

Birthing a Profession

Jim Browne, Executive Director and
Coordinator, Task Group for Counsellor Certification

The purpose of regulating members of a profession is to protect the public from preventable harm. The privilege of self-regulation is granted to a profession by the provincial legislature. It is a social contract between the profession and the public. It is the property of the public the profession claims to serve. (B. C. Royal Commission on Health Care and Costs – Closer to Home, 1991).

Travelling Back in Time

In preparing this report, this writer went back into the extensive archives of our Association's early discussions and eventual quest for obtaining a statutory health mandate as a self-regulating profession under the Health Professions Act. Three points of significance were evident: (1) the development and submission of an Application for Designation as a Health Profession, to the Health Professions Council (1992-93); (2) a cornerstone article in *Insights* "Birthing a Profession, A Primer on the Social Contract of Professional Governance" Bryce and Browne (March 1993, Volume 05 Number 2, pp. 10-14); (3) Association membership stood at 629. We have been joined by some 500 professional counsellor practitioners since our journey began, many of whom are wondering what this is all about.

The archival data speaks to our disappointment with the Health Professions Council report on counselling, made public in 1997: that counselling is a health profession that could represent a risk of harm to the public if unregulated; that the Health Professions Act did not appear to be the right way to go; that, because of the diversity of the array of applicant counselling organizations, there could not emerge a consensus amongst the organizations or strong leadership. The Council did direct the Ministry of Health to explore statutory options.

We acted very quickly to work with the Ministry to develop a framework for evaluating

options, including bringing together all of the counselling applicant organizations to develop a consensus position and a leadership presence; creating the Task Group for Counsellor Certification. In its "joint response" paper to the Ministry (1998) the group recommended that a College of Counsellors under the Health Professions Act is the way to go, and that entry level(s) be evaluated on the basis of core competencies required to minimize the possible

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Like A Bridge...

Diane Payette

I had been invited to my good friend Gail's Mastery Choir concert last year and for some reason I could not make it. This year at the very last minute, I decided to go not knowing exactly what to expect. Throughout the evening, the choir performed beautiful songs, some of which we could sing along to. Members of the choir also shared stories or explained the meaning of some of the songs and how they decided to add one certain pieces to their repertoire. It was the introduction to the song made famous by Simon and Garfunkle that caught my attention. One of the chorister went to the microphone and read this inspiring Aotearoa Psalm, written by Joy Cowley. It goes as follows:

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**Fiscal Year Ends
December 31st**

**Deadlines for next issue
on page 30**

A Great Way to Earn Continuing Education Credits: Read *Insights*!

You can now receive Continuing Education Credits for reading *Insights* and correctly answering a questionnaire contained in each issue. A total of 2 credits will be granted when the questionnaire is mailed into the BCACC Head Office in Victoria (the address is on the questionnaire). Each year when your Renewal Package is mailed to you, a list of your year's CE credits gained by reading *Insights* will be included. A copy will also be forwarded to BCACC insurance carrier on your behalf.

**Look now on page 31
for the questionnaire!**

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risks of harm to the public by acts of commission or omission. Ultimately, the latter decision rests in the hands of the first College Board of Directors.

Into the Present

Our initiative met a roadblock through 1999-2000 with the development of a regulatory concept out of the Ministry for Children and Families for the "Regulation of Social Service Professions" that netted in counselling. Again, a position paper was developed by the Task Group, and meetings were held with the Ministry for Children and Families, in an effort to gain that Ministry's support for a College of Counsellors under the Health Professions Act. We were tremendously relieved when the Ministry of Health informed us (December 2000) that it was now prepared to recommend to Cabinet that a College of Counsellors be designated under the Health Professions Act.

A Road Map

Into this year the Task Group began working in consultation with the Ministry to develop a Designation Regulation for Cabinet consideration. This regulation contains provisions that do the following: designate counselling as a health profession; state the name of the new College; define the scope of practice for counselling; list the title(s) that will be reserved

for the exclusive use of registrants of the new College. A designation regulation can also: prescribe one or more reserved acts to be granted to the new profession; set out any limits or conditions on the practice of the profession; require the College to establish a patient relations program to seek to prevent professional misconduct of a sexual nature.

Once the regulation has received Cabinet approval, the Ministry will circulate the regulation for "public consultation" (for a minimum of three months). Feedback received will be reviewed by the Ministry and a final regulation will be prepared for Cabinet (guesstimate is another 3 months). Concurrent with Cabinet approval the Ministry will appoint the first Board of Directors. The Board will develop a strategic plan, establish an administrative framework, and begin drafting the College Bylaws (could take 6 months to 1 year). Once the Board is satisfied with the draft Bylaws, they are reviewed by the Ministry and are subject to review by other Colleges (6 months, or so...). With final Cabinet approval of the College Bylaws, the College can begin admitting registrants. Best current estimate on timing would be the Fall, 2003.

Balancing Interests

When the College Board (probably six members from the profession and three public representatives who cannot be members of another regulated health profession) deliberates

on entry level requirements, it will have to set aside professional interests ("turf") and focus on the public interest. In doing so, the Board will have to strike a balance between two competing social policy objectives: the "inclusivity objective" and the "maximizing competencies objective". It is in the public interest to ensure that as many persons as possible who provide counselling services to the public are members of a regulatory body. This was clearly and forcefully articulated by the Health Professions Council in its report on the designation of counselling (1997).

On the other hand, it is also in the public interest to ensure that those who are certified by the new College have sufficient competencies and possess the professional attributes that are necessary to be able to provide counselling in a safe and ethical fashion. The challenge is striking a balance.

Association Perspectives

In a fashion very similar to psychology, the profession of counselling in North America, has seen an evolutionary progression in training and experience requirements for certification/registration/licensure around some very enduring core competencies that include human development, theoretical foundations, clinical practice, professional issues and ethics, research and evaluation, and actual practice/experience (you will note the parallel with our

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Individual Supervision for Counsellors

For therapists working with individuals, couples, and groups. I am particularly interested in working with beginning counsellors.

I have over thirty years' experience in a variety of humanistic-existential therapies, including process directed, person-centered, gestalt, and mind-body-oriented, along with experience in Jungian and Analytic approaches.

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Sights on the Internet

This directory is an exploration exercise in navigating the maze! In each issue, we focus on a website that is of interest to you.

www.camh.net

This comprehensive website is sponsored by the Centre for Addiction and Mental Health in Ontario. The Centre is a public hospital providing direct patient care for people with mental health and addiction problems. What is of particular interest for clinical counsellors in British Columbia is the fact that the Centre is also a research, education, and training facility. You will find on this site, numerous resources for yourself and your clients. Information on how to deal with anxiety disorders, addictions and depression is abundant. There is *The Journal* that publishes relevant and in-depth articles on current topics in mental health such as “Clinicians address the powerful link between substance abuse and brain”, and “Concurrent eating disorders and substance abuse use challenge the therapist”, in the May/June 2001 edition of *The Journal*. All the past issues of *The Journal* are available on-line and it is worth looking at.

Click on Resources to access the catalogue of books, pamphlets, videos, and clinical tools, for health care professionals and clients and their families who are dealing with addiction and mental health issues. You can also find Counselling Resource Material, Periodicals, and Clinical tools such as the Alcohol Dependence Scale (ADS). There is also a Public Education Material section that lists up to six Information Guides on Bipolar Disorder, Couple Therapy, Depressive Illness, First Episode of Psychosis, OCD, and Schizophrenia. The list of resources under Public Education Material on addiction is endless! As a clinician, you can simply print these information guides and offer them to your clients when needed. And remember, the content is Canadian! Visit <www.camh.net> today and bookmark it for future reference. It will come in handy.

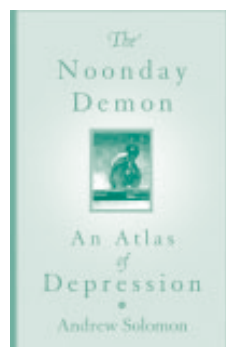
If you wish to submit a website for this column, please contact the Editor at (604) 879-0330. We are always looking for avid web surfers. 🐾

A Book in Sight

Editorial Review

Sometimes, the legacy of depression includes a wisdom beyond one's years, a depth of passion unexperienced by those who haven't travelled to hell and back. Off the charts in its enlightening comprehensive analysis of this pervasive yet misunderstood condition, *The Noonday Demon* forges a long brambly path through the subject of depression — exposing all the discordant views and “answers” offered by science, philosophy, law, psychology, literature, art, and history. The result is a sprawling and thoroughly engrossing study, brilliantly synthesized by author Andrew Solomon.

The Noonday Demon examines depression in personal, cultural, and scientific terms. Drawing on his own struggles with the illness and interviews with fellow sufferers, doctors and scientists, policymakers and politicians, drug designers and philosophers, Solomon reveals the subtle complexities and sheer agony of the disease. He confronts the challenge of defining the illness and describes the vast range of available medications, the efficacy of alternative treatments, and the impact the malady has had on various demographic populations around the world and throughout history. He also explores the thorny patch of moral and ethical questions posed by emerging biological



explanations for mental illness.

The depth of human experience Solomon chronicles, the range of his intelligence, and his boundless curiosity and compassion will change the reader's view of the world.

Excerpt from the book

“I have never written on any subject about which so many people have so much to say, nor on any subject about which so many people have chosen to say so much to me. It is frighteningly easy to accumulate material about depression... The first goal of this book is empathy; the second, which has been for me much more difficult to achieve, is order: an order based as closely as possible on empiricism, rather than on sweeping generalizations extracted from haphazard anecdotes.”

-from Amazon.com 🐾

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- Victoria, Mar. 27-28
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- Kelowna, May 2-3

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Bridge cont'd from page 1

“There are times in life when we are called to be bridges, not a great monument spanning a distance and carrying loads of heavy traffic, but a simple bridge to help one person from here to there, over some difficulty such as pain, grief, fear, loneliness; a bridge which opens the way for ongoing journey.

