served as a Regional Council Representative for the Association for approximately 10 years and has been the Vice-President for Region 4 since April 2005. John has also represented BCACC on the Disaster Psychosocial Response Program as a Committee member since September 2005.*

Meditation Made Simple

By **Elke Babicki, RCC,** Contributing Writer



"Meditation is the dissolution of thoughts in eternal awareness or Pure consciousness without objectification, knowing without thinking, merging finitude in infinity."

Voltaire

Every day millions of people throughout the world use meditation to move beyond emotional turmoil into a peaceful expanded awareness. There are many ways to meditate, including observing the breath, mindfulness practices, guided visualizations and countless other techniques.
To facilitate your use of meditation with clients, I've compiled a list of commonly asked questions.

What about my thoughts during meditation?

Observe that they are happening, no need to resolve them or try and stop them. They are a part of human nature and happen during meditation. Gently bring yourself back to the breath, the affirmations, or the mantra. Simply observe your thoughts and don't judge yourself or your thoughts. You will find the still gaps between the thoughts becoming longer and your mind getting calmer.

How should I be breathing?

The technique is not as important as the awareness of breath. When we feel stressed our breathing is generally too shallow. Count your breath as you gently inhale through your nose, 1, 2, 3, 4 and exhale slow, smooth and long. Fill your lungs with air, your rib cage expands and your stomach will rise as you breathe in. Exhale just as thoroughly and let your rib cage and stomach push out all the air. Do this gently, no need to strain.

With each exhalation allow your thoughts to be released - all worries and concerns flow out of your body. Let your mind be exhaled. After a few sets, you can let go of counting. Whenever you feel like your mind has taken over, bring yourself back to your breath. This is a type of meditation in itself.

What if I am interrupted?

Resolve to return phone calls after meditation and if you have to attend to an interruption simply go back to the meditation, or at least lie still for a few more minutes.

Where should I meditate?

Meditations are best done in a quiet place at home. You can use some of the relaxation techniques, like focusing on your breath, at the office, or while nature walking. This helps you come back to feeling centred during the day.

Should I lie down or sit up during the meditation?

The important part is that you are comfortable. Your body needs to be able to relax. Many people don't lie down, since they don't want to fall asleep and miss out on the meditation experience. So if you lie down, make it different from what you do when you go to sleep. Prop up some pillows in your bed, or lie down on a mat on the floor and on a folded towel under your sternum. You can also raise your legs with a pillow, if that is something that gives you comfort.

If seated, settle into a comfortable posture. Keep your alignment: torso aligned with hips and head aligned with spine. Let your shoulders relax and your arms rest gently. Feel your sitting bones supported by the chair or the pillow you are on. Let your legs be rooted to the floor.

***Elke Babicki, RCC** is the author of "Making the Shift", a practical guidebook for living the life you really want. For more information go to www.elkebabicki.com.*

August 2010

BCACCNEWS

BC Association of Clinical Counsellors

A Word From Your President

Duncan Shields

A people under the necessity of creating themselves must examine everything, and soak up learning the way the roots of a tree soak up water.

James Baldwin - Writer/ Civil Rights Activist

Registered Clinical Counsellors Enhancing Mental Health all across our Province.

On June 16, 2010, I had the opportunity to meet with the Minister of Health Services, Kevin Falcon and his staff, to discuss our concerns about systemic barriers to access to RCC services, and our proposal for the establishment of a College of Counselling Therapists.

The regulation of counsellors under the Health Professions Act is a vital step to enable mental health professionals to fully contribute within the continuum of mental health and addictions services from prevention and health promotion to chronic and crisis care.

In BC, health care costs currently comprise over 40% of total government spending and are rising at twice the rate of inflation every year – a situation exacerbated by an aging population that uses more health services. Over the next twenty

BCACC's Mission Statement

We are a society of regulated Clinical Counsellors, dedicated to providing the highest standards of professional counselling, consulting, assessment, testing and training services.

Members of the Society act to embrace mental health by providing responsive, accountable and ethical counselling, consulting, assessment and training services to individuals, couples, families and groups.

years, as BC's elderly dependency ratio (the relative size of the elderly population to the working age population) climbs from 22% to 39%, controlling the costs of health spending is a primary consideration for government in order to prevent health costs from crowding out public spending in other crucial areas.

Mental health and addictions represent a significant and growing portion of these costs with over $130 million being spent annually. Patients with mental health and addictions issues are among the top categories of "frequent users" of emergency room services, and one of the top categories of billings by general practitioners. This year alone, there will be over 600,000 visits to general practitioners related to mental health and addictions issues.

The toll of mental health issues in the workplace is receiving increasing recognition. Depression rates are increasing for employees in their prime working years between the ages of 25 and 54, and stress, anxiety and depression are now the leading cause of absenteeism, and short-term and long-term disability.

The Global Business and Economic Roundtable noted that 12% of a typical company's payroll is lost due to disability.

Government recognizes the importance of early identification and intervention for mental health and addictions issues in order to maintain a healthy productive population. Lessons learned from the management of chronic physical illnesses such as diabetes and heart disease have illustrated how early and preventative care can also control costs. In caring for cardiac health, for example, it is recognized that building cardiac units is only one part of the solution.

Promotion of healthy eating, exercise, and anti-smoking campaigns are all necessary parts of a full continuum of care that attempts to prevent or address problems before they require higher cost health interventions.

In the absence of effective and timely access to counselling services, substance abuse and mental health issues may become chronic and adversely affect our families and children, reduce workplace productivity and increase absenteeism, disability costs, and use of more costly sectors of the health system.

This fall, the Ministry of Health Services is expected to release the new BC ten-year Mental Health and Addictions Plan, which will guide public efforts to address these issues. Early drafts lay out an ambitious plan that seeks to improve coordination between multiple ministries, expand preventative initiatives, move identification of at risk individuals "upstream," and increase access to early intervention.

This policy shift presents a critical opportunity for Registered Clinical Counsellors and a proposed College of Counselling Therapists. Creating such a College significantly increases system capacity, allows counsellors to more fully participate within a full continuum of services, clarifies and expands choice of service provider for the public, and reduces costs to the public purse as interventions move upstream and counselling becomes more accessible through private extended health insurance plans.

Over the past twenty-one years, RCCs have worked to enhance the mental health and well being of our communities throughout British Columbia. Through provision of ethical and effective services, our members have come to be trusted as therapists who meet the highest standard of professional practice.

During our June meeting, Minister Falcon recognized the important work that counsellors do in BC, and committed his legislative staff to investigating how the absence of regulation under the Health Professions Act creates a barrier to access to counselling services across BC. This fall, the Minister and staff will review our proposal for statutory regulation with a view to how this initiative aligns with the Province's updated Mental Health Strategy.

We continue to work to build recognition of the place and contribution of Registered Clinical Counsellors within the wider health service continuum. We will continue to work with government and the Task Group to ensure that access to counsellors' services is improved.

The individual committee reports that follow, speak to the efforts of the many volunteers and staff who help our Association fulfill its Mission and Fundamental Purposes.
I continue to be grateful for, and inspired by, the contributions and talent of our committee volunteers and specialist consultants. Without their support, our Association could not be what it is today.

As the largest association of mental health professionals in the province, acknowledged as a leader by the community of counselling professionals across Canada, we will continue to build our profession and work to ensure that RCCs are recognized for the vital contribution they make within their communities.

My thanks to you all.

Office of the Registrar

Angela Burns, Registrar

General Administration:

One of the perks of being Registrar is getting to work closely with BCACC's Regulatory Committees. This issue, I would like to express my appreciation for the Inquiry Committee, which oversees the BCACC complaint investigation process. This work is not for the faint of heart as it often involves dealing with angry and stressed complainants and members.

During the investigation proceedings, the Committee deliberates about whether the allegations brought forward by the complainant have been substantiated. If so, the Committee works with a corrective action model which addresses members' practice short-comings with education and clinical supervision requirements.

The collaborative nature of the process means that it takes a while to create a Consent Agreement that both parties accept - investigations take about a year to complete (on average and if lawyers are not involved!). If the allegations cannot be substantiated, the Committee closes the case. The Inquiry Committee can also vote to send cases to a Discipline Committee if the severity of the allegations substantiated during the investigation require a different level of scrutiny.

The Inquiry Committee has noted that on many occasions, the most powerful remedy that a member has been able to give to a complainant has been a genuine, heartfelt apology. In several cases, complaints said that they wouldn't even have made a complaint if the member had accepted responsibility for his/her actions and apologized in a timely manner.

This Committee meets monthly by teleconference and has three face-to-face meetings in conjunction with scheduled Board of Directors' meetings in Vancouver. This particular group of people engages in lively debates, tough conversations, frustrating and tedious reviews of information, some really hilarious sharing, and in the process, has cultivated a great deal of respect for one another.

A snapshot of the Association on June 30, 2010:

Total members: 2101; Active: 1922; Inactive: 150; Student rate: 28; Honorary: 1

By Region: 0 (out of province) 59; 1 - 158; 2 - 291; 3 - 162; 4 - 924; 5 - 413; 6 - 94.

Inquiry: Since January 1st, 2010, we have received four complaints; two investigations are in progress. We have closed four cases to date; one Consent Agreement is being monitored, four cases are on hold and one case went to appeal. No cases have been dismissed.

Registration:
We have sent 40 applications to the June 2010 meeting of the Registration Committee.

Deceased Members:

• Allison McLeod, Member since January 1, 2006, living in Surrey – passed away on January 23, 2010

• Janet Strang, Member since November 28, 1994, living in Vancouver – passed away on April 1, 2010.

Committee Reports

Continuing Competency
Rob Riddle, Chair

The Continuing Competency Committee is continuing its work on three projects:

1. We are undergoing an evaluation of the Regional Continuing Education Program where financial assistance is given to regions working collaboratively to provide educational opportunities in their regions. At the time of writing, the results of this review were to be discussed at our meeting in June. Recommendations to the board will be forthcoming about any changes to the program.

2. Work is also continuing on how to implement a Continuing Competency Program. Two options are being explored as directed by the Board: first a Voluntary Tracked Program with Incentives, eventually leading to a Mandatory Program. This exploration will outline the registration and tracking process, administrative requirements, evaluation, incentives, communication and PR and time lines for implementation.

3. Work is also continuing on possible educational opportunities for BCACC members in Ethics and Standards. This work is being carried out in collaboration with the Ethics and Standards Committee, the Inquiry Committee, the Registrar, Deputy Registrar and Executive Director.