When I become a bridge for another, I bring upon myself a blessing, for I escape from the small prison of self and exist for a wider world, breaking out to be a larger being who can enter another's triumph. I know of only one greater blessing in this life, and that is, to allow someone else to be a bridge for me.”

Having now shared this unexpected gift with you, I invite you to share it with others. I believe that in some ways, *Insights* is also a simple bridge that connects clinical counsellors throughout the Province. When reading this issue of *Insights*, think of how useful and inspiring those connections can be in your own professional development.

Oh and guess what? I've already decided not to miss the concert next year... want to join me? 🐾

An opportunity to Serve... on the Registration Committee

The amended bylaws of August 16th, 2001 establish a Registration Committee, comprised of an elected Chair and at least two additional members, appointed by the Board of Directors. The Committee will be responsible for evaluating the application and credentials of all Applicants for Membership in our Association in accordance with the Registration Requirements prescribed by the Bylaws.

Committee Members will necessarily have an interest and experience in evaluating credentials and other Registration Requirements. If you have an interest in being considered as a candidate for appointment to this Committee please contact our Executive Director, Dr. Jim Browne, at (604) 535-8011 or <jim_browne@telus.net>.

As of this issue of *Insights*, Lianne Walker has been appointed as Chair pro tem of the committee for the period up to our AGM, March 15th, 2002. 🐾

Office Space to Rent/Share

In “the Heights”, a north Burnaby neighbourhood of shops & restaurants, a nice section of Hastings Street on major bus routes not far from Kootenay Loop and the new Brentwood Skytrain Station.

Two fair-sized rooms, a therapy room & a waiting room (could be group room), second floor, lots of sun. Newly painted, nicely furnished, door buzzer, washrooms. \$100/month for one day per week + evening, other arrangements possible, price negotiable.

Call Ellen Chacon (Reg'd Psychologist) 604-809-4599

The Best Parent I Can Be!

A six part series on parenting, facilitated by Helen Francis, MSW. Participants will explore practical solutions as well as develop a deeper understanding of the emotional forces impacting on parenting. The format will be lecture/discussion and small group interaction. Cost is \$150 for the series, or \$250 for two family members.

**Sponsored by Pacific Coast Family Institute
3026 Arbutus St. Vancouver, BC (604) 736-3664**

And The Winners Are...

The Provincial Awards Program was introduced during the 1995-96 Association year. The program acknowledges outstanding and distinguished Association Members, other mental health professionals, agencies, meritorious individuals, and communications and the media. The recipients for 2000-2001 Awards are:

There are two President's Awards recognizing distinguished contributions:

PRESIDENT'S AWARD

Distinguished contributions to the discipline and profession of counselling through the development of ethical and practice standards.

CHRISTINE ANDERSON

Standards are the backbone of a profession, serving as a basis to which professional counsellor practitioners conform and by which means the accuracy or quality of professional counselling practice is measured. Standards evolve over time and represent living documents that have commonalities across professions.

The dedication, hard work, and thoughtful leadership provided to the Ethics and Standards Committee has clearly been a mark of distinction for Christine. The development, drafting, and circulation for review of the Code of Ethical Conduct and Standards of Clinical Practice for Registered Clinical Counsellors (May 2001), represents another significant step forward for our profession and our Association.

Thank you, Christine, and all of the very best wishes to you in your future endeavours.

PRESIDENT'S AWARD

Distinguished contributions to the profession of counselling and the Association through executive administration.

MICHÈLE ASHMORE

This award honours a person, who, affectionately, is perhaps best known as our Association's original factotum employee. The volume of critical work effort, in fiscal and organizational activity that turns on this extremely capable and diverse person cannot be

overemphasized. Take a well-orchestrated combination of know-how, accountability and problem-solving, interwoven with organizational skills, dollar smarts, persistence, creativity, and patience, embedded in multi-tasking abilities and experience—and you have Michèle Ashmore, the anchor of our Victoria Office.

The daily operations of a professional Association represent a kaleidoscope of changing demands and pressures characterized by cyclic crises and never-ending deadlines all handled by Michèle with distinction. Her work as Executive Assistant to the Board of Directors and Committees is outstanding on every count. Her patience and willingness to coach and nudge, to support and assist Directors has long been appreciated and applauded by all. She mentors the staff and her treatment of the membership and the public always embodies thoughtfulness, understanding, and helpfulness. She frequently goes the extra mile to make certain that needs are met if it is within her capability to do so.

A "coping" person, Michèle values the essence of having a good "scream" in a quiet place as the situation demands.

Congratulations on this most deserved award.

COMMUNICATIONS AWARD

For exemplary service in promoting depression awareness during Mental Illness Awareness Week.

RAFE MAIR

Today, the radio remains a powerful means of communicating with the public, and, in B.C., perhaps no one is more effective than Rafe Mair, host of "The Rafe Mair Program" on CKNW radio in Vancouver. Annually, during Mental Illness Awareness Week, Rafe operates open line discussions on depression awareness, with a volunteer crew

comprised largely of Registered Clinical Counsellors. A large volume of calls are fielded from across B.C.

Rafe is a former lawyer, Cabinet Minister, and scratch golfer "...who went into honest work and became a broadcaster and writer on public affairs". He has hosted the CKNW program for the past 11 years.

Rafe has openly shared his support for mental health education: "...as a consumer, I've been treated for depression for 12 years and know what it is like to need and receive help. I'm in a position where I can show the way to the help that is available to so many who, for various reasons, don't get it."

Rafe, your leadership in promoting mental health and depression awareness is acknowledged with thanks. Congratulations on receiving this award.


PROFESSIONAL CARE AWARD

Exhibiting special creativity and effectiveness in providing mental health care.

KRISANNA JEFFREYS

Krisanna has been a Registered Clinical Counsellor for the past ten years. She has played a significant role in restructuring a volunteer lay-counselling program in Region 1, for the Society of Organized Services (S.O.S.), a non-profit agency that provides gap funding for services that are not covered by government

Awards cont'd on page 6



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programs or agencies. In an outlying area, the services of S.O.S. are critical to the well being of the community because of the lack of ready access to mental health services and counselling programs, in addition to a range of other support services.

Good work, Krisanna. Congratulations on receiving this well-deserved award.

VOLUNTEER OF THE YEAR AWARD

Exceptionally dedicated and effective service in advancing and promoting the Mission of the Association as Chair, Inquiry Committee, through personal volunteer endeavours.

JAMES DRINKWATER

Would you believe that we have a Member who has achieved a degree of high recognition from colleagues, for reading from the Bylaws?

It is true. James has cultivated such a vast knowledge of and use of our Bylaws in guiding the work of the Inquiry Committee during and between meetings that it has saved the Committee much extra work and has prevented wasteful side-tracking.

He has fashioned an effective team of the Inquiry Committee with his humour and organizing ability, instituting teleconferencing, and advocating pre-meeting circulation of file information to save meeting time, and has dealt personally with numerous contentious situations with Members under investigation. He displays a deeply felt conviction for ethics, and balances a compassion for erring Members with an understated savvy and courage to call people on their games and never lose sight of our mandate to protect the public interest.

James is seen as a force in professionalism and is acknowledged by his colleagues as open-

minded, committed and dedicated, open to feedback, and is "...loved and cherished by the entire Committee." "He applies the same high standards to the Committee as he does himself."

James, it is very clear that you are a model for us all in your distinguished role as a volunteer. Thank you so much and congratulations on being acknowledged with this award.

EXEMPLARY SERVICE AWARD

JOCELYN HARRIS

Jocelyn Harris received this award for her exemplary and dedicated service in advancing and promoting the mission of our Association as a Delegate Council Representative, Regional President, Executive Vice-President, Provincial President, and Secretary-Treasurer, from 1989 to 2001. Thanks Jocelyn. 🍷

<p>Pacific Coast Family Institute</p> <p>Offers the following</p> <p>1. Our Training Programme</p> <p>The Institute has offered courses since 1982. It provides a modular programme to working practitioners who wish to increase their theoretical and practical knowledge of Family Systems Theory. Courses are held in Family of Origin, Theory and Practice, and Clinical Supervision. AAMFT approved supervision is available.</p> <p>This programme is interdisciplinary and open to practitioners in Social Work, Nursing, Medicine, Psychology, Family Counselling and other allied professionals.</p> <p>2. A Family Therapy Clinic</p> <p>The institute provides an affordable counselling service to families, couples and individuals in the community.</p> <p>3. Ongoing Community Workshops</p> <p>3026 Arbutus St., Vancouver, BC V6J 4P7 (604) 736-3664 www.pcfamily.bc.ca</p>

<p>Weekend Seminar Space (16th and Granville St.)</p> <ul style="list-style-type: none"> - seats up to twenty - lighting control - audio system - kitchen facilities - convenient parking - breakout room available 	<p>Office Space (p/t)</p> <ul style="list-style-type: none"> - bright, spacious, & inviting - full day, 1/2 day, hourly - reasonable rates - ideal for new or employed practitioner - comfortable waiting room - kitchen facilities - relaxed atmosphere
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The Editor's Interview

The Work of Krisanna Jeffreys

On June 15, 2001, Krisanna Jeffreys, a registered clinical counsellor since July 10, 1991, was awarded the BCACC Professional Care Award for her dedicated work with the S.O.S. Family Life Program in Parksville, British Columbia. This award recognizes a professional mental health worker or agency that has exhibited special creativity and effectiveness in providing counselling or mental health care.

The Society of Organized Services is a non-profit volunteer-based community service that offers resources, services, and solution-focused programs which promote self-sufficiency for local area of district 69. One of the many programs offered by S.O.S. is the Family Life Program. The mission of the S.O.S. Family Life Program is to promote healthy family life by ensuring provision of comprehensive, effective and responsible

services, and appropriate referrals. The Family Life Program offers individual and couple counselling to adult residents of District 69(1) and the volunteer counsellors are trained to work with the following life issues: relationship and communication, life's transition, situational depression, behaviour problems, self-esteem, and assertiveness. The Family Life Program operates from the Family Life Centre at 190 West Hirst Avenue in Parksville, B.C.

Krisanna, congratulations! What does receiving the BCACC Special Care Award mean to you personally and professionally?

Naturally, I was honoured to be recognized for the work I have done. However, I don't see that my work is any more worthy of recognition than the work of many other Members of our Association.

Therefore, I would like to accept this Award on behalf of all of us who are working toward reducing human suffering.

What brought you to work for the S.O.S. Family Life Program?

I was in private practice when I was approached to help out at the S.O.S. for a summer. Their counselling program was at risk of folding due to lack of counsellors. I was intrigued by the Society's commitment to a well thought out 5-year plan to rebuild their volunteer counselling program into a reputable agency. Eventually, I agreed to bring their vision to reality. Coming from a private practitioner's perspective, I was very aware that there are many people in the community, needing counselling, who could not afford professional services, and who didn't fit the mandates of our other helping

Interview cont'd on page 8

Using Emotionally Focused Therapy When Working with Couples

The **British Columbia Association for Marriage and Family Therapy** (BCAMFT) is pleased to announce that a long-time practitioner of Emotionally Focused Therapy, Yolanda von Hockauf, will be presenting on November 2, 2001. Yolanda is a Clinical Member and Approved Supervisor with BCAMFT. Her training in EFT began in 1983 at the University of British Columbia where she was a participating therapist in the original research study on EFT conducted by Drs. Les Greenberg and Sue Johnson. EFT is one of the most clearly delineated and empirically validated approaches in the field of couples' therapy. Focusing on love and attachment, EFT is an experientially-based process, making the model a powerful vehicle for change. Yolanda, a frequently sought-after supervisor and trainer, has been using EFT in her private practice since the 1980's and also teaches a 10-week course on the model.

Date November 2, 2001
Location Canadian Memorial Centre for Peace, 1825 W. 16th Ave., Vancouver, BC
Time 3:00 - 6:00 pm
Cost Registration fees received one week prior to the workshop are: Students: \$10; Colleagues: \$20 (at the door): Students: \$15; Colleagues: \$25
*Please make cheques payable to BCAMFT. Mail to:
 BCAMFT c/o Greg Olson. 18-636 Clyde Avenue, West Vancouver, BC V7T 1E1*

Interview cont'd from page 7

agencies. I needed somewhere to refer them where I felt they would get good service.

Since 2001 has been declared the International Year of Volunteers, can you share with us what your philosophy is or your set of beliefs about the importance or role of being a volunteer?

Well, as you know, the volunteer sector in our society is enormous. Obviously, volunteering serves a huge need both for the volunteer and the recipient. People have always done good deeds for their neighbours but in today's society we tend to organize this activity in a much more structured manner. I think that most private practitioners are already doing some volunteer work in their practice. (For

example some counsellors may work for a reduced fee or occasionally see clients for free after their extended health insurance has run out). It makes most people feel good to do this. Some of the professional volunteer counsellors in the S.O.S. Family Life program, separate out their volunteer

"...for most volunteers it is the opportunity for personal growth that attracts them..."

time and do it through our program instead of in their own practices.

If possible, share a story that illustrates the value of volunteering for S.O.S.?

The value of volunteer counselling of course depends on the motivation of the individual counsellor. We see tremendous personal growth in our counsellors as they go through the training program and begin the work. It's very exciting for me to facilitate that! But one story that comes to mind is about one counsellor who had a Master's Degree in counselling but hadn't yet worked in the field. She was able to gain more confidence in her abilities through

volunteer counselling. An added bonus to working with multi-problemled, low-income people is that it's almost impossible not to feel more appreciation for what we have in our own lives.

What are the challenges in running a volunteer counselling program like S.O.S. Family Life?

I can identify basically four major areas that are particularly challenging. The first one is the challenge of attracting ethical, skilled, and socially conscious volunteers to the program... The second one is to make the volunteers feel like they belong to a worthwhile team.

Your two other areas of challenge are?

Providing good training for those who are not already operating at the professional level and also dealing with more and more complex cases as mental health mandates tighten.

Is that discouraging (i.e. dealing with more and more complex cases)? What motivates someone to become a volunteer counsellor with your organization?

Some people use our program as a stepping stone in their careers because they can get practical skills and experience that is often lacking in the world of academic learning. They use the training and experience of our program to enhance their academic training. But I believe that for most volunteers it is the opportunity for personal growth that attracts them. Our training program is quite extensive and has a large personal growth component to it. For professional counsellors or retired counsellors who are already trained when they come to the agency, the motivation is more likely to be able to use their particular skills in service to the community and to belong to a worthwhile cause. You would be amazed how many people want to be part of such an endeavour.

What are some of the challenges in training volunteers?

16 acres away from it all...
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Seminars and Retreats

Springbrooke, located in rural Langley welcomes groups of up to 50 people for overnight and extended stays. Our fireside room is ideal for seminars and workshops. Full catering and audio visual services are available.

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Springbrooke
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Screening the applicants is challenging. It's hard to say no to a volunteer who is willing to put in lots of training time but may not seem to have the particular temperament to be a counsellor. It's hard to make this judgement until you really know the person. But we need all types of people in this program so we will end up with good matches for all types of clients. Currently we have a team of 25 very different individuals.

What therapeutic approach do therapists at S.O.S. tend to utilize the most with clients?

Counsellor Trainees who are not professionals already are expected to have the pre-requisites of basic counselling before they can apply to be part of the training. So in the training program we focus more on personal growth issues and brief solution focused skills. We do this because these skills are particularly teachable and because we do short term counselling.

Why is it that your program does not provide service to work with those individuals with current substance addiction?

Our mandate is to serve clients who are slipping through the cracks. In other words, there is no other agency where they can get counselling. Clients with addiction issues can be seen at Alcohol and Drug Programs.

What is the current financial situation of the S.O.S. Program?

The S.O.S. is very financially stable because it does not depend solely on government funding which we receive from the Ministry For Children and Families. Much of the funding (60%) comes from a huge thrift shop that was established many years ago. The S.O.S. Thrift Shop is operated by 140 volunteers and is open 6 days a week. Less than a quarter of the funding for the volunteer counselling program comes from government funding. Another 20% of the funding comes from donations and miscellaneous sources such

a renting space.

How difficult, or easy, is it to recruit volunteers for your program?

Although historically this has been a problem, I haven't experienced any difficulty. I think if the Director of the program has enthusiasm, and can make volunteers feel needed and appreciated, that is the key.

What is School District 69?

School District 69 is defined by the following geographical boundaries: from Nanoose Overhead Walk to Deep Bay, out to Cameron Lake and over to Lasqueti Island. This area contains a population of approximately 44,000. Parksville is comprised of 28.4% of people 65 year old and more and Qualicum Beach 34.4%. The unemployment rate in this region ranges from 9.5% to 12.6%.

O b v i o u s l y , considering the success of the program, your enthusiasm has been contagious. Thank you for sharing your story. It has been very inspiring.

Editor's Note: For a list of volunteer opportunities with S.O.S., contact the Coordinator of Volunteer Resources at (250) 248-2093 or e-mail <volunteer@sosd69.com>. You can also visit the Society of Organized Services website at <www.bcsupernet.com/users/sos> 🐾

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Mindfulness Meditation in Counselling

Neil Friedenberg, Ph.D., Contributing Writer

Recently, I lived at a yoga ashram for over a year where I had a remarkable experience of dropping my role as psychologist, which became a liberating, although frustrating and sometimes difficult experience of dis-identification. But that is what development in a spiritual or personal way is mostly about; giving up what we are attached to, what we are familiar with, what we think we need to exist. It is what many counsellors want for themselves, and is probably at the heart of what most of our clients are asking for.

I left Vancouver, giving up my work, apartment, and relationship to live in a place so removed from anything else I had ever experienced that it would be impossible to keep my familiar habits, including the way I saw myself and how I was with other people. Entering into the ashram was like entering into my mind. It's not unlike what happens for our

clients when they come into that sacred space we create with them, and for that hour try to be who they think they are, more or less successfully, while we offer them alternatives.

The first few weeks at the ashram, I was enjoying the realisation that I did not have to be anybody. No one cared one way or the other how good or how bad I thought I was. It was irrelevant, and I was not going to get recognised, praised, or blamed for it anyway. It felt good at first. But then I was not sure I liked it so much.

“Mostly, it is about developing the ability to open to suffering...”

It was hard to get attention. All the things I usually relied on to get what I wanted or thought I needed, just did not work at the ashram. As difficult as it was, I also realised it as an opportunity to become free of the rigid belief structures I had created to protect against my own vulnerability and tenderness. This is not unlike what a client will experience if they are willing to ask for more than a band-aid, or symptom relief.

It takes a lot of trust to do that, or a lot of suffering. In my years of practising vipassana, or mindfulness meditation, I came to recognise that there was a way to address directly both of these experiences. Mostly, it is about developing the ability to open to suffering, giving up the resistance to

experiencing pain, stop spinning out the stories which we use to make ourselves right, and stop trying to figure things out.

It does not just have to happen through a meditation practice. The practice is simply a way of preparing us for those experiences that are just as available when sitting on a cushion as they are when washing dishes. A particular time stands out for me when dropping the resistance came at an unexpected but welcome time.

I was just finishing the run I usually took before breakfast at the ashram. I had returned down the long twisting gravel road that wound along the lakeshore, and walked the last hundred meters to cool down before I entered the dining hall. The last few days had been full of doubt; confusion mixed in with anxiety as my mind wrestled with a particular problem I could not get hold of, or come to accept. I was sweating, physically spent, not thinking about anything in particular, and suddenly felt a warm, soothing heaviness sinking down into my stomach and legs. A feeling of relief and sadness came with that, and I knew instantly that I was going to be okay. I had gone out of my head and entered into my body. I was experiencing grief, and I was right here. There was nowhere else to be, there was nothing to struggle against, nothing to figure out. The iconoclastic Buddhist Paul Reps once said: “Having a cup of tea, I stop the war.”