Inquiry
Shirley Halliday, Chair

As you hear from me regularly, the Inquiry Committee, a standing committee of the Board of BCACC, is responsible for:

• receiving, and sorting out;
• and when indicated, investigating;
• and resolving;

a complaint that is made about some aspect of the clinical practice of a member of BCACC.

Since the beginning of 2010 the Committee has received four complaints. Late in 2009 there were also four (new) complaints received. This has made for a busy time for the Committee. The types of allegations include issues of boundary violations, issues about informed consent, and concerns related to confidentiality.

The complaints in 2010 thus far include allegations of RCCs providing therapy to children without obtaining proper consent from both parents who have joint custody and guardianship, as well as assessments being done on very young children despite a court order stating this was not to happen without the consent of the custodial parent. These latter types of complaints must complete their process through the court system before the BCACC Inquiry Committee can proceed with the complaint. As you can imagine these are often emotional charged and hence difficult types of situations to disentangle.

The members of the Committee are unchanged since I last reported about this. The work of the Committee continues to be ably supported by the Head Office staff involved in the regulatory side of BCACC. The attention to detail, patience and diligent work in the support provided is something that all the members of the Committee are grateful for and appreciative of. Thank you all.

There has been one change to the way we do the work, aided by technology. A Secure File Server has

been set up at BCACC head office to facilitate sharing case files with the committee members.

Each committee member has been assigned a login name and password to access the drive, and each file document has been assigned a separate password. This provides two layers of security, which is a more secure method of sharing files than email.

This is also a green initiative, as the committee members can read the files on line and only print essential documents.

Legislative Review
Glen Grigg, Chair

Your Association is making connections with other professional groups in British Columbia through the Task Group for Counsellor Regulation (TG), as well as at a national level through the Working Group for Labour Mobility (WG) and other partnerships with the Canadian Counselling and Psychotherapy Association (CPCA).

Just last month the WG received another substantial grant from Human Resources and Skills Development Canada to move forward with articulating national standards for the counselling profession in Canada.

With statutory regulation in place in Quebec, Ontario, and Nova Scotia, initiatives already moving in New Brunswick and British Columbia cannot be far behind. When this happens we will be ready to meet the requirements of national labour mobility.

Within BCACC we are also looking at some new regulatory issues. In the past, it has not been unusual for members to be registered for a time, to withdraw from the Association, and then to rejoin. This approach works well for member service functions, but it has serious short-comings when we recognize that we are now a major regulator of professional activity in our province.

Whereas statutory regulation will give us jurisdiction to regulate counselling whether or not someone is a member of the college, our present status as an Association limits our jurisdiction to our membership.

Consequently, for the accountability of our profession to be meaningful, members must either maintain continuous registration or make themselves accountable for periods of time when they were not registered. This is why the Regulation Panel will be bringing forward new standards for reinstatement of clinical counsellors who have previously held registrations.

On a much lighter note, the Board has been reviewing Honorary Memberships, noting that we do not have objective criteria for this seldom-used membership category. Discussion so far has converged on the idea that our honorary memberships could look something like a university's system of granting honorary degrees. Such degrees are given to people who are not students, and who do not meet the usual qualifications for the designation, but who have accomplishments that are consistent with the values of the institution.

BCACC is hopeful of using the Honorary Membership designation to recognize and appreciate members of the broader community who have made contributions consistent with our mission and values.

Member Services
Lida Izadi, Chair

The information outlined below reflects activities in Member Services since my last report.

Public Presentation Project:
The Skills for Mindful Living workshop series, a BCACC community service initiative involves Registered Clinical Counsellors volunteering to present workshops on issues of interest to the North Shore community.

These monthly educational workshops are developed in collaboration with CMHA-North and West Vancouver, and West Vancouver Parks and Community Services. The fifth workshop of the series was held on May 20th at the West Vancouver Community Centre and was attended by 45 people. Fifty-six people attended our April workshop, and in the March workshop we hosted 72 attendees.

Our next workshop on "Enhancing communication in relationships" will be held on June 17. The remaining workshops for 2010 will be offered on September 23rd, October 21st and November 25th. For more details on the Project and the workshop series, please visit BCACC's website.

Member Services has been planning for workshops in 2011 on the North Shore. We have already confirmed January to May presenters, and invitations have been sent out to enlist volunteer speakers for September to November workshops. I would like to invite RCCs who are interested to present for this project to contact me at lidaizadi@hotmail.com or 604-786-5432.

Member Services has also started planning for the youth component of the project, which is anticipated to start in 2011. We are hoping to offer half-day quarterly workshops with help from the School Boards on the North Shore in order to educate youth about emotional well being and mental wellness.

Diana Romer will be our connection from the North Vancouver School District and Aaron White, West Vancouver School Psychologist, will be our liaison with the West Vancouver School district. We have created a list of movies with psychological themes to show youth and engage them in a discussion of the psychological issues presented in the movies. A panel of professionals will facilitate the discussion.

With respect to the multicultural component of the project, Member Services has recruited a Farsi speaking volunteer coordinator who has agreed to organize quarterly half-day seminars for the large

Farsi speaking community on the North Shore.

In addition to the above, a meeting has been held with the representative of the CMHA-Vancouver/Burnaby branch to discuss the logistics of our partnership and set tentative goals for 2011 presentation series in those regions. We are currently exploring our partnership options with a few educational institutions.

Finally, I am happy to report that two wonderful RCCs have agreed to help coordinate the PPP projects in the North Shore Vancouver/ Burnaby regions.

Peer Support Project (PSP):

Member Services is collaborating with Regions 4 and 5 to pilot the Peer Support Project. PSP will focus on enhancing our services to our members. It will aim to increase competency and networking opportunities for RCCs; to create a collaborative community of peers through facilitating the formation of local consultation groups, individual peer consultation opportunities; and, support the integration and development of new members as professionals.

I am very happy to report that the Consultation Groups component is now ready for implementation, and our first step is to build a roster of consultation groups for members to access.

A broadcast was sent to the membership on May 25 announcing the formation of the Consultation Groups and inviting members to access the information and add their groups on the Consultation Group page.

I would like to thank the PSP committee members for all their time and effort that they have invested in this initiative. I would also like to acknowledge Jerry Arthur-Wong for his dedication to this project and for moderating the Consultation Groups. I should also add that without the exceptional support of Aina Adashynski, none of these projects would move forward as smoothly as they have.

Website Project:

Member Services, in collaboration with Region 2 and our Victoria office staff, has been working on improving the BCACC's website since the summer of 2009. Webwrights, a company that specializes in search engine optimization, was contracted to enhance our website in such a way that it attracts more traffic to the website's main page and the referral list page.

We also aim to make our website more user friendly by improving our directory search system. We explored the option of contracting a new company to manage our database or staying with the current company, Membee, and continuing use of their services.

After thorough deliberation and research, and based on intelligent and informed advice from Aina Adashynski, we decided that it would be best for us to stay with our current host company in view of the recent upgrades in their services and software.

In addition, as a result of many contacts that our head office team has had with a few membership management software firms, it became apparent that it was not worth the considerable effort it would take to leave our current supplier when none of the other companies can offer anything better than what we already have.

Furthermore, Membee is in the process of upgrading the directory search (member referral list) to be more user-friendly and intuitive. This change will hopefully take place in late fall.

According to the information that was communicated to Aina, this launch will coincide with the 'self-service member profile update' which enables members to add a description of their services and even upload a picture for their profile. We all look forward to these exciting changes to our website search system and database.

Our website was created in 1999, redesigned in 2003, and redesigned again in 2006 to correspond with our new logo and branding. We are currently soliciting proposals from web designers to upgrade and redesign our website, and hope to have this project complete in late 2010.

I would like to applaud Lee McLeod and our head office staff for their incredible contribution to this project.

Future direction in Member Services:

Member Services has started planning for a new initiative that will involve translating our brochure in other languages. A multicultural committee of RCCs from different cultures will be established to work on this initiative.

In regards to marketing our brand, we will continue advertising in medical and business journals. We are also looking into marketing our services through the media. I have obtained information about placing ads in the TV Channel Guide, Channel 2, Shaw Cable. It seems that advertising on a provincial level during mental health week could be an option, pending approval from Jim Browne and the Board.

As Chair of Member Services Committee, I would like to extend my gratitude to all our volunteers, Board of Directors and our head office staff for their ongoing support of our projects.

Registration

Joan Campbell, Chair

The Registration Committee met on March 26, 2010, and reviewed a very small number of files compared to the 60 plus files that we have seen over the past few meetings.

Twenty-three applicants were accepted at that time with a remaining three needing further information to satisfy BCACC's requirements.

The Committee members reviewed the files online to try to reduce the amount of paper required. That process went well, thanks to our able Head Office staff.

A change to the policy regarding who is an acceptable supervisor was taken to the Board meeting on March 27, 2010, and was approved. The new policy (79) states:

Policies re: an acceptable supervisor
79. To be acceptable to the Committee, a "qualified professional" who provides the formal supervision required under bylaw 12(1)(f)III must be a counselling professional who meets the following criteria:

a) the supervisor is an approved clinical supervisor of a University acceptable to the Board; OR

b) the supervisor is a registered member in good standing of a mental health profession that has third party accountability; OR

c) the supervisor has provided evidence of advanced skills in clinical counselling acceptable to the Committee equal to or greater than those which apply to members of the Association; OR

d) the supervisor holds a minimum of a Master's degree that is acceptable to the Board and would otherwise meet or exceed the Association's membership requirement; AND

e) the supervisor has a minimum of 5 years' clinical experience as a Registered and practicing clinical counsellor or equivalent relevant experience before being acceptable as a supervisor to the Registration Committee.

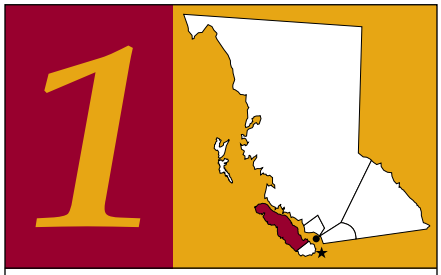
f) Section (e) does not apply if the supervisor is an approved clinical supervisor of a University acceptable to the Board.

Registration Committee members include Kathy Lauriente, Helen Huang, Mario Testani, Kevin McMullen, Ellen Connell and Eileen Burkholder. The Registrar's Office is represented by Angela Burns and John Gawthrop. The Head Office staff includes Aina, Michele, Andrea, Donna and Carly.