A meditative approach to emotions is non-conceptual, counter to our usual tendency to analyse and explain emotions, make them less threatening, and putting them into a framework that supports the identity we have created about ourselves. Dropping the stories reveals the tenderness our egos are holding back. Chogyam Trungpa, the Tibetan teacher writes:

When you awaken your heart... you find, to your surprise, that your heart is empty. You feel sore and soft, and if you open your eyes to the rest of the world, you feel a tremendous sadness. It occurs because your heart is completely exposed... Your experience is raw and tender and so personal. Real fearlessness is the product of tenderness. It comes from letting the world tickle your heart, your raw and beautiful heart.

Meditation cont'd on page 22

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Working with Cancer Survivors

“I am in Remission But I Feel in Limbo”

Nancy Downes, Contributing Writer

How does cancer affect our identity and personality development, living mode? Each individual has her/his personality - her own constellation of behaviours and defenses which make us instantly recognizable to our families and friends. Who we are today emerges from a complex interplay of a panoply of events and circumstances which led from our birth to the present. For instance, our birth - what were the circumstances? Who were our parents and grandparents (their ages, culture, station in life, level of psychological development, spiritual values and identities, their losses sustained and overcome or not). What was the political climate when we were born? What was our birth order and what opportunities were available to us within our society?

Cancer steals our concept of self and personality as we know it. What we once believed was a given, is no longer true, and the sense of safety in the world is forever threatened. How well the former patient manages her life past cancer depends on a complex interplay of several issues and individual personality configuration and levels reached in the Eriksonian developmental lifespan. Therapists work with cancer survivors every day. Survivors may define themselves as such at one year, two years, ten years, fifteen years, thirty years, ad infinitum. Patients come to our office with symptoms of anxiety, depression, relationship issues, personality disorders, etc., which may mask the fact that they survived a terrible disease - cancer.

May I introduce Heidi...

Heidi, aged 48, scheduled an appointment with me at the cancer clinic. She had been encouraged to seek treatment by a friend. Heidi, is an attractive blonde woman, slightly overweight, in casual dress and sad expression. She works as a helping professional. On her first visit, she related her personal cancer story of having had breast cancer and double mastectomy ten years ago. Her presenting problem was that she was lonely and socially isolated, usually spending most weekends alone. Heidi began sobbing, revealing some embarrassment about

her attachment to her rabbit, who had recently died. In the next few sessions, Heidi related her history: a post WWII childhood of hiding ethnic identity, many secrets, and personal devaluation. Heidi married at age 34 and divorced several years later, however, she was able to maintain close relationships.

Heidi was diagnosed with breast cancer at age 38. She remembers being overwhelmed by the cancer culture, moving through diagnosis and mastectomy to radiation and chemotherapy.

*“Cancer steals our concept
of self and personality
as we know it.”*

Heidi remembers her confusion and disorientation and she is left with some vague fears that her oncologist made a miscalculation in her surgery as she has been left with lymphedema (a swelling of the arm, post lymph node removal). Unfortunately, her parents and aunt died within one year of her mastectomy.

Heidi found herself becoming more and more reclusive over the next ten years, her main source of connection and affection being her pets and her human social contact being relegated to business hours. She is able to remember that she enjoyed friends and activities before cancer. Fortunately, Heidi had the opportunity to witness a survivor friend enter therapy and slowly emerge from a depression

related to mastectomy, reconstruction, and old family issues.

Heidi's initial understanding of entering therapy was that she was depressed because her rabbit had died. Displacement of feelings around loss is not uncommon for patients in remission. It is clear that she was mourning other losses as well. Survivors like Heidi have suffered severe trauma to their bodies, spirit, and psyche. They can be alternately happy to be alive and then fearful of life, intimacy, and relationships. Although the disease itself may have been in remission for several years, survivors worry about recurrence and dying. At times these fears move into the unconscious, prompting frequent phone calls to physicians around vague symptoms. There are many worries - fears of being seen as sexually “different” or inadequate, the realities of not having children or perhaps not having the opportunity to see children or grandchildren mature.

Survivors cont'd on page 22

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Dollars and Sense \$\$\$

Jim Browne, Executive Director

The third Fundamental Purpose of our Association is to maintain an operational structure and infrastructure to support our significant work in developing and advocating for the profession of counselling and promoting the interests of the membership, and to regulate the pro-professional practice of our membership in the public interest. These fundamental purposes represent the Mission of our Association and your Board of Directors is charged with the responsibility of ensuring that we are on track in achieving our Mission through responsible and accountable fiscal and administrative management.

Since the major change to our administrative infrastructure in 1994-95, creating a zero-based budget at a “dollar-a-day”, the annual registration fees have only been increased when the Association has been “pushed” by external pressures to be responsive to the increased demands of a growing and increasingly visible pro-professional organization. The modest fee increases, in fiscal years 1999-2000 and 2001-2002, have enabled us to maintain our very successful Member Services and Counsellor Certification initiatives.

For this fiscal year our \$400,000.00 Budget is “enveloped” around Office Expenses (28%), Human Resources (55%),

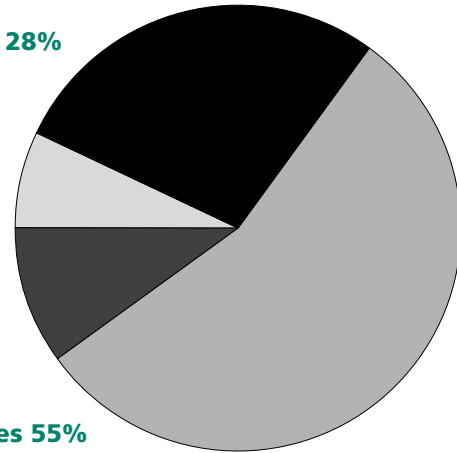
2001 Budget Breakdown

Office Expenses 28%

Committee Expenses 7%

Meeting Expenses 10%

Human Resources 55%



Meeting Expenses (10%), and Committee Expenses (7%). Sixty-two percent of the budget goes to advocacy and promoting the interests of the membership; thirty-eight percent is expended on our regulatory operations. The detailed picture is presented in our very comprehensive Annual Report (2000-2001).

At the June Delegate Council Meeting, your Delegate Council Representatives discussed what members get for their money, out of which came the following:

- membership in B.C.'s premier professional c o u n s e l l o r ' s organization,
- identification as an R.C.C.,
- an acknowledged competent and effective system of self-regulation in protecting the public interest,
- a place at the “health care table” (emergency and crisis services planning, etc),
- advocacy through website and public exhi-

bitions, trade shows and telephone directories,

- participation in a pro-vincial referrals system by telephone and website (565 calls over a 4-month period),
- participation in the development of the counselling profession (counsellor certification, ethics and standards...),
- professional development opportunities,
- access to a relatively low cost liability insurance program (with a discount for CE credits),
- connection and information regarding allied mental health professions,
- assistance in marketing private practice,
- negotiations with third-party payers and agencies,
- readily accessible consultation on practice standards, ethics, and law,
- a “world class” news magazine – *Insights* (with 2 CE credits per issue),
- opportunities to network with colleagues at regional meetings (with associated CE credits).

Please call this writer at any time with questions regarding our administrative infrastructure at (604) 535-8011 or e-mail <jim_browne@telus.net>. ☺

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A Word From Your President

Bev Abbey

2001: The United Nations "Year of the Volunteer"

On behalf of your Board of Directors, I am acknowledging with thanks and gratitude those many, many, members who have volunteered their time and energy in contributing so effectively to our Association. We are a voluntary professional Association based on a "grass roots" tradition, governed by an elected Board of Directors and guided by a strong membership link through our regionally represented assembly called the Delegate Council. All of these members are volunteers who give freely of their time, energy and expertise in order that our Association can evolve as a strong profession and as a leader in the provincial professional counselling scene.

As you read the report from our Executive Director, Registrar, Regional Vice-Presidents and Chairs of Standing Committees, you will see that we have had a very busy and progressive year. Our work reflects a collaborative effort of many individuals and committees that represent the progress of the Board in fulfilling the Mission and Fundamental purposes of our Association.

Your Board of Directors continues to focus on our three Fundamental Purposes. We have vigorously supported member services initiatives and maintained very strong leadership in our quest for a statutory health mandate. We have been responsive and accountable to our peer review and discipline mandate and sensitive to our fiduciary responsibility to the public that we serve. We have been

proactive in maintaining an up-to-date and efficient administrative framework that permits and supports the competent and quality work of our support staff, and enhances services to the public and to our membership at large.

It really all comes down to our member volunteers, at all levels, who have made a difference in contributing to our Association and the counselling profession. It is a pleasure to serve as President of our professional Association and to Chair a Board of Directors that is committed to continuing the development of our profession, and to serve our members who are willing to become part of our professional evolution.

A very large number of our members can say to themselves, and to others: "I make a difference..." My thanks to you all. 🍷

Fiscal Year Shift & 2002 Membership Renewal

Jim Browne

In order to facilitate our total administrative operations, your Board of Directors has approved a shift in our fiscal year to the calendar year. This fiscal year (2001) will end on December 31st. Membership Renewal Packages for 2002 will be mailed out in early November with Membership Fees being due and payable on **January 1st, 2002**. In the invoicing for 2002 fees, there will be a three-month adjustment made for that fiscal year (that is, you will be invoiced for 9 months in 2002). If you have any questions regarding this, please contact this writer at (604) 535-8011 or e-mail <jim_browne@telus.net> 🍷

Executive Vice-President's Report

Glen Grigg

Registration Committee

This Committee will shortly pass from the oversight of the Executive Vice-President to its new chair, Lianne Walker. Lianne, a veteran of the Committee, has agreed to take on the leadership role. In September the "old" Committee, made up of Regional Vice-Presidents, will meet with the new Committee to "pass the torch".

This is a Committee looking for members. Meetings will be approximately quarterly, and the work is truly interesting and "cutting edge" in terms of professional evolution and administrative practice. We are hopeful that this Committee can be a training ground for a provincial college board. If this sounds like the job for you, please contact this writer or Lianne Walker. 🍷

Registrar's Report

Angela Burns

General Administration

A snapshot of the Association on July 25, 2001: Total members: 1110; Active: 1001; Inactive: 82; Student rate: 26; Honorary: 1

0 (out of 5 province)	16
1	85
2	167
3	80
4	477
5	222
6	63

Since April 1st, 2001, 20 members were terminated for non-payment of dues and 33 members resigned. BCACC has the right to request that The Mitchell and Abbott Group Ltd. cancel professional liability insurance policies of members terminated for non-payment of dues. Special rates are available to BCACC members on the basis that their practices are regulated by BCACC.

Directory

Members in private practice who indicated that they are accepting referrals can now be located online at the BCACC Website. We request that members check the information to ensure that it is correct and current. Please forward all requested changes to Head Office. Only members who consented (by signature) to public posting of their information are listed in this section. The information posted includes: client populations, focus of practice, modalities/orientation, language fluency, and wheelchair access.

Inquiry

Since April 1st, 2000 we have received 2 new complaints. At the time of this report there are 5 open investigations, 8 consent agreements being monitored and a total of 4 cases closed this membership year.

Demographics

Based on a total of 1113 members on May 17th 2001:

- 803 female; 310 male
- Average member is a 49.5 year old woman
- 79% of our members were in private practice
- 21% of our members speak a second language (French most commonly) 🇫🇷

Committee Reports

Continuing Education/ Professional Development

Dianne Symonds

As a result of the enthusiastic feedback from our last conference, this Committee began to explore options that would result in similar conferences in the future but would limit the financial risk to our Association and share the workload among more people. The result of this problem solving process was that BCACC has taken the initiative to invite other mental health Associations to join with us to co-host similar conferences in the future. We are now meeting with representatives from the Continuing Education Committees of these organizations to pursue this option. This has become an interesting opportunity for collaboration with other professionals who have similar continuing education programs!

Another common task that these CE Committees share is the implementation of a continuing competence strategy to ensure that all members of a college are competent. This is one of the requirements of registration under the Health Professions Act. There are many models available, so we invited three other health organizations, who have already implemented mandatory competence, to present their models to us. This included the Registered Nurses, Pharmacists, and Dental Hygienists. In a very informative and interactive meeting, they presented their models and explained the joys and difficulties that they had experienced with implementation of their very different programs. In addition, we asked each representative to explain how the needs of their members who lived away from the major population centres were met.

The next step is to apply some of the knowledge learned to develop a model of continuing competence for BCACC.

Stay tuned.

Discipline

Debbie Suian

The continuing good work of the Inquiry, Ethics and Practice Standards Committees, and the membership as a whole, has resulted in quiet times continuing for the Discipline Committee.

ETHICS AND STANDARDS

Shiella Fodchuk

The Ethics and Standards Committee has undergone recent changes. At the June BCACC Annual General Meeting, I took over as Chair of the Committee from Christine Anderson. I will finish Christine's term of office. Under Christine's dedicated leadership, our Committee prepared new Standards for Recordkeeping, Consent to Treatment and Written Disclosure Forms, and Advertising and Soliciting Clients. Christine was awarded the President's award for 2001 for her distinguished contributions to the discipline and profession of counselling through the development of ethical and practice standards. Congratulations, Christine. Neil Tubb has also resigned from the Committee for medical reasons. He hopes to return at a later time. Thank you, Neil, for your dedicated service on this Committee. I hope to work with you again.

I am hoping to find new Committee members for September. Serving on this Committee is an excellent way to deepen your professional knowledge of ethics and practice standards. This is a hard working Committee and potential members should expect to spend approximately one day per month either consulting, or researching the standards of other professionals, or formulating standards. The current task of this Committee is to complete a draft of Technology Standards for the Board of Directors to consider. The exciting two-year task ahead is to review, revise and update our Code of Ethical Conduct. If you have expertise in these areas, or an interest in participating in this Committee, please call me at (604) 947-0828, or contact Michèle at the BCACC Head Office.

Inquiry

James Drinkwater

During the months of July and August, the Committee is in summer mode with members taking holidays. The present reduced flow of correspondence from complainants and respondent members suggests others are on holiday as well.

The Committee has recently had as many as 15 cases in one stage or another of the investigation, review or resolution process. A lot to manage! To my considerable relief, Julia Burke, Administrative Support at Head Office has been assigned to help the Committee, taking over some of the duties that had previously fallen to John Gawthrop, thus freeing him up to concentrate exclusively on his role as Investigator. Julia now keeps track of the cases' progress through the Committee's procedures, looks after the incoming and outgoing correspondence, and monitors the assignment and completion of the Committee members' tasks. Thank you, Julia!

In the last month or so, we have closed several cases where the respondent members have completed their Consent Agreements with the Committee. These agreements, once signed, often take a year to fulfil and may include a professional development component, a period of clinical supervision, and an apology to the complainant. The co-operative efforts of many are reflected in these successful completions.

If you would like to read more about the Inquiry Committee and its function, please refer to our Association's Bylaws, Part 10, 77 through 87. These provide the basis for the Committee's procedures.

Legislative Review

Glen Grigg

As noted in the last report, the Delegate Council met in June to ratify important changes to our Bylaws. The theme is that we are achieving greater and greater separation in the ways we serve our Members, and the ways we serve the public. And, at the same time, we are picking up administrative efficiencies.

Regulation, which is the core of the public interest, now consists of a Regulatory Panel, made up of the Board Chairs of Registration, Inquiry, Discipline, and Ethics and Standards. Our Registration Committee is set up much more like a College Board, and is separate from the duties of the Regional Vice-Presidents.

These changes were approved by the Registrar of Companies on August 16, 2001.

Member Services

Gerry Bock

The role of member services is vital to a society. The basic principle is that a society values its membership base and has a responsibility to provide support and assistance to its members. This is the central characteristic of our first fundamental purpose. When the principle is applied to our Association, it becomes operational in relation to the professional practice of our membership, and the role of the counselling profession in the community.

This year marked the second year of the Member Services Committee and we are pleased to report that this initiative has continued to be a high priority of the Board of Directors. Current member services components include advocacy, advertising and public relations, marketing of services, liaison with third party payers, provincial referrals system, *Insights*, and www.bc-counsellors.org.

Throughout this past year, the Chair has worked in collaboration with many members to improve private practice marketing strategies, and advocated on behalf of individual clients and members to have R.C.C.s covered by extended health benefits. A tracking system has been established to monitor and evaluate the referrals system and the effectiveness of our advertising initiatives. We have utilized media contacts to highlight the work of our members in the community and developed and published the very first display advertising in the Bell Acti-Media Yellow Pages. A province-wide fee-for-service survey was conducted and the results were published in *Insights*. Our mobile displays have been increasingly active

in promoting our Association and the role and practices of our members. Efforts have been made to work with Regional Vice-Presidents to regionalize Member Services and develop initiatives specific to the needs of each Region.

Thanks and kudos to those members who voluntarily participated in our initiatives by looking for opportunities to utilize our displays, set up, take down, staff the displays, talk to the public about our profession and our Association, and distribute thousands of brochures and bookmarks. Our displays have been used with great success in every Region. The volume of display opportunities appears to be rapidly increasing across the province and there are some concerns that we may be missing some key opportunities. Please be vigilant for these opportunities in your Region. A huge window of opportunity has opened for us with an invitation to exhibit at the EAPA's 30th Annual Conference and Exhibition being held in Vancouver this October 28th - 31st (read about it on page 23). This will provide an opportunity to display our services to Employee Assistance Professionals from across Canada and the U.S. We are very excited about this level of participation and feel that the costs are a very good expenditure of Member Services dollars.

In July, we participated in a hugely successful "Safety Fest 2001 – Putting Kids First", sponsored by the City of Surrey. The feel of the show was exciting and we had many more people than usual approaching our display to talk with us. One visitor was Kevin Falcon, the new Minister of State for Deregulation on the new government team.

On a personal note, I am looking forward to another progressive year of working in partnership with our membership and the Board of Directors to advance our member services initiatives. As much as everyday brands like "Coke" and "Pepsi" have dominated the marketplace with soft drinks of every variety and flavour, I would like to see our Association dominate our market share with the tremendous brand Association of Registered Clinical Counsellor and "people helping people". 🍷

Regional Reports

North Coastal Report

Lianne Walker, VP

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, and which includes Gabriola Island.

Our May meeting was relatively well received, with 11 people attending. We were very pleased to have Bev Abbey present at this meeting and she was able to answer members questions in her usual informative and inspiring way. I have received considerable positive feedback from this meeting and look forward to when she will be able to return. Many thanks to Bev for taking the time to attend our meeting.

Our meeting season has come to an end and our fall schedule has been tentatively set. We are looking at September 20th for the next meeting. Considerable interest was expressed at the last meeting to have some presentation on the new Energy Psychologies, and so I will arrange a presentation perhaps as a panel on this exciting new trend in therapy. The November meeting will be November 15th, and one of our new members, Fred Schlessenger, will present on bodywork and psychotherapy.

Of some frustration is the fact that I was hoping to arrange to have the BCACC booth at our Health and Wellness Fair here in Parksville/Qualicum. Unfortunately, I was not able to get members to volunteer and so had to cancel the booth due to lack of participation. One of the problems is that the Fair was the weekend of June 16th, and so a number of our regular volunteers were already committed to the DC Meeting and the Annual General Meeting. This is frustrating, as finding some new blood for volunteering remains a challenge. My goal for the fall will be to try and recruit more volunteers and involvement from new Members. Anyone interested in helping us out, please contact me! Also, anytime you want to access the BCACC booth for presentations in your local area, I will be pleased to arrange it with you.