Thanks to all of you for your willingness to contribute and participate with excellence and wisdom.

Regional Reports

Region 1



NORTH COASTAL
All coastal regions of the province north of the Sechelt Peninsula up to and including Powell River, and the northern portion of Vancouver Island which is past but not including Chemainus, including Gabriola Island.

North Coastal
Chris Stasiuk, VP

By the time you read this you will already have been informed about what is being planned for the region for the fall in regards to regional meetings and a workshop. I thought that you should know, however, that in choosing a workshop for the region that we, your representatives, are responsible to find subject matter that represents the wants and needs of our region as well as a presenter who would be able to reach the greatest number of people and hold their interest for an entire day. I think we have achieved this and hope that all goes well as is being planned presently.

On May 3 we had a regional meeting that was informative, created insightful conversation, and was uplifting by way of being connected with other therapists once again. Anne Morrison joined us from Chemainus to let us know about her upcoming training in Level 1 Satir Transformational Systemic Therapy in Nanaimo. David Osborn also shared more of what he is doing with Talking Circles and will present at a fall regional meeting.

We also viewed some of Dr. Amen's DVD and discussed the benefits of the work that he has done.

For those of you who attended the April 10 Member Orientation Workshop I would like to say that it was a joy in meeting all of you. I would like to add that it would be great to see more of the members who have been a part of our Association for many years attend as well. I am sure that your insights into BCACC and your experiences of the past would have been helpful to some of the new members who had questions, and also greatly appreciated.

I am looking forward to meeting more of you at the fall events and as usual I am available for your phone calls and emails. By the way, I have another email account at cpstasiuk@gmail.com and will eventually discontinue the one at canada.com. Thanks for reading!

Region 2

SOUTHERN VANCOUVER ISLAND
All regions of the island south of and including Chemainus, and the Gulf Islands south of but not including Gabriola Island.

Southern Vancouver Island
Lee McLeod, VP

First of all, thanks once again to Monica Kingsbury for her leadership as Regional Vice President over the past three years. I'm glad (and we are lucky!) that she is remaining on as a member of the Regional Council.

Thanks as well to Eli Chambers, the longest-serving member of the council, who stepped down at the end of June after having been a member since 2003. Eli, as well as representing the region at Delegate Council meetings several times, is also a past member of the Legislative

Review Committee. And finally, let me introduce our latest member: Mitra Jordan, who's in private practice, does contract counselling in Victoria, and has a special interest in cross-cultural issues.

Our Counsellor Cafés continue to be well-attended. On April 13, a dozen or so turned out for a café we billed as a 'night of passion'—sharing their enthusiasm for the art of counselling in a (yes, often passionate!) discussion of 'the counselling relationship.' And by the time you read this, Michelle Morand will have presented at the final café of the season on the philosophy used at the Cedric Centre she founded in Victoria to work with clients who experience all forms of disordered eating.

Plans for next year's cafés are coming together nicely. We will include another passionate-discussion evening, a report by Mitra on her recent and powerful experience of a journey to Rwanda as a witness to trauma, and a December Café (and seasonal celebration) featuring an informal presentation (by yours truly!) of the 1951 film classic A Christmas Carol as an allegory of psychotherapy. We are also seriously considering a longer, daytime 'café' on Salt Spring Island on the topic of counselling in smaller communities.

I am really excited that the council's original vision of the cafés as a flexible forum, capable of many formats besides that of speaker and audience, is being realized.

Many of you from many communities in several regions—120 in all—attended our annual 'educational event' (we need a more lively title!) in March in which Gabor Maté, speaking from both his personal and professional experience, presented a mind/body/spirit perspective on addictions. It was an exciting, challenging, informative, and inspirational day, and all the feedback we received from participants was positive. As I write (in mid-May) regional council awaits a response from a presenter we have approached for next years' event. Stay tuned.

With Eli's departure, the Region 2 Regional Council now consists of Monica, Mitra, Jon Schwabach and Susanne Hunter (both from Salt Spring), Susan Farr, and myself.

Region 4

LOWER MAINLAND NORTHWEST
This region includes Vancouver, Burnaby, North and West Vancouver, Richmond, Port Moody, Coquitlam, Port Coquitlam, New Westminster, all regions up to and including Whistler, and the Sechelt Peninsula.

Lower Mainland Northwest
John Fraser, VP

Region 4 Regional Council Representatives:
The current list of Regional Council Representatives for Region 4 includes the following members: Jerry Arthur-Wong, Geoffrey Ayi-Bonte, Marilyn Beloff, Sara Kammerzell, Jo-Anne Weiler, Betty Rainford, Diana Romer, Elaine Roth, Jennifer Scott, & José Jaime Guerrero. Region 4 has been allocated a total of 18 Regional Council Representatives so there are still spaces for more representatives.

In this respect, we are still looking for more volunteers to help organize and facilitate regional events. If you are interested in becoming a Regional Council Representative or would like further information regarding this volunteer position please feel free to contact John Fraser at (604) 602-0890 (office), (604) 648-9976 (fax) or at johnfsi@telus.net (e-mail).

Region 4 Workshops:
The title of the Region 4 Fall 2010 workshop is "Enjoying Couples Counselling using Adlerian Theory and Practical Tools." This workshop will be presented by Mavis Lloyd, Ph.D., RCC and will take place on Saturday October 2, 2010, from 9AM to 4PM. The workshop will be held at the YWCA Vancouver – 535 Hornby Street, Vancouver, BC V6C 2E8 – Welsh Room 1 & 2. If you would like to register for this workshop please email John Fraser at johnfsi@telus.net or call 604 602-0890 (email preferred).

Further information regarding Region 4 workshops (location, synopsis, registration details, etc.) will be provided through BCACC broadcasts and the BCACC website.

Counsellors' Café II:
The Counsellors' Café II has continued to provide a well received service to the region. Unfortunately, the current Café coordinator is no longer going to be able to coordinate this event after June 2010. There will be no subsequent Cafés until a new coordinator is found. I would like to take this opportunity to thank José Jaime Guerrero for doing such an excellent job coordinating the Café over the last couple of years.

The Cafés have historically provided an excellent opportunity for BCACC members and other colleagues to present on their skills and areas of expertise. They have also been a wonderful opportunity for BCACC members to network in a relaxed and informal setting. If you are interested in hosting a Café please contact John Fraser at johnfsi@telus.net or call 604 602-0890 (email preferred).

Region 5

FRASER VALLEY
This region is composed of Surrey, Delta, White Rock, Langley, Clearbrook, Agassiz, Mission, Chilliwack, Abbotsford, and Maple Ridge, and all smaller communities within these boundaries including Hope.

Fraser Valley
Nikki Pawlitschek, VP

At the time of writing, we have been busy working on possible topics for upcoming presentations. We had

a regional meeting on Tuesday, May 11, 2010, where we entertained a couple of proposals. More information on the upcoming presentations will be forthcoming.

Member Orientation Workshop (MOW):
I attended the MOW on Saturday, May 15th in Langley and was pleased to see a good turnout. There was a mix of members from Regions 4 and 5, including one member from Region 0, who was from Calgary, Alberta. This was my second MOW and I found it very enjoyable, informative, and interactive.

This workshop, under the capable leadership of John Gawthrop (BCACC Deputy Registrar), also offers a practical component, which allows participants to form groups and examine and discuss example cases, based on actual ones brought up before the Inquiry Committee.

What an insightful way of obtaining a 'snapshot,' so to speak, of what members on that committee have to face. It definitely provided a lot of food for thought. For those of you who have not yet attended a MOW, either on-line or in-person, I cannot stress enough the importance of taking part, whether you are new to the BCACC or have been a member for many years.

Regional Council Representatives:
The current list of Regional Council Representatives for Region 5 includes the following members: Gord Auld, Charlaine Avery, Gerry Bock, Patricia Dubberley, Cliff Holloway, James Logan, Helen Peters, and Muzaffar Syed.

Jordan Penner has recently stepped down as a Regional Council Representative for Region 5, so I would like to extend a special "Thank You" to Jordan for his contributions to the region while he was a volunteer.

Region 5 has been allocated a total of 12 Regional Council Representatives so there are still spaces for more representatives. In this respect, we are still looking for more volunteers to help organize and facilitate regional events.

If you are interested in becoming a Regional Council Representative or would like further information regarding this volunteer position please feel free to contact Nikki Pawlitschek via e-mail: antonika@hotmail.com.

Region 6

INTERIOR NORTH
Includes the rest of the province north and west from a line drawn between Hope, Westwold, Chase, to Arrowhead near the Alberta border.

Interior North
Leila Lanteigne, VP

It has been a busy time for our region and time seems to be getting away on me.

First of all I would like to thank Greg Scriver for his past contributions to our region as a Regional Council Representative. Due to his time limitations he has stepped down.

I am pleased to introduce new Regional Council Representatives Ava Perraton from Clearwater and Ryan James from Prince George. They have joined Barb Ingram from Quesnel and Ralph Wright from Williams Lake as Regional Council Representatives. We are in regular contact to discuss opportunities for our region and are working hard on your behalf.

Please contact any of us if you have concerns, ideas for workshops, or just want to say hello or be more involved with your Association.

The Disaster Psychosocial Services Steering Committee for the Thompson-Cariboo Region is now underway. By the time this issue is out we will have had several meetings with Heleen Sandvik, Provincial Lead of DPS, as our chairperson to guide us and will be well underway in developing the Disaster Psychosocial Support Program, that may be a model for other communities as well. We will also have a Standing Committee of stakeholders who will be trauma and action focused to respond to disasters.

Please remember to re-register with John Fraser if you are interested in (re) volunteering for the Disaster Psychosocial Response services. It is helpful to have a list of willing and current volunteers when the fires (or any disasters) strike.

We are continuing to hold regular RCC meetings in Kamloops. The last meeting was held June 16, 2010, and will be followed by a meeting in September. Everyone will receive a reminder by email. (Discussions with the Regional Council Representatives are in process regarding planning regular RCC meetings for the northern regions.

Please provide us with feedback of what you would like to see in your area and what you are willing to do to contribute to your idea's success).

I introduced the idea of the Public Presentation Project that was developed by Lida Izadi, Chair, Member Services, and successfully piloted in West Vancouver. Most of the RCCs in attendance are supportive of this project for Region 6 and a list of willing RCC volunteers and topics are being developed at the time of writing this report. CMHA Director, Doug Sage, from Kamloops has agreed to be a partner in this project and assist with providing free venue space for the presentations.