Just a note: we have been using the new electronic form of the telephone tree, using faxes and e-mail wherever possible to contact members about up-coming events. I have had some feedback from the phone tree, the general feeling being that it is quite time saving and efficient, although they do miss the personal contact with members. Also I have noticed a slight decrease in attendance at the meetings since we've used this method, and so it may be that the personal touch is helpful in increasing attendance. I would really appreciate feedback from the membership about how this new method is working for you. I hope your summer is grand and I look forward to seeing you all in the fall.

S. Vancouver Island Report

David Reagan, VP

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.

Year Two: I look forward to my second year as your regional representative to the BCACC Provincial Board. I very much enjoyed my first year and want to thank all for your support and participation in Region 2 events. The key to an active and successful region is the Delegate Council (DC) Representatives. I am very pleased with the team of DC Reps for our Region for the coming year. I know their leadership will serve us well. The 2001-2002 DC Representatives for Region 2 are: Debbra Greig, Lee McLeod, Sue Smith, Linda Ulrich, Stephanie Ustina, and John Westover.

My goals for the coming year include: supporting members in developing their practices and professional growth, continuing to provide a rich and diverse selection of educational programs at General Membership meetings, ensuring Members take full advantage of the benefits of being a member of BCACC, and increasing the level of recognition for the outstanding work done by Region 2 members. I will be working with the DC Representatives and the general membership to ensure we

move forward with these goals.

To move forward with our goals for the coming year, we will start off our fall workshops with an engaging presentation on September 18th by Joyce Jason on Art Therapy that will be of interest to practitioners in a full range of settings. The Art Therapy presentation will be followed by a November 15th presentation on Growing Your Practice. Mr. Gerry Bock, Chair of the BCACC Member Services, and Mr. Mike Hornack, Business Consultant, will conduct a workshop on how to successfully expand your business. Gerry and Mike gave this presentation to Region 1 last fall and it was extremely well received. For those interested, there will be no-cost, one-hour consultations with Gerry and Mike to discuss the needs and issues of your individual practice. Region 2 members interested in an individual consultation on Friday, November 16th, need to r.s.v.p. to me by October 1st at <reagan@alum.calberkeley.org>. There are limited spaces, please reserve now.

Both the September 18th and November 15th meetings will take place at the UVic Faculty Club starting at 7:00 p.m.

On a final note, congratulations to Jocelyn Harris and James Drinkwater, both Region 2 members, who received BCACC Recognition Awards at the Annual General Meeting this past June 15th. Jocelyn and James were acknowledged for their years of outstanding service to BCACC. Kudos to Jocelyn and James.

Please direct questions regarding this report or questions regarding events and opportunities in Region 2 to: David Reagan, <reagan@alum.calberkeley.org>, (250) 652-5712.

Interior South Report

Sam Reimer, VP

Region 3 - Interior South: Bounded on the north by a line drawn between but not including Hope, Westwold, Chase, east to Arrowhead near the Alberta border; south to the U.S. border; west up to but not including Hope. The region encompasses the Okanagan and the Kootenays.

This past year has been one of steady growth in the number of R.C.C.s in our Region. For the first time, we now have over 80 members in Region 3. It is suspected that more qualified counsellors are now applying as word gets out that the presence of a College of Counsellors will indeed soon be a reality. (Yes, we all know that the word “soon” is a very flexible term...) One thing seems overly evident: it is no longer a question of “if” but “when”. If you would like more details regarding the progress, read *Insights* and/or give Dr. Jim Browne a call.

Regional Meetings

The Regional Meeting on Saturday May 5th, in Cranbrook, was combined with a free workshop on Human Sexuality presented by Dr. David Hersh from Nelson. There were five participants. The main focus of the workshop was going over an eight page Sex History Form designed for clients. I believe everyone present benefited from the discussion and insights shared. Special thanks to David (an R.C.C. from Nelson) who gave freely of his time and energy to guide us, and who shared resources and wisdom in a thought-provoking manner. We trust his example will be an inspiration to others to be involved in similar ways within the organization and specifically within our Region.

Membership will be kept informed of upcoming meetings either by e-mail, fax, and/or telephone. Again, a reminder, we are attempting to keep costs down by communicating primarily through e-mail whenever possible.

Changes

Changes that you may read about elsewhere are that the Regional Vice-Presidents will be taking on a new role within the Association and the Region. They will no longer be automatically posted as members of the Provincial Registration Committee. They may still continue to be a part of that Committee, albeit, on a more voluntary basis. They will be committing to new involvement within member services and more specifically, to doing more

PR for the Association within their Region.

This VP has already committed to continuing with responsibilities on the Provincial Registration Committee. In the passionate endeavour to maintain sanity, balance, and joy in life, he will most likely be seeking more volunteers and delegating tasks within the Region.

Here is a final offer (as mentioned in the last *Insights*) for anyone interested in: The Kelowna Pilot Project: An Initiative to Increase the Capacity of Governance and Accountability in the Voluntary Sector printed in December 2000. This writer, as Chair, was responsible for its production. If you would like to know more about it, call/email the writer.

Reminders:

Two hours of attendance at a Regional Meeting will be counted toward professional development credits. If you have attended a meeting and wish to receive a certificate of the fact, please contact this writer. Should some of you desire more frequent informal meetings, please contact either this writer or the DC Rep or DC Rep Assistant closest to you noted at the end of this report. Dates, topics, speakers, places, and times will be posted on the website. News for our Region is at <www.bc-counsellors.org/reg3meet.htm>. Please contact me for any relevant additions, e.g., professional/educational meeting dates and times, etc. The website is continually being updated.

There is a first class BCACC booth available for mall displays and/or Exhibitions/Shows. It's a great way to promote not only the BCACC in your community, but your own business if you happen to be in private practice. Contact me for details.

Please do not hesitate to contact the DC Reps, the Assistants, or this writer anytime; we look forward to answering questions (or directing you to those who can) and to encouraging you as a Member; our phone numbers are:

Kootenays: West: Bob Ewashen (250) 866-5590;

Darlene Mathews (250) 417-3320

South Okanagan: Janet White (250) 770-3121;

Patricia Gregory (250) 770-0804

Central Okanagan: (position open at time of writing)

North Okanagan: Kevin Ward (250) 835-2347

Sam (250) 868-2338, or toll-free, (866) 868-2338;

also, Sam's e-mail: <racs-sams@home.com>

Vancouver Region Nancy Downes, VP

Region 4 - Vancouver: This region includes Vancouver, Burnaby, North and West Vancouver, Richmond, Port Moody, Coquitlam, Port Coquitlam, New Westminister, all regions up to and including Whistler, and the Sechelt Peninsula.

Summer in Vancouver - If you recall, we were anxiously anticipating the summer during our very rainy spring. In June, we searched for it, and it seemed to me that summer was playing Hide and Seek, in a little corner of my Kitsilano patio, where a few plants were blooming. However, now in July, Voilà!, we no longer have to search as it is here, fully blossomed, present and beautiful. It is truly wonderful to witness and experience.

In recent months, Gerry Bock, Chair, Member Services, has been focusing on the guidance and support of members of our Association. Gerry has provided opportunities for our professional community to participate in local trade shows such as the Wellness Show in February and the West Coast Women's Show. Bev Abbey, President, has suggested that the Vancouver Region create a roster of members who would be interested in participating in upcoming shows. Of course, this is the right set of circumstances to present your particular professional interests, and to educate the public about the role of Clinical Counsellors. Can you see yourself falling under the spell and challenge of this task? If so, contact me through the Victoria office of the Association.

Vancouver Region plans to host the Bi-Annual Potluck for new Members on August 12. We have had 77 new Clinical Counsellors join our Region in eighteen months. The

purpose of the potluck is to provide a social gathering where new members meet the players in Region 4, such as myself and the DC Representatives, and to learn about the current happenings and upcoming events in our Region. Fortunately, President Bev Abbey will be there to welcome you into our community.

The next Regional Meeting will be on September 20, 2001, and the topic will be *Suicide Prevention* presented by the SAFER staff. Meetings are held from 7:30 to 9:30 p.m. at the Marriott Residence Inn, 1234 Hornby Street, Vancouver, (604) 688-1234.

Hoping to meet in the fall!

Fraser Valley Report Jim Weibelzahl, VP

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.

Greetings from the Fraser Region!

Here we are, late-summer and it feels like time has just flown by. This Region continues to grow and as of our last Board meeting, we have 225 members. A warm welcome to those of you who are new to BCACC. Please feel free to connect with me about questions, concerns or regional issues. As may be indicated elsewhere in this issue of *Insights* the Regional Presidents are now tasked with coordinating the showcasing of BCACC in their Region. Given that I'm not fully informed of the opportunities that exist across the Region, this will be my request to you to be in touch so that we can develop a list for mental health events, appropriate trade shows, community business trade fairs and the like for which we could set up our display.

At our May Regional Meeting, we were treated to a joint presentation on Adolescent Suicide Prevention and Intervention conducted by Jim Smith BPE, RCC, RSW and Wendy Lum MA, RCC. Jim and Wendy are Satir Family Systems Therapists who have adapted a Satir

perspective to assessment and treatment of at-risk youth. Jim brought an especially informative awareness of the dynamics of youth suicide from his work as a Special Investigator with the Behavioral Investigative Program at the B.C. Coroner's Office. The principal awareness the clinical counsellors need to keep in mind when doing a suicide risk assessment is that "behaviour is an externalized expression of internal experience or coping". The despair that these youth feel is all about being too long in their pain. The Satir approach, with its emphasis upon understanding the coping responses as tapping points to create change, was dynamically portrayed in each of the four coping postures: placating, super-reasonable, blaming, and irrelevant (chaotic) youth. About 30 members attended and there was great discussion all around.

We have two more regional events booked for this year. Be sure to attend for Dr. Susan Jackson's presentation on Gifted Children in the Classroom and Counselling on September 24th. She is an expert in working with the gifted child and will introduce us to differential diagnoses for these children as well as discuss ways that clinical counsellors can help children adapt to the school system or the larger society to make best use of their innate abilities. On November 24th, Dr. Jim Browne, Executive Director, will update the Membership on issues of concern to the Association.