We are also looking for presenters in the northern part of the region. Please let me know if you are interested in volunteering to present or to assist with this project. Projected time for commencing presentations is fall of 2010. As RCCs, we have a wealth of knowledge and skills that can be shared with the community. It is also a good way to become known in your community.

Leila Lanteigne leismith@shaw.ca

Rick & Lisa *In Therapy*

By **Lida Izadi, MA, RCC,** Contributing Writer

Rick opened the office door glad that he'd worn his blue Italian suit, knowing full well that its origin was obvious. With a final pat of his perfectly groomed hair, he glanced at his wife's clothes in distaste, secretly pleased to think how ill-matched a couple they looked. He quickly scanned his surroundings, examining the therapists' cards, and carefully pocketing several for further perusal. Knowing Rick as she did, Lisa anticipated the moment when he would force his embossed business card on the therapist.

Before Paul, the therapist, could introduce himself, Rick asked abruptly, "How sound proof are these rooms?" and ignoring Paul's response, proceeded to crush his hands in a self-assured handshake, thinking that he'd never get the truth from Paul anyway. Moving into the office, followed by Lisa, Rick scrutinized the room. "I could recommend my first class interior designer," he quipped. He then settled into a chair that he'd already moved into the center of the room and stated: "I take creme and sugar with my coffee." Paul noticed the embarrassed look on Lisa's face who was quietly pleading for his patience and smiled warmly at Rick, "By the way, I'm Paul and I'll keep your coffee order in mind for the next session. How can I help you?"

Lisa wondered whether there would be another session as nobody had ever proved reliable enough for Rick to give them a second chance. Her effort to spell out a word was defeated as Rick interrupted, "It's for you to figure out how!" With a smug look on his face, he pointed to the tape recorder, "Nice little business you have here, selling session recordings."

Paul smiled at him, "You sure have a sense of humour," and then asked Lisa to share her concerns and her goals for counselling. Lisa murmured, "It's the divorce, and the kids are preparing for university. Just bad timing…" Rick interrupted impatiently, "Before we get to the problems, you need to know how valuable my time is and perhaps then we can be as concise and efficient as possible. I spend a lot of time traveling all over the world on international business, however, I can give it one full day so we can get this thing over with all at once, and move on with life."

Rick questioned the confidentiality of the process and showed contempt for the therapist's note taking. "You won't need that pen and paper. People don't generally forget what I have to say. I'm well-educated and skilled in getting my points across. We've come here to avoid the financial complications of divorce and its legal processes. I refuse to let lawyers line their pockets with my hard-earned money. I'm a self-made man and I've well experienced the "real" world. People simply build their successes on the ruins of others. I'm a fair, rational person and I'm ready to leave her the house and pay for the kids' education, final! It takes more than one expert to help her understand what's in her best interest, and here's where you can help."

Lisa, taken aback by Rick's effort to turn the session into a business meeting, bragging about his business prowess and dictating his will, burst into tears, "Twenty years of suffering, more than half my life." Paul placed the box of tissues within her reach and said in a warm understanding tone, "I can see how difficult this process is for you."

Rick, feeling ignored and cornered, jumped in with rage, "You can see nothing. How can you fall for these tricks and call yourself a psychologist?" Paul gently reassures him, "I can also understand your position. You have invested in this marriage just as much and it must hurt to feel all that hard work might be in vain."

Rick replied, "It irritates me that she has always failed to recognize my needs and expectations. Nor has she ever validated my intelligence or endorsed my decisions. She's obviously jealous of my accomplishments. I've worked all my life for all I've given them. I deserve some respect and appreciation, some consideration, a little contribution. All she does is eat, sleep and run around coffee shops with her middle-class friends and gossip about me, zero performance and productivity! To her, I'm just a mint with endless pockets. All the money she spends and look at her! I'm embarrassed to present her in my social circles. Where does the money go! Hidden bank accounts? How can I confide in her!? This is an insult to my intelligence. How in the world did I end up with her!"

Paul, frustrated, with a meaningless smile on his face, seemed powerless to stop his tirade and this was no secret to Rick. Lisa looked emotionless and blank, thinking how hopeless it all was. Rick moves on, "She has brainwashed the kids, excluded me from their lives. They constantly undermine my authority, come and go as they please, no discipline, no sensible supervision. I was disgusted by the content of a letter sent to my daughter. She confronts me with the rights to

privacy! And I am accused of secrecy! How blunt! I despised her for months." Rick abruptly reached into his pocket and took out some papers. "Take a look at these statistics! Teen pregnancy! Aids! No one gives a damn about my reputation. My children are embarrassingly dependent on her. She gives my son hugs and kisses for being roughed up at school. My father would've given me beating for being a wimp and a coward! I was raised to be tough. My son is more of a girl than a boy. My father entered the house and we all ran to greet him. I come in, no one blinks. How humiliating!"

Running out of breath, Rick slowed down and paused to search his memory for additional proof of his righteousness. Paul, determined not to miss the God-sent moment, almost unprofessionally but quite spontaneously turned to Lisa inviting her to comment and share her feelings.

Lisa totally crushed, said that she didn't think it was the right time for her to say anything. Rick agreed maliciously, "Paul, it seems like the session is ending with some success; she finally figured we're here to discuss facts not feelings! She has started to see right from wrong and it's of course never a right time when I am present. How can she plot against me right in front of me? Apparently she prefers to be alone with you!! It's crystal clear to me that they're counting down the days, waiting for me to die so they can enjoy my money without any hassle."

Rick refused to relinquish control over the session and his complaint expanded from family problems to his relationships with friends and business associates. He moaned about how deceitful they all were and how they were there to exploit him and just waiting for the chance to stab him in the back and the "looks" they gave him and the "whispering" in his presence.

Lisa looked at her watch. Paul spoke to her in a soothing tone, "I appreciate your patience. I didn't get to hear from you at all. But I'm glad Rick felt able to share his ideas. Next time perhaps we can arrange for my "10 minutes rule", but is there anything you'd like to add just now?" Rick stood in rage. "You don't set rules for me! Obviously it has not yet clicked for you. You have no idea who you're dealing with. I'll have this office closed! Why did I fall for this trap? I always suspected her. I should've guessed. I now see where her loyalty lies. She was

John William Waterhouse (1849-1917), Echo and Narcissus.

Narcissism is the personality trait of egotism

The name "narcissism" is derived from Greek mythology. Narcissus was a handsome Greek youth who had never seen his reflection, but because of a prediction by an Oracle, looked in a pool of water and saw his reflection for the first time. The nymph Echo--who had been punished by Hera for gossiping and cursed to forever have the last word—had seen Narcissus walking through the forest and wanted to talk to him, but, because of her curse, she wasn't able to speak first.

Freud believed that some narcissism is an essential part of all of us amount of healthy narcissism allows the individual's perception

the one who picked you and you certainly didn't fail to constantly safeguard her feelings. So it's you! And of course, someone with her intelligence would not fall for anyone better than you!"

Stunned, Paul remained in his chair, the noise of the door slamming, echoing in his ears.

Rick is boastful and snobbish; he demonstrates a grandiose sense of self-importance, expecting to be recognized and treated as superior.
He fantasizes unlimited power, brilliance and success.
He believes he is "special" and only people of equally high status can understand him.

He exhibits excessive need and demand for admiration, appreciation, and attention.
He has a sense of entitlement and demands full compliance with his unreasonable and high expectations.
He expects heroic performance and dedication from others and exploits them to achieve his personal goals.
He is devoid of empathy, neither recognizing nor acknowledging the needs and feelings of others.
He is envious of others or assumes others are envious of him.
He harshly devalues others and undermines their contributions.
He is arrogant and impatient, demonstrating haughty behaviors.
Rick dominated the session and responded with rage to perceived criticism or being ignored.
He meets the DSM-IV criteria for Narcissistic* Personality Disorder.

Rick also qualifies for DSM-IV diagnosis of Paranoid Personality disorder: he suspects others and their intentions, expecting harm and exploitation.
He is easily slighted and quick to counterattack, suspects the fidelity of his spouse, reads threatening meanings into benign remarks.
He questions the trustworthiness of friends and associates.
He doesn't confide in others and holds grudges.

Furthermore, he shows an exaggerated sense of autonomy, values rationality and devalues emotions.
Rick's enduring, pervasive, and rigid pattern of thinking, feeling and behaving seem to be ego-syntonic, causing significant distress to others and creating marked impairment in his social/interpersonal functioning.

denoting vanity, conceit, or simple selfishness.

As Narcissus was walking along, he got thirsty and stopped to take a drink; it was then he saw his reflection for the first time, and, not knowing any better, started talking to it. Echo, who had been following him, then started repeating the last thing he said back. Not knowing about reflections, Narcissus thought his reflection was speaking to him. Unable to consummate his love, Narcissus pined away at the pool and changed into the flower that bears his name, the narcissus.

from birth. Andrew P. Morrison claims that, in adults, a reasonable of his needs to be balanced in relation to others. *(excerpt from Wikipedia)*

Narcissus changed into the beautiful flower that bears his name

The Great Humanistic Task:

A dialogue between Chelsea McGowan and Patricia June Vickers

By **Patricia June Vickers Ph.D, RCC, and Chelsea McGowan,** Contributing Writers

Patricia June Vickers has ancestral roots in Heiltsuk, Ts'msyen, Haida and British nations. Her doctoral studies concentrated on the transformative powers of the Ayaawx (Ts'msyen ancestral law). She currently provides clinical and consulting services to the Nuxalk Nation Transition House. Chelsea McGowan conducted this interview with Patricia Vickers in 2008, towards the completion of her undergraduate degree at Simon Fraser University.

CM: In "The colonial mind" article you cited Freire, saying "that the interests of the oppressors lie in changing the consciousness of the oppressed and not the situation which oppresses them."[1] I do agree with this point but in your opinion do you think it is possible for the oppressor to change the oppressive situation, especially taking into account unconscious acts of racism? Would this ever be possible?

PJV: Freire does say that our great humanistic task is to free our oppressors and ourselves. And I think this is the most important task to be accomplished. Here is a short story that elaborates on this point. I was hiking with two visiting professionals on the territory of my ancestors. As we hiked the trails that they had continued to maintain over their years of professional service to the community they talked about the chore of maintaining the trails. The moments of silence were few. For the majority of the hike I found myself angry at their dialogue and the fact there was constant chatter. I was reluctant to stretch to see my home territory through their eyes.