I trust that you have enjoyed a restful and refreshing summer. If I can be of any assistance, please feel free to call. I am also interested in meeting with any of the Membership who are thinking of participating more formally in a voluntary capacity.

Please also consider letting me know what you are doing in the Region that may be of interest to the Membership at large.

Interior North Report Joanell Karrington, VP

Region 6 - Interior North: Includes the rest of the Province north and east from a line drawn

between Hope, Westwold, Chase, east to Arrowhead near the Alberta border.

At the Annual General meeting, held in June in Vancouver, we had a breakfast meeting for the Members of Region 6. At that meeting we decided that next year we would have meetings in Kamloops, Prince George and Quesnel. The DC Reps will be responsible for arranging the meetings and any ideas for topics should be sent to them.

I will be moving to Richmond, B.C. as of August 27th. My husband has taken a job with the Richmond School District. This means that I will be resigning my position as Regional President, as our Bylaws state that a Regional President must reside in the Region. I have thoroughly enjoyed my time as President and meeting with many of you and talking to you on the telephone. Our contact through Northern Notes has been a way to keep in touch and I will miss that in the future. I hope to continue my work with the Board and the Association in another capacity should the opportunity arise. I look forward to being part of Region 4 and working with Nancy Downes in that area.

All the best to you, my Northern colleagues. I wish you well and hope to meet you at future BCACC functions. It has been a pleasure and an honour to represent you on the Board.

Note:

In accordance with the Bylaws, Rob Riddle has been appointed by the Board of Directors to complete Joanell's term to March 2003. 🐾

Just Call 1 - 800...

For RCC's outside of the Greater Victoria area, but within the province, remember that we have a toll-free line to the Head Office. Please feel free to call for referral information (800) 909-6303.

If your membership information changes, please contact us. The office hours are between 8:30 a.m. and 4:30 p.m., Monday through Friday.

Membership Update (From April 1, 2001 to July 25, 2001)

Angela Burns, Registrar

Please join me in welcoming the following new members who have joined us since April 7th, 2001

1800	Robinson	Diane	Abbotsford	1782	Giesbrecht	Mark	Vancouver
1505	Lapointe	Tony	Abbotsford	1805	Nagasaka	Pamela	Vancouver
1594	Garnett	Lavonne	Brentwood Bay	1786	Chan	Wilson	Vancouver
1605	Davies	Diane	Courtenay	1838	Flood	Karen	Vancouver
1793	Milon	Kashalya	Crescent Valley	1804	Bussey	Will	Vernon
1500	Oenning-Hodgson			1796	Fischer	Heather	Vernon
		Meredith	Edmonton	1607	Caulder	Rosemarie	Victoria
1803	McDermid	Cheryl	Fernie	1825	Holland	Rosemary	Victoria
1604	Burrows	Lynn	Kamloops	1809	Gerard	Susie	Victoria
1591	Grams	Helga	Kelowna	620	Muirhead	Esther	Victoria
1503	Horn	Laurel	Langley	1592	Fouracre	Cathy	Victoria
1801	Utendale	Kent	Langley	1775	Newman	Elizabeth	Victoria
1772	Gougeon	Shelley	Langley	1557	Gregory	Susanne	Victoria
1600	Groenhof	Esther	Langley	1792	Scott-Moncrieff	Kate	Victoria
1820	Gintowt	Michael	Lillooet	1814	Crook	Nikita	West Vancouver
1578	Webb	Mary Lee	Lions Bay	1480	Haworth	Andrea	West Vancouver
1588	McClure	Isabel	Lions Bay	1776	Panneton	Julie	West Vancouver
1763	Galeski	David	Naramata	1794	Bassett	Dion	White Rock
1561	McCandless	Kate	North Vancouver	1798	Bate	Cheryl	Winnipeg
1790	Antal	Surinder	Pitt Meadows				
1777	Walter	Donna	Port Alberni				
1575	Narchi	Andrew	Port Coquitlam				
1769	Brumwell	Brian	Port Moody				
1779	Furmanczyk	Lawrence	Prince George				
1589	Burmatoff	Lana	Richmond				
1788	Evans	Louise	Richmond				
1771	Wong	Hing Man Amy	Richmond				
1572	Simpson	Grant	Surrey				
1586	Patola Moosmann	Sandra	Vancouver				
1830	Tsang	Phoebe	Vancouver				
1768	Demeter	Elizabeth	Vancouver				
1569	de Jong	Tomina	Vancouver				
1428	Hucul-Kambolis	Dawn	Vancouver				
1583	Cousland	Anne	Vancouver				
1807	Jacobsen	Carla	Vancouver				
1791	Fairbanks	James	Vancouver				
1806	Norman	Doug	Vancouver				
1799	Chappell	Dianne	Vancouver				
1841	Pelletier	Marie-Hélène	Vancouver				
1774	Yip	Rosa	Vancouver				
1815	Talmage	Kate	Vancouver				

The following members moved to Inactive Status since April 1, 2001.

1188	Rempel	Katharina	Abbotsford
1293	Isaak	Lorraine	Abbotsford
1228	Bartel	Alma	Aldergrove
1252	Reagan	David	Brentwood Bay
899	MacGregor	Susan	Courtenay
1240	Dirk	Deara	Edmonton
114	Wilson	Glenda	Fort St. John
1418	Abril-Vasquez	Luz Marina	Langley
1104	Whittall-Jones	Jane	Nanaimo
1346	Tomczuk	Katherine	Naramata
536	Melnechuk	Christina	North Vancouver
1327	Farinha	Sharon	Parksville
1027	Grant	Karen	Port Coquitlam
1040	Gillett	Joy	Prince George
1153	Reilly-Clark	Karen	Surrey
880	Ho-Fung	Maria	Vancouver
803	Salazar	Maria	Vancouver
1254	Dineen	Brenda	Vancouver
1198	Cowan	Teresa	Vancouver

1207	Sevy	Rosa-Maria	Vancouver
319	Ewacha	Barry	Victoria
300	Freeth	Leonard	Victoria
1429	Grayman	Henry	White Rock

The following members have retired since April 1, 2001.

452	Adams	Roy	Surrey
97	Thomson	Madeline	Victoria

The following members moved from Inactive Status to Active membership since April 1, 2001.

247	Fulton	Thekla	New Westminster
1111	Frowein	Claudia	North Vancouver
623	Porter	Arnold	Victoria
759	Pacini	Darrell	Victoria

The following members have moved from Active membership to "Registered in Post Secondary Institution" since April 1, 2001.

1595	Martin	Judith	Cobble Hill
571	McDougall	Gerald	Kelowna
604	Richardson	Beverly	Vancouver
577	Easton	Jessica L.	West Vancouver

The following members have been reinstated since April 1, 2001.

220	Sen	Chandra	Vancouver
1331	Zadravec	Miljenka	Vancouver
12	Burrows	Sharon	Vancouver
539	Stanley	Sharon	Victoria

The following members have resigned since April 1, 2001.

1057	Dragt	Carl	Abbotsford
1401	Dragt	Brenda	Abbotsford
576	Nicholson	Dean	Cranbrook
1285	Woodbridge	Pat	Cupertino
428	Dunn	Terence	Lake Country
614	Hailley	Sheridan	Langley
1076	Doore	Della	Saipan

586	MacMillan	Kim	Salmon Arm
986	Douhan	Paul	Vancouver
81	Hintz	Hedie	Vancouver
780	King	Russell	Vancouver
597	Gamache	Susan	Vancouver
1373	Halliday	Shirley	Vancouver
214	Lim	Ming	Vancouver
199	McIntyre	Joan	Vernon
725	Diamond Young	Catherine	Victoria
1406	McGee	Traci	Victoria
323	Keliher	Nellie	Victoria
518	Bell	Helene	Victoria

The following members have been terminated for non-payment of dues effective July 1st, 2001.

1312	Robertson	Jaye	Abbotsford
495	O'Connor	Michael	Abbotsford
911	Poehnell	Janice	Abbotsford
148	Regier	Victor	Abbotsford
1423	Cullinane	Debra	Burnaby
683	Moore	Harriet	Canyon
1055	Cassidy	Paula	Comox
463	Kehl	Bruce	Edmonton
1084	Sullivan	Kim	Fort St. John
1251	Schell	Maggie	Gibsons
437	Daley	William	Kamloops
520	Kruse	Penelope	Port Moody
383	Bridge	Vicki	Sidney
1340	Chaloner	Robin	Surrey
1243	Paproski	Donna	Vancouver
353	Choquette	Elizabeth	Vancouver
239	Peterson	Devorah	Vancouver
253	Osoba	Helen	Vancouver
1037	Waye	John	Vancouver
593	Dietz	Karen	Vancouver

Birthing from page 2

current requirements to be an R.C.C.). The National Counselor Examination administered by the National Board of Certified Counsellors in the United States blocks core competencies into human growth and development, the helping process, social and cultural foundations, groups, research and evaluation, lifestyle and career development, and professional orientation.

As an Association, we have reviewed the legislation regulating the professional practice of counselling from across the United States, and Quebec, and reviewed the national standard established in 1987 by the Canadian Counselling Association. Again, there are tremendous similarities across jurisdictions. The professional practice of counselling, particularly "clinical" counselling, is at the Master's level.

For the past ten years, our Association has acknowledged that the professional practice of counselling is at the Master's level. In adopting this contemporary position, the Association acknowledged its "roots", and reviewed all of the registrants at the time of transition (1990-91) to determine equivalency in training and experience to a Master's degree. Today, we have some 1100 registrants who are practicing at the Master's level. We fully expect that any R.C.C. in good standing at the time the College opens its doors would be eligible to be chartered registrants of the new College.