My grandfather, from Waglisla, had trap lines on Gitxaala territory and my relatives had picked plant medicines and hiked the island knowing each small bay intimately. Are our ways so very different? Why did I meet their indirect judgment with hostility? We have people in our tribes and house groups that think themselves to be superior because they understand concepts of the Ayaawx to greater depths than those who are suffering. Our Ayaawx[2] (ancestral law) teaches us that loomsk (respect) is the most important characteristic to attain. The greatest training ground for gaining the spiritual characteristic of loomsk is through the attack of adversity. My inner journey on the hike was to criticize my hiking companions for failing to consider the history of injustices toward Gitxaala people.

As I became aware of my disrespectful thought process, I agreed with my companions that we have distanced ourselves from the power in the beauty of our surroundings through suffering and anguish. Once that agreement was performed in my mind, I could then go on to enjoy the herons scratching out their startled complaint, the raven making its presence known from the top of the Hemlock tree, the presence of my ancestors footsteps on the ground beneath my feet and the reluctance of Winter to hand the power on to Spring.

Do we have the power to transform our suffering? As certain as their presence in our territories, the power is available to us as Gitxaala people. The Ayaawx has never and will never be diminished. Claiming its power requires acceptance of the past without hostility. Hostility weakens us and keeps us in dependency. We are capable of changing our well-worn pathway of suffering to a pathway that respects our ancestors, the land, all living beings and ourselves.

CM: First Nations people feel oppressed and struggle against the dominant white culture in the education system. Do you think that "Aboriginal Only" schools would be helpful in fostering positive self-images? Would schools like this help First Nations students become more interested in pursuing studies?

PJV: Notice your choice of words in your question. You used the word "feel" rather than the word "are" which would affirm the fact. We have all been conditioned to accept and distance ourselves from the fact that we are oppressed and suffering from that oppression. This question, asked to the Chinese and Jews who live in Vancouver and Victoria would most likely have the same answer.
I remember when I was attending public school in the Saanich School District; I had Chinese classmates who would bus to downtown Victoria to attend a Chinese School there. Curious, I asked one of my friends what they did there. She seemed to be embarrassed. When she replied she said something like, she had to study the language and how they do things. Although I did feel happy for her, I recall also feeling envy. It never occurred to me that perhaps I could have attended her school with her! Perhaps not, without Chinese ancestry, but it certainly seemed as anadolescent, that my classmate had good fortune for I remember craving cultural-based direction in how to mature in a good way.

The work required to develop Gitxaala/Ts'msyen epistemology is vast. In Gitxaala, our community is on Dolphin Island in the Prince Rupert School District, where over 80% of the students are of Gitxaala heritage, however, the teachers are not from the community nor are they Sm'algyax speakers or knowledgeable in the Ayaawx—we certainly cannot rely on the School District to assist us in recovering our ancestral teachings[3]. Articulating our Ayaawx is developing Gitxaala epistemology. This will be a meticulous task involving all four tribes, fluent speakers and combing both anthropological and linguistic references. The ideal will be to gather the information required to develop an immersion school, developed on the successful French immersion model. Eventually, as we come to an understanding of our Ayaawx, we can offer it to the schools and post-secondary institutes in our region.

CM: I personally do not think that Canada will ever fully accept its role in oppressing First Nation's peoples. Is it going to take society's recognition of its role in this system to begin to change

it? Could a few new institutions (like Aboriginal only schools) make a difference or will it only continue the colonial mentality.

PJV: I will answer this question in two parts: The first part has to do with how we, according to the Ayaawx, make change happen. Loomsk is a spiritual power along with compassion, courage, truthfulness and honouring protocol. As we, the inclusive we, study the rituals to gain the power of respect, ignorance will be transformed to understanding.

Our rituals for increasing the power of loomsk include: fasting, drinking plant medicines, bathing and prayer[4]. We learn from the Ayaawx that when we respect the land and ourselves by practicing the cleansing rituals, transformation will be the result. We must not wait for another to bring respect to us—we must seek its power for ourselves first. The second part of the question deals with inclusion-exclusion. Initially, it will be necessary to work amongst us, asking for help where necessary. When we have restored a sense of spiritual balance by teaching ourselves what we need to know to assist the growth of respect and compassion, we can take the teachings to institutes that are willing to offer our epistemology.

CM: Chief Clarence Louie of the Osoyoos Indian Band has said, "Join the real world. Get off welfare. Quit your sniffling. If your life sucks it's because you suck" to the First Nations situation. As a person of First Nation's ancestry do you find this comment insensitive or out of line? Could this type of mentality be applied to improving literacy rates?

PJV: I will answer this question in three parts first addressing Chief Louie's strategy, then our beliefs around economic gain and finally literacy. These are short quotes and I do not have the complete context of where they are taken from. I was granted a scholarship to attend a Buddhist retreat at Spirit Rock Meditation Center[5] in San Francisco in 2005 and found Buddhist teachings to be very similar to our Ayaawx. I am reading "The places that scare you: a guide to fearlessness in difficult times"[6] written by Buddhist nun, Pema Chödrön.

According to her teachings, Chief Louie is confronting two particular kinds of laziness. The first is identified by Chödrön as "loss of heart" where "we feel a sense of hopelessness, of 'poor me.[7]'" The second is 'couldn't care less' where "we are giving the world the finger.[8]" Chödrön goes on to identify futile strategies for relating to laziness. Chief Louie is using the futile strategy of 'attacking.' "When we see our laziness we condemn ourselves.[9]" These teachings are congruent with the Ayaawx where respect is shown through a direct response that is founded on compassion, understanding and helpfulness.

Secondly, economic gain will never transform the suffering of laziness (used in the Buddhist sense of the word). Economic wealth will never restore our ancestral teachings. If you mean by "continuing the colonial mentality" by posturing a superior attitude to those who are below the poverty level and stuck in suffering, I would agree with you. My oldest brother, a renowned artist, Roy Henry, is an excellent public speaker. He has often stated that his economic gain increased his suffering, rather than increasing his peace or love for self. If my economic gain is not benefiting those who are suffering as well as my family, and myself, then I am not honouring the Ayaawx. If collective economic gain is not assisting a people to respect themselves, the land, their ancestors and their neighbour, they are simply submitting themselves to an oppressive cycle. Thirdly, the definition of literacy needs to continue to be challenged. Reading and writing are not the critical skills. The critical skills involve articulation of a particular reality that assists in understanding and going further than understanding to relieving suffering and increasing love.

For example, a 12-year-old student living in downtown Vancouver kept awake at night by illicit/habitual/violent parental activity may not do well in subjects that involve writing because of the lack of support at home. However, the student holds within him or herself vast literature on habitual behaviours, non-verbal communication, concealing emotions, curbing rage, and the skill of lying. The difficulty in accessing the wealth of literacy in the life of such a child rests in our definition of literacy coupled withour social judgment of a "good" or "proper" family unit. The majority of teachers and schools are not equipped to work with such literacy.

CM: The article "Sayt k'ilim goot (of one heart)[10]" talks a lot about controlling one's reactions to suffering. Could First Nation's people ever really let go of the violence and greed shown towards them? Or is the cycle of suffering already too large to fix?

PJV: I will take the liberty to apply meaning to your words. If you mean by this question: Is there a just settlement for the unjust, inhumane losses suffered by us as Indigenous People? My answer would be no. My uncle lost the use of his left side through mal practise, my mother—an English woman married to a Gitxaala man was considered inferior, she lost her baby girl at birth through mal practise. Parents lost children to death in residential schools. Entire communities have been relocated causing premature deaths and a collective life of despair and anguish. There is no just compensation for such suffering.

What do we have to look forward to? Out of such anguish and despair our Ayaawx remains our place of peace and strength. "Fixing" implies one doing to another. Fixing is not the case in transformation. In transformation, or change, we let go of our anger and rage to find ourselves again. Where do we exist? In the land and ocean. Our ancestors were one with the territory we now live on and as we turn to the Ayaawx, we will gain the wisdom in how to continue to make the change that needs to happen.

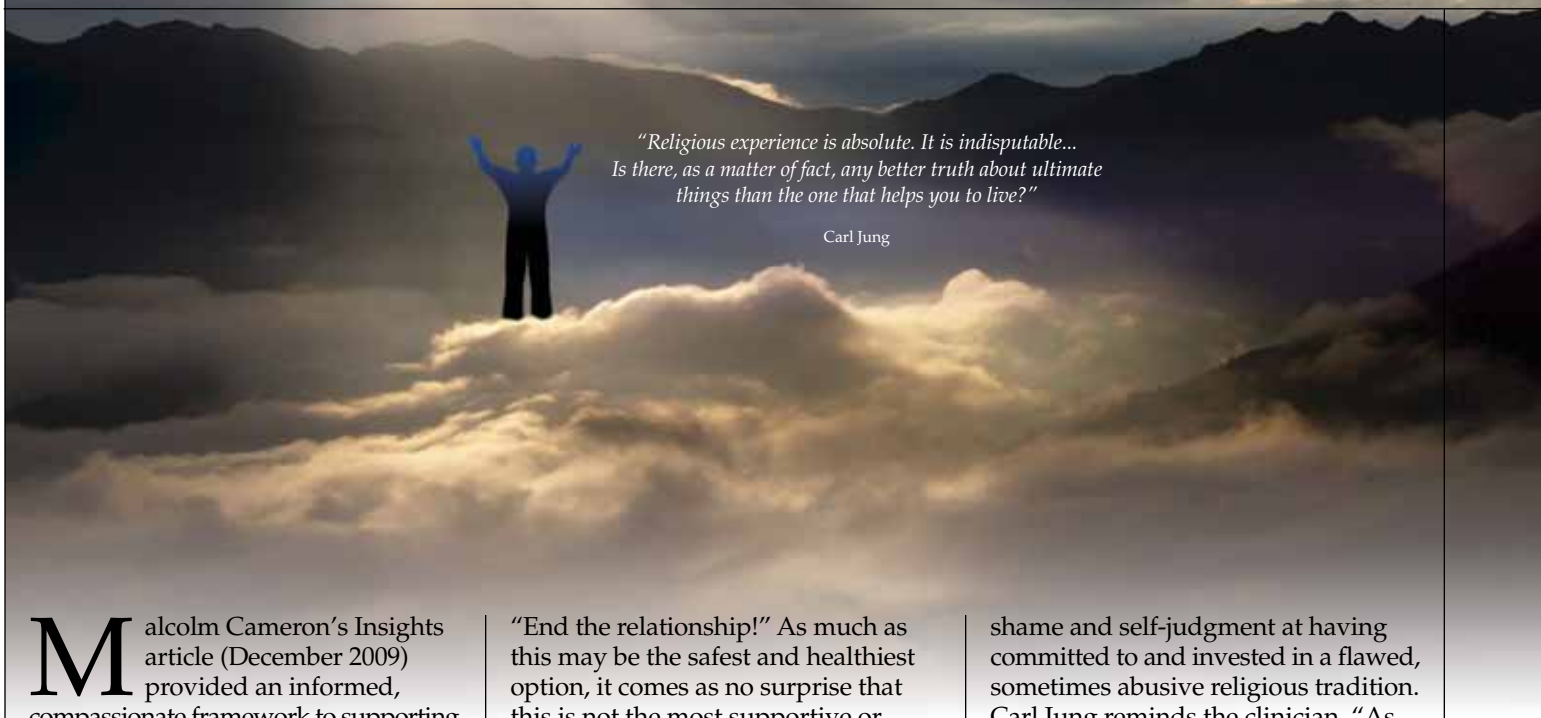
CM: If First Nation's culture and beliefs were taught in the public school system do you feel that First Nation's students might feel more comfortable learning alongside Canadian students?

PJV: If Gitxaala epistemology was taught in the schools, we all would gain an awareness of how we have been conditioned to think and how to change our beliefs attached to our thinking. We are equals. Whether teacher-student, rich-poor, alcoholic-Priest, Indigenous-Irish, we are all human beings and intimately connected to each other.

References are available from the author

Clinical Strategies To Support

By Glendon Wiebe, MA, RCC,



"Religious experience is absolute. It is indisputable... Is there, as a matter of fact, any better truth about ultimate things than the one that helps you to live?"

Carl Jung

Malcolm Cameron's Insights article (December 2009) provided an informed, compassionate framework to supporting clients leaving or considering leaving fundamentalist, religious communities.

From my personal and clinical experience, Cameron's co-researchers' themes resonate strongly with the conflicting needs many of us experience to both adhere to and reject aspects of narrow ideologies, religious or otherwise. These rigid systems often give us structure and belonging at the cost of fear, guilt and inner dissonance. To supplement Dr. Cameron's article I intend to explore several clinical strategies to facilitate support once an orientation has been established.

1. Clients are not requesting more ammunition

"Suddenly there is a point where religion becomes laughable. Then you decide that you are nevertheless religious."
Thomas Merton

Therapists' values inevitably influence therapy. Rarely does a week go by when, after hearing a wrenching tale of relational abuse, I must stifle the need to command the client to "End the relationship!" As much as this may be the safest and healthiest option, it comes as no surprise that this is not the most supportive or effective strategy toward change as it invalidates the clients' needs that are being met in the current dynamic. Most therapists have discovered that as much as the client may bad-mouth their partner, they are rarely looking to you for more ammunition. Similarly, a clinical knee-jerk reaction opposing seemingly illogical or toxic aspects of a religious community or dogma rarely has the intended effect of providing support or catalyzing change. A related clinical blunder I have regrettably indulged in involved making a disparaging comment about the client's – by their own account – withering religious system. It may have sounded something like this:

Client: "If I'm honest, I don't know if all those things in the Bible actually happened."

Therapist: "I could see how it all appears a little silly."

Client: [silence, look of muted discouragement]

What is intended to be a show of solidarity ends up affirming their shame and self-judgment at having committed to and invested in a flawed, sometimes abusive religious tradition. Carl Jung reminds the clinician, "As long as such a defense works I shall not break it down, since I know there must be powerful reasons why the patient has to think in such a narrow circle" (1938, p.55).

I also believe that such client comments can be a test of sorts – "Is this therapist open to ideas left of center or yet another person in authority pushing me to adhere to externally-imposed standards of behaviour?" In the above therapeutic interaction, the issue is not one of whether or not the biblical accounts are historically or literally true, but one of the client's anxiety and the potentially alienating consequences of considering the alternative.

Rather than supporting change by demeaning the religious system that has potentially brought the client much security and meaning, the therapist would do well to direct questions toward what this means and might mean for the client. Over a hundred years ago, William James wrote, "I do believe that feeling is the deeper source of religion, and that philosophic and theological formulas

Our Client's Shifting Beliefs

Contributing Writers

are secondary products, like translations of a text into another tongue" (1982, p.431).

2. Change is not always categorical

I might as well admit it
like I even have a choice/
The crew have killed the captain
but they still can hear his voice
David Bazan, In Stitches

Just as change is often understood as being incremental or having stages, so too does one's questioning of or departure from a fundamentalist religious tradition. In supporting clients at this stage, it is crucial to acknowledge a broad continuum of change that may not be following a logical or consistent pattern.
A client may be allowing themselves to explore an intuitive connection to something previously deemed "evil", "inappropriate", "sinful", "blasphemous", or "ungodly" while, at the same time, adhering to other more orthodox aspects of religious expectations.

In letters to Father Joseph-Marie Perrin, French philosopher Simone Weil writes: But up to now, although I have often asked myself the question during prayer, during Mass, or in the light of the radiancy that remains in the soul after Mass, I have never once had, even for a moment, the feeling that God wants me to be in the Church. (1951, p.31).
I am still surprised when a client describes shedding moral restrictions around pre-marital sex or substance use and, in the next breath, affirms their belief in a literal, geographical hell. The therapist's role here is to validate and explore this selective approach to the client's changing religious world view. Along these lines, religion scholar Karen Armstrong somewhat amusingly describes herself as "a freelance monotheist". This seeming selectiveness should not be surprising as social psychology has proposed that most of us are very opportunistic when it comes to beliefs about ourselves and the world around us. It also speaks, again, to the very nature of religion being that of feeling and experience.

3. The revolving closet door

All fallen leaves should curse their branches/for not letting them decide when they should fall/and not letting them refuse to fall at all
David Bazan, Curse Your Branches

In discussing the challenges of their non-mainstream sexual orientation, clients have shared the difficulties of the "coming out" process. They have described "coming out" as a process versus an event. Though it is true that the initial, unequivocal disclosure is often fraught with crippling fear, the reality is that, from this point of no return, people must continually "come out.".It is one thing to come out to one's spouse and parents; it may be a very different thing to come out to one's grandparents or church community.

There are a small number of people with whom I've shared, in recent years that I no longer identify with being a Christian in any literal or institutional sense of the word.
I would like to think that my disclosure has been clear, but I often find that this has not been heard or accepted, at least initially. Shock, anger, denial and bargaining are theoretical stages of grief which also describe others' responses to hearing news of one's departure from religious fundamentalism.

I have a few well-meaning friends who explain the latest theological slant, recommend a certain book or plug a new church program seemingly in hopes of reversing my departure. Here therapists can have the role of reminding clients that just

as their "counter-conversion" (as William James terms it) is a non-linear process, so too is the reception of this idea by their family, friends and religious community.

4. Voices of dissention in the community

"Art is the clothing of a revelation."
Joseph Campbell

Years ago, during a graduate course discussion related to potentially oppressive or unhealthy aspects of religion, a professor suggested that therapists explore with the client "voices of dissention within the community." I'm not sure if this phrase was originally his but this concept has had a guiding influence in my own journey and clinical work. In the initial steps clients make outside of their familiar system, connection to those who have gone before them can provide support that a therapist may be unable to give.

Michael White takes a similar approach when he asks clients stuck in an unhealthy story to "Re-Member" a person or interaction where words or actions reflected values contrary to the prevailing system (2007). If clients have difficulty recalling personal relationships or events, dissenting voices can often be discovered in the arts. In addition to the authors and artists who have been referenced in this article thus far, Chaim Potok, Miriam Toews, and Irshad Manji are just a few other authors who have explored these tensions from their diverse backgrounds and literary formats. Gifted artists and authors have the ability not only to deconstruct an existing system but also to provide perspectives, alternatives and rich characters and pictures to begin constructing a framework for perhaps a different religious experience.

> The issue is not one of whether or not the biblical accounts are historically or literally true, but one of the client's anxiety and the potentially alienating consequences of considering the alternative.

5. Conclusion: A "second naïveté"

"If it were conceivable that in obeying God one should bring about one's own damnation while in disobeying him one could be saved, I should still choose the way of obedience."
Simone Weil

There are those for whom departure from religious fundamentalism takes the form of a clean break or a severing of all ties. Conversely, as Dr. Cameron presented in his article, there are also those who find this separation unsettling, isolating and even untenable. For these clients, instilling hope that there are other ways to honour the religious impulse can suggest that all is not lost.

Much has been said already about the challenges inherent in the religious departure or "counter-conversion" but little has been said about the difficulties involved in constructing a new, more authentic system of belief and community. James Fowler, in his book Stages of Faith, invokes philosopher Paul Ricouer's concept of a "second naïveté" to explain one's experience of religion's traditions, history, symbols and rights in a dialectical or dialogical way versus a dichotomous approach (1981, p.185).

Therapeutically, this may involve helping clients connect with more internally-based, post-literal, individual currencies of meaning. These interests, passions and sources of meaning may, as the Simone Weil quote above suggests, be initially equated with religious disobedience, irreverence and even blasphemy but may be the most sustainable and authentic means of living well. And these truths, as Jung writes, will be the ones that help us live.

Glendon Wiebe, MA, RCC *is the Chair of Counselling Services at Okanagan College. He and his wife live in Kelowna with their three daughters. In his spare time, he enjoys novels and live, independent music. Glendon can be reached at gwiebe@okanagan.bc.ca.*

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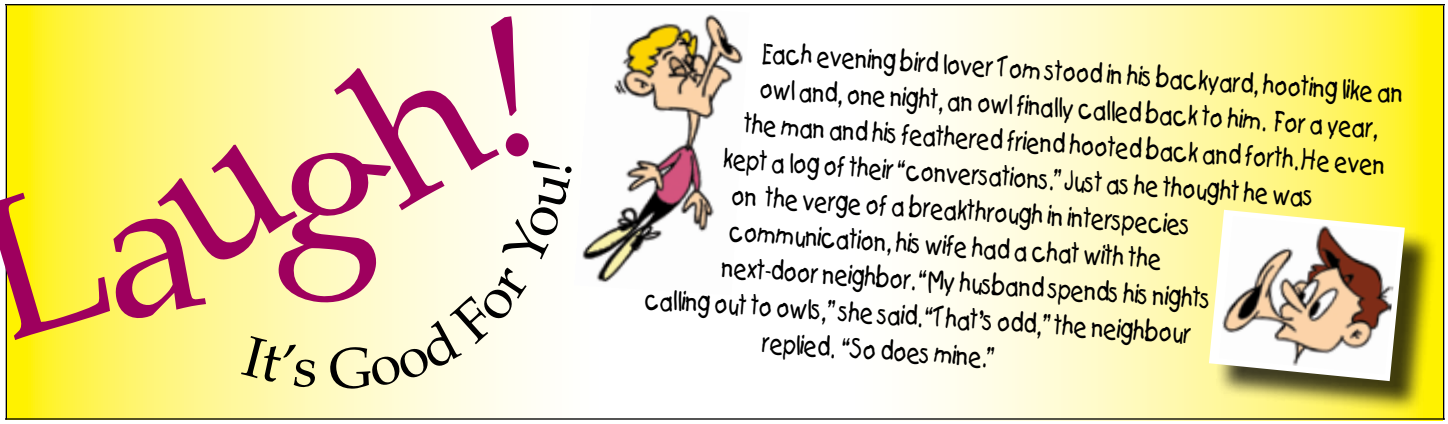


Psychology in a Trans-Cultural World

Continued from page 9

them out in order to understand, stand up and advocate for positive change of local and global injustice.

Our clients may not have the privilege of the experience of freedom of expression without fear of serious repercussions. The effects thereof can retain emotional ferocity.

7 Embrace personal discomfort around the discomfort others may have toward you: It is a misplaced idealistic expectation to hope that our openness, care and genuine attitude will create comfort for all. The topic of culture carries a tremendous historical burden that continues to leave scars and deep wounds on those negatively affected. We may be, however wrongfully so, held responsible for what others did, because of our clients' pain regarding cultural misconduct perpetrated against them. Rather than avoiding their feelings of frustration and pain, we ought to be encouraged to embrace them. We tell our clients about situation-specific responsibility and accountability, yet some among us feel instant guilt, shame and discomfort if others feel uncomfortable around us. Can we lead by example? Can we sit in someone else's storm without feeling sea sick ourselves? That may be required in order to bridge the gap of cultural pain.

8 Advocate for cultural respect when you witness others' biases: It is said that silence in the presence of injustice is comparable to the act itself. As we endeavour to learn about ourselves and others, celebrate differences, speak and act "carefully" and embrace discomfort, we enjoyed the gift of increased awareness. This gift brings with it great responsibility. We gain the opportunity to share our awareness with others while creating a safer world for all. Idealistic? Yes. Possible? Yes. Necessary? Yes. Do we all benefit? Yes.

9 Consult, consult, consult… regardless of what you think you know: The new bottom line is advice all of us received in graduate school, but with a noticeable twist. Regardless of our assumed and actual knowledge, connecting with colleagues, family, friends and others increases the knowledge base and thus the opportunity to learn and grow. We owe that to ourselves as much as our clients, who will benefit from having truly enlightened clinicians supporting them through life's challenges. The journey starts with within…

***Geoff Ayi-Bonte, MA, RCC** is a Senior Counselling Therapist and Approved Clinical Supervisor with Balance & Support Consulting Inc. He can be reached at geoff@passion-4-life.com*

Emerging Perspectives in Intersubjectivity

Continued from page 6

highlight that "…whatever degree we give up our tight hold on our own subjectivity we increase the potential to validate the other persons subjectivity – while still retaining our own."

Love and Evolution

Each of the psychological and emotional dimensions that generate intersubjectivity within the context of relationship has its place of power in the ongoing constitution of self. Perhaps most compelling to the human journey, and distinguished by relational influence, is the experience of love.

This potent and mysterious force when positively experienced has the capacity to enrich every aspect of our lives. Love supports our innate capacities to transform: to forgive; to overcome suffering; and to care about things greater than our selves. In its highest or most evolved expression, this force of indivisible connection architects the parameters of freedom itself.

As Lewis, Amini, and Lannon[9] stated: Loving is simultaneous mutual regulation, wherein each person meets the needs of the other because neither can provide for his own. Such a relationship is not 50-50 – it is 100-100. Each takes perpetual care of the other, and, within concurrent reciprocity, both thrive. For those who attain it, the benefits of deep attachment are powerful – regulated people feel whole, centered, alive. With their physiology stabilized from the proper source, they are resilient to the stresses of daily life, or even to those of extraordinary circumstance.

The capacity to both give and receive love mirrors the reciprocal dynamic between self and other. Thus, the experience of loving and its physiologic benefits might then be seen as having a "reciprocal…influence, entail[ing] a deeper and more literal connection than most realize. Limbic regulation affords lovers the ability to modulate each other's emotions, neurophysiology, hormonal status, immune function, sleep rhythms, and stability[9]."

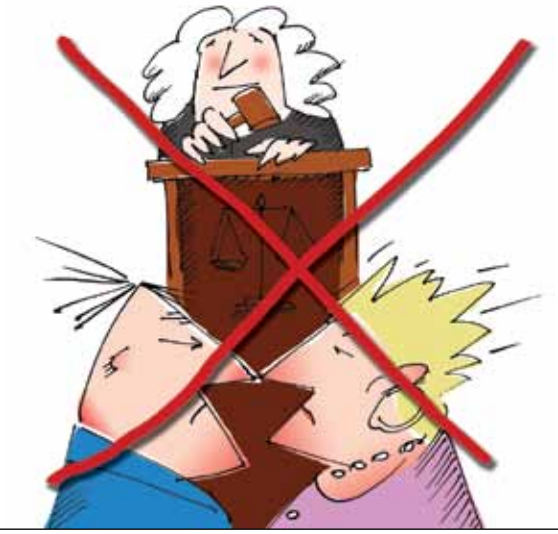
It was this power of love, that naturalist Charles Darwin also spoke of as the sinew that drove the language of life into expression. David Loye[12] points out that in the "Descent of Man" Darwin referred to "love" ninety-five times, while "survival of the fittest" was mentioned only twice (once to apologize for ever using the term). Along with love, "moral sensitivity" was named nearly equal times, and "cooperation" (called mutual aid in his time) three times more than competition. Though prominent interpretations of evolution have conveyed otherwise, according to Loye it was love, not selfishness that Darwin saw as the primary driver of human evolution at the level of development of the species.

As a newborn baby feeds upon the energy of empathy within the intersubjective atmosphere between itself and its mother as a means to bond itself into a self; as the human drive to continue evolves through it's reaching toward love; and as the river of liberating love opens into felt experience in relationship, this intersubjective atmosphere presents a doorway into a terrain that allows for direct contact and elaboration with our indwelling, and yet-to-be-formed potentials[13]. Thus, intersubjectivity acting as a filter that stands between self and other as well as self and world, becomes a richly creative and pliable lens through which to see, understand, inform, and liberate our higher nature.

Jeannine A. Davies is a writer, psychotherapist and artist based in Vancouver, B.C. She is currently completing a PhD in Psychology at Saybrook University. Her work elaborates an intersubjective and integral model of consciousness termed "Relational Dharma" which provides a means for achieving liberation through relationship and moving into greater proximity to higher freedom. jeannine@jeanninedavies.com Website: www.jeanninedavies.com

References are available from the author

The "No Court" Option



Continued from page 11

and expertise in child-related separation and divorce issues. In addition, Child Specialists have training in Collaborative Law and mediation.

• Financial Advisors are neutral third parties who assist when there are complex business and financial issues. Advisors have specialized training in Family Law, Collaborative Law and mediation.

Benefits of Collaborative Family Law that surpass the court process:

Couples who could not resolve their issues on their own or through traditional mediation, can now participate in their own solutions. They no longer have to accept a third-party imposition.

Collaborative Family Law eliminates court costs and allows for the most amicable and time-efficient resolutions of financial and child management issues.

Team members and clients are able to focus all their efforts on problem-solving rather than on strategic court preparation.

The team works together to avoid the intensified emotions and conflict that court proceedings can bring. They settle disputes in a respectful, supportive and compassionate way which generates well-being and hope for the future for clients, their children and extended family.

Regina Elizabeth Case, M.A., RCC, *is a psychotherapist, trauma counsellor, Divorce Coach, Child Specialist, researcher, writer and educator. She is a member of the BCACC, 'The BC College of Teachers', and 'The Collaborative Family Law Group of the Lower Mainland'.*

Regina can be contacted at www.advancedtherapeuticcounselling.com

A BOOK IN SIGHT

Review by **Mavis J. Lloyd, PhD, RCC**

A Child in Pain: What Health Professionals Can Do to Help
Leora Kuttner, PhD, R. Psych, Pediatric Clinical Psychologist & Clinical Professor of Pediatrics, UBC
Crown House Publishing Ltd., 2010

Dr. Leora Kuttner, whose entire professional life has been spent in helping to reduce the suffering of physical pain, has now written an absolute masterpiece of a book, A Child in Pain: What Health Professionals Can Do to Help. Her first book, "A Child in Pain, How to Help, What to Do," 1996, was written to guide parents in helping their children with debilitating pain. I have used it regularly since its publication. This latest, far more comprehensive book is designed specifically to help health professionals of all disciplines who work with children. The almost 400 pages provide both understanding and skill in how to approach and treat children's pain, as well as how to help children understand and cope with their own pain.

Leora has written with clarity and authority using scientifically proven evidence with references and integrating vivid case examples. She also incorporates helpful charts and diagrams with easy instructions, demonstrating language choices that are both appropriate and inappropriate when discussing pain with children. The three sections of the book are entitled:

1. How to Understand, Assess and Communicate with a Child in Pain
2. Pain Treatments – Psychological, Physical and Pharmacological
3. Pain and Anxiety Management in Pediatric Practice.

Written by a masterful communicator, this book is easy to read. An excellent index helps the reader to find the way through the book in order to reach specific issues rapidly, such as coping with injections in different settings.

Because none of us escapes physical pain, this book is worthy of becoming a classic with its essentials of pain management. The child within every adult is close to the surface when we are attempting to cope with pain and its suffering. It is relieving to know that we have such a gem on our bookshelves that can help us to develop adequate coping skills.

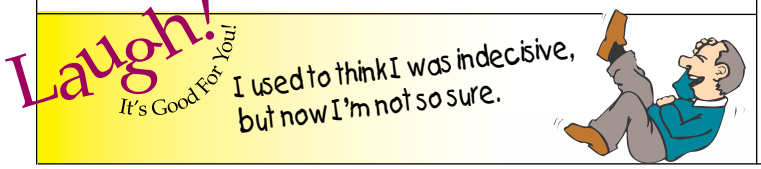
Leora's award-winning documentaries on pediatric pain management, "No Fears, No Tears", "No Fears No Tears – 13 Years Later", and on pediatric palliative care "When Every Moment Counts" with the National Film Board of Canada are also invaluable resources.

COMMUNITY ANNOUNCEMENTS

Team BCACC 9th out of 25 Teams!

On April 25, the 19 members of Team BCACC ran and walked their way to 9th place in the Clubs/Associations category in the Times Colonist 10K.

We had a great time, and plan to do it again next year. We hope you will join us!



Congratulations!!

On June 13th, BCACC's five-member head office relay team completed the Edge to Edge marathon in 5:03:58. Each team member ran her own leg of the race, which went from Tofino to Ucluelet. Congratulations!

BCACC Head Office Holiday Hours

Please note BCACC head office will be closed:
Monday, October 11 • Thursday, November 11
December 27 to 31 (inclusive)

Once again, the Disaster Psychosocial Services (DPS) Committee is recruiting volunteers

Once again, the Disaster Psychosocial Services (DPS) Committee is recruiting volunteers to provide psychosocial response services for citizens and emergency responders impacted by emergency and disaster situations across the province of British Columbia.

In preparation for the 2010 Olympics and Paralympics, the DPS Committee had recruited several volunteers to be on standby in the unlikely event of a disaster during the games.

As part of this recruitment process we have updated our requirements for our volunteers to ensure quality and ethical service provision. Prior to this, potential BCACC volunteers only had to indicate an interest in becoming a volunteer and this was sufficient. As DPS has evolved, we have determined that this is no longer the case and we now require our volunteers to have completed some Disaster Mental Health training.

If you had previously signed up as a volunteer, I would like to take this opportunity to thank you for your willingness to be involved with DPS. However, at this time we are asking you to reapply by filling out a DPS application and also to have completed some training.

This training is not too extensive and is available online for free. If you are interested in applying or reapplying to be a volunteer with DPS, or if you would like some further information, please send me an email at johnfsi@telus.net or give me a call at 604-602-0890. I will then send you the application form as well as some further information on DPS and what we are about. If you have already filled out an application form as part of the 2010 Olympic / Paralympics DPS recruitment process you do not need to reapply.

Thank you very much for taking the time to consider volunteering for DPS.

For your information:
The 2 required online training courses can be found by going to the following websites:

- *Introduction to Emergency Social Services ESS100 http://www.jibc.ca/emergency/Programs_Courses/Online_Learning.htm*
- *Introduction to Disaster Mental Health http://nccphp.sph.unc.edu/training/nc_drn/*

COMMUNITY MEMBERS

In Memoriam

Allison McLeod, Member since January 1, 2006, living in Surrey – passed away on January 23, 2010

Janet Strang, Member since November 28, 1994, living in Vancouver – passed away on April 1, 2010.

We extend our condolences to their families, friends and colleagues.

Membership Update

To find out which RCCs have joined, moved on, or changed status, visit the Membership Update online, posted monthly on BCACC's website under "What's New".

Resource Library

To borrow books, videos or DVDs, contact Carly at 1-800-909-6303 ext 3, or e-mail carly@bc-counsellors.org. For a full listing of all Resource Library holdings in Head Office, visit www.bc-counsellors.org/reslib.aspx.

BC Association Of Clinical Counsellors Member Orientation Workshops

New members of the BCACC receive a Welcome Package containing a variety of information and resources to get them started. In addition to the Welcome Package, the Association offers a six-hour experiential orientation workshop which is held on the Lower Mainland and on Vancouver Island at various times of the year. The Board expects all new RCCs to attend the workshop within two years of joining the BCACC.

This event is designed to introduce new members to the Association's structure, including member-support and regulatory functions, and to provide an update on the future direction of the counselling profession in BC Long-time RCCs are also welcome to attend. Attendance is free of charge, but advance registration is required. All materials, together with refreshments and a light lunch, are provided.

2010 Member Orientation Workshop Schedule
September 18, 2010 – Region 4
FALL TBA – Region 6

Details about upcoming workshops and venues are broadcast from Head Office via e-mail.

Note: there is an online version of the Member Orientation Workshop, for RCCs who are unable to attend a face-to-face version. The password for online access is available from Head Office.

Workshop Presenter: John Gawthrop, MA, RCC. John has a counselling background going back 30 years. He is Deputy Registrar of BCACC and is a past Chair of Ethics for the Association. He has conducted ethics investigations for BCACC since 1997 and is a certified regulatory investigator. In addition, John has delivered ethics training and consulting in academic and private sector settings since 1994. He designed the Orientation Workshop and drew from his knowledge of and history with the varied aspects of the Association in creating and/or editing the informational and experiential components of the day. The intent is to provide a well-paced and lively experience that will be of lasting relevance to new and current RCC's alike.

Insurance Information

The Mitchell and Abbott Group of Hamilton, Ontario is BCACC's Broker of Record for Professional Liability Insurance (Errors & Omissions) and Office Contents/ Premises Liability Insurance for Members of BCACC. The annual Renewal date for your insurance policy is April 1st. For information contact Brad Ackles at:

The Mitchell and Abbott Group
Insurance Brokers Limited
Suite 305, 393 Rymal Road West
P.O. Box 6040, Station D
Hamilton, Ontario L8V 5C4
Toll free 1-800-461-9462 or (905) 385-6383 Fax (905) 385-7905.
Or contact Brad by e-mail BAckles@mitchellabbottgrp.com

HMR Employee Benefits Limited (formerly Pullen Insurance Agencies), Victoria, covers the BEN-I-FACTOR GROUP INSURANCE PROGRAM available to BCACC members. This program offers Dental Benefits, Extended Medical Benefits, Disability Insurance and Group Life Insurance. For information contact Pamela Lewis or Rick Reynolds at:

HMR Employee Benefits Limited
220-2186 Oak Bay Avenue, Victoria, BC V8R 1G3
Toll free 1-888-592-4614 or (250) 592-4614
or by Fax (250) 592-4953

If you have any concerns or complaints about BCACC's insurance brokers or policies please contact Aina Adashynski in our Victoria Office at aina@bc-counsellors.org or phone 1-800-909-6303 ext. 4.

COMMUNITY NOTICES

Important Notice to All Members Changing Membership Status

When you need to change your Membership status, particularly when going from Inactive to Active, (i.e., resuming practice as an RCC) please notify Head Office at once.

It is also important that you contact Mitchell and Abbott Insurance to ensure that you have the proper professional liability coverage before commencing private practice.

Inactive insurance only provides you with coverage for counselling you undertook prior to the onset of your inactive policy.

Head Office verifies all changes in status with a letter of confirmation of the status change. Status changes are reported monthly to the Membership on the BCACC website.

Upcoming Changes to Reinstatement Procedures

Attention All Members!

BCACC is drafting changes to the Reinstatement procedures. The plan is to have these changes take effect on January 1, 2012.
Details will follow as the work progresses. Please stay tuned!

From the Office of the Registrar

Disclaimer!

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BC Association of Clinical Counsellors

BCACC

Enhancing Mental Health All Across Our Province

THE WEB CORNER

www.bc-counsellors.org *- Your Link to Your Association*

We have been working with a website designer to help us optimize our website to receive higher rankings by search engines, and hope to start seeing results near the end of 2010.

You'll also notice some changes made with the online referral list. We've made it easier to find on our website, and added clear instructions to make it more user-friendly. We will continue to work on fine-tuning the referral system throughout 2010.

Don't forget to go check out your contact information and private practice referral specialties online by going to the home page and clicking "Member Login". If you have yet to receive a password for this, please request one via email at hoffice@bc-counsellors.org.

Your comments or suggestions about www.bc-counsellors.org are welcome by getting in touch with Aina at aina@bc-counsellors.org, or calling 1-800-909-6303 ext. 4.

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Thank you for your interest in

INSIGHTS INTO
CLINICAL COUNSELLING

Registered Clinical Counsellors: A Vital Mental Health Resource.

This fall, the Ministry of Health Services is expected to release the new ten-year Mental Health and Addictions Plan for the province (the Plan). Early drafts lay out an ambitious plan that recognizes the importance of "upstream" services that support mental wellness, improve resilience and problem solving skills, and prevent difficult life issues from becoming insurmountable or chronic.

The creation of a new College of Counselling Therapists is consistent with the direction and goals of the Plan in that it significantly increases system capacity, allows counsellors to more fully participate within a the continuum of services, clarifies and expands the choice of service provider for the public, and reduces costs to the public purse.

Capacity of the system: This year, well over 600,000 British Columbians will see a family doctor about a mental-health concern and this number is expected to rise each year. Over 2100 Registered Clinical Counsellors work in BC and the creation of a College brings these existing professionals into the Health Professions Act, making them eligible for inclusion as service providers under more extended health insurance programs – increasing access and system capacity.

Continuum of services: Establishing a College is an important step to increase access to earlier interventions and shift mental health services "upstream". Timely access to ethical and effective counselling services is a key resource in improving personal resilience and preventing difficult life issues from becoming chronic or reaching crisis.

Choice: Creating a College of Counselling Therapists expands the public's choice of qualified mental health professions who are regulated under statute. That choice is currently limited to psychologists, social workers and psychiatrists. Regulating Counselling through a College expands that choice and will help the public discern between mental health professionals who are accountable and those who are not.

Cost: As interventions move upstream and counselling becomes more accessible through private extended health insurance plans, British Columbians will be able to access services before problems become chronic and they need to access more expensive tiers of the health system. The cost of establishing and running a College of Counselling Therapists would be borne by the profession.

Creation of a college would be a quadruple win for government – expanded access to services, improved outcomes due to earlier interventions, reduced usage of costly critical care services, and costs of running the college absorbed by the profession, not the public.

Establishing a BC College of Counselling Therapists is the clear choice for British Columbians.

Duncan Shields, MA RCC
President, BCACC

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