Metamorphosis

With the operationalization of the College, our Association will wholly abandon its current non-statutory regulatory functions. It is important here to keep in mind that the sole function of the College is regulation, meaning

registration, peer review (inquiry and investigation), and discipline. There remains a huge need for a provincial professional association to advocate for the profession, operate a referral system, administer liability insurance programs and continuing education/professional development. We would expect that our Association would undergo a metamorphosis into this provincial association focused on member services.

Acknowledgement

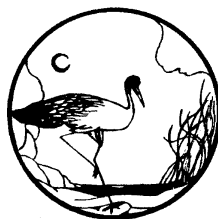
This journey would not have been possible for the Association and the Task Group without the continuing support of our membership and the dedicated commitment of the Board of Directors. My hat's off to the many Directors and staff who have made this long journey approach a successful conclusion. Thank you all. 🌹

Hakomi Professional Trainings

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Beth Falch-Nielsen is a Registered Clinical Counsellor and Certified Hakomi Therapist and Trainer with the Hakomi Institute (Boulder, CO). She has been in the counselling field for 25 years, and in private practice for the last 13 years. She teaches trainings on Vancouver Island and in Edmonton, AB, and sees clients in Duncan, Victoria and Edmonton.

For information and registration

Samantha Jennings (250) 380-0426, e-mail <bodacious@pacificcoast.net> or Beth Falch-Nielsen (250) 746-7600, e-mail <hakomibeth@home.com>

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Meditation cont'd from page 10

These are experiences most of us have had at some time, especially when we were younger. It's not easy to re-awaken that sense or ability of entering into things as they are. That is why we practice, or at least that is why I do it. It is also a practice that can be taken into therapy with clients.

Every therapist finds their own unique way of doing things, and taking a meditative practice into therapy is no exception. When I sit to meditate, I adopt a "beginner's mind", the curiosity and openness that comes with full attention. Similarly, in counselling, I may have no idea what is going to come as I keep a watchful attendance on my own thoughts, expectations, reactions, and feelings as I listen to and watch the client. I note what is happening within me; what I hear, see, and think. Then softly, let it go. It becomes like a dance as things arise and disappear, opening to our mutual presence, unconditional attendance, accessing innate intelligence, free from conceptualisations, patient and watchful.

Most therapists know about the healing power they can elicit when they pay close receptive attention to a client. A meditative presence in therapy is like that but it is more inclusive. It does not aim to get particularly anywhere, and especially has little to do with an analytical interpretation of the client's problem. I found that the goals and analysis arising in therapy are most useful when they supplement my ability to attend in an unconditioned presence.

The effect this can have in therapy may take

some unexpected directions. A client was telling me with such openness how he struggled with his internal critic who sometimes told him that he was pretty good, certainly better than others, and then at other times told him that he was a failure and a fraud. He was clearly troubled by this and said he could not understand where this came from. I found his account and warmth to be quite endearing and could not help but reflect on how this dynamic, that he described so eloquently, is typical of all of us. When he finished talking and left room for me to respond, I said: "I don't know where it comes from, but it's really funny", and burst out laughing, as a spontaneous expression of sharing in his humanness.

It is just what we do, compare and judge, and then our self-criticism for judging attaches itself to things that are just passing thoughts and feelings. We hold on to the criticism while the thought is long gone. Life goes on, things rise and fall away, while we are busy trying to hang on to something, like a constructed identity that exists nowhere but in our minds. 🍷

Resources

[Seeking the Heart of Wisdom: The Path of Insight Meditation](#) by Jack Kornfield and Joseph Goldstein

[Everyday Zen: Love and Work](#) by Charlotte Joko Beck

[A Path with Heart](#) by Jack Kornfield

About this writer: Neil Friedenber
g, a registered psychologist, holds a Ph.D. in counselling psychology from the University of Alberta. He works in private practice in North Vancouver. Neil is interested in training counsellors in the use of mindfulness meditation in the therapeutic context. He can be reached at (604) 987-0632.

Survivors cont'd from page 11

Survivors with family histories of breast cancer and genetic mutation have further anxieties and guilt about possibly passing the gene to their progeny. There may be fears of abandonment, (if I can't count on my own body, then who can I count on?), and survivors may find themselves stumbling upon old separation/individuation issues. As clinicians, we may see the counterphobic response - fatigue from grandiose overcompensation, attempting to prove they can accomplish both anything and everything!

Our work as clinicians is to be supportive, and to assist survivors in their journey of finding meaning and genuineness for their lives. Perhaps this means re-evaluating their careers and relationships. The therapeutic work is to help them find the balance. For some, it may be to begin to trust again interpersonally and to be reminded that, after all, every human being lives in limbo. (Limbo is a term gleaned from *Dancing In Limbo* by Halvorson-Boyd, Hunter). The disease, cancer, has stolen the very human veil of death denial from survivors.

Whether we have had cancer or not, our lives are more meaningful if we begin to live in the present, take pleasure in everyday achievements, extend ourselves emotionally. Being an advocate for other cancer victims is the route for some survivors. Lance Armstrong, a charismatic international cyclist, fought testicular cancer at age 25, and went on to win the 1999 Tour de France. According to his website, he heeded the call to activism and is now a spokesperson for testicular and other cancers. Lance said, "It's ironic, I used to ride my bike to make a living and now I live so I can ride."

As for Heidi, she is now actively working as an advocate for stray animals, and making friendships within this proactive environment, and she is still in remission. 🍷

About this writer: Nancy Downes is a Doctor of Mental Health, Associate Clinical Professor, UC San Francisco, California, and Vancouver Regional Vice-President, BCACC. She works at the B.C. Cancer Agency in Vancouver.

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Treating Anxiety Sufferers in Clinical Practice

Compiled by Diane Payette

The following article is a compilation of information from a variety of Canadian sources, including the Anxiety Disorders Association of British Columbia and the Anxiety Disorders Treatment and Support Services Lower Mainland Directory (1999). The author wishes to acknowledge the important paper of Martin M. Anthony, Ph.D. and Richard P. Swinson MD from the Anxiety Disorders Clinic at the Clarke Institute of Psychiatry and Department of Psychiatry at the University of Toronto. The paper was commissioned by the Health Promotion and Programs Branch of Health Canada.

The purpose of this paper is to provide clinical counsellors with relevant and current information regarding the many facets of anxiety disorders. In the last eleven years, I have developed a particular interest in my clinical practice working with anxiety sufferers. It is my hope that the information presented here will assist clinical counsellors in enhancing the quality of treatment for their clients suffering from anxiety.

What are anxiety disorders?

Since anxiety disorders are one of the most common mental health problems, chances are that you have already provided therapeutic services to clients plagued with anxiety. According to the Mental Health Supplement of the 1990 Ontario Health Survey, 9% of men and 16% of women experienced anxiety in the twelve months preceding the survey. Another study of psychiatric disorders, this one in the city of Edmonton, reported a lifetime prevalence of 11.2% for developing an anxiety disorder. We also know that these disorders are often associated with other mental health problems such as depression. So there is little doubt that anxiety disorders impose an enormous burden on both individuals with the disorders (and their family members), as well as on society in general. Anxiety disorders are associated with reduced quality of life, functional impairment, frequent use of both the mental health and health care systems, and lost productivity in the workplace.

Anxiety disorders are a group of conditions that are characterized by a sense of foreboding or impending doom. Anxiety is a normal and adaptive emotion. Without it, humans could not survive. However, when it becomes excessive or is activated by inappropriate triggers (e.g., a crowded store, a harmless dog, leaving the house), a problem may exist. For anxiety to be considered an anxiety disorder, it must be of sufficient intensity to be impairing an individual's functioning and/or she/he must be significantly distressed by its presence. There are eight anxiety disorders that are sufficiently distinct to warrant a separate label. However, there are also many overlapping features between the different types of anxiety. Moreover, it is common for a person to have more than one type of anxiety disorder. It is my strong belief that anxiety disorders must be studied and understood as one cluster, one group of conditions. Over the years, clients have commonly reported suffering from one anxiety disorder for a period of time, and then from another for another period of time and so on.

Anxiety cont'd on page 24

Attention Members Who Work with Employee Assistance Programs

The 30th annual Conference and Exhibition of the International Employee Assistance Professionals Association is being held at the Vancouver Convention and Exhibition Centre, October 28-31, 2002, with a pre-conference Professional Development Institute to be held on October 26 and 27. For 30 years, the Employee Assistance Professionals Association (EAPA) has been the leading organization in the employee assistance field, offering the largest EA conference in the world. Representing almost 7000 EA professionals in 34 countries, EAPA is committed to providing education and training to its members and promoting awareness and recognition of employee assistance benefits to

the workplace. More than 2000 professionals from around the globe will be in attendance at this conference to share experiences, resources, and ideas.

To register, contact the EAPA Conference Department at (703) 387-1000, ext. 329 or e-mail to convasst@eap-association.org.

BCACC has already registered for the exhibition component and will be showcasing the services of our members with our professional display. If you would like to participate in staffing our booth, with the opportunity to advertise your services, please contact Gerry Bock at your earliest opportunity at 574-6555 or e-mail GerryBock@aol.com. 🍷

Anxiety cont'd from page 23

Prevalence

Anxiety disorders are among the most prevalent psychological problems. Lifetime prevalence rates for experiencing any anxiety disorder, reported in epidemiological research, vary from 10.4% to 25.1%. The lifetime prevalence rates for specific anxiety disorders range from 3.5% for panic disorder to 13.3% for social phobia in recent epidemiological research. According to the Ontario Mental Health Supplement, women are more likely than men to experience anxiety disorders. The Supplement reported that the one-year prevalence rate for anxiety disorders was 9% for men and 16% for women.

Comorbidity

Most individuals (up to 70%) with a

principal anxiety disorder have another mental health problem often another anxiety disorder. Specific and social phobias are often the most common additional diagnoses along with major depression or dysthymic disorder. Several studies have shown that alcohol and substance abuse are associated with anxiety disorders, particularly for individuals with social phobia. In some cases, the alcohol or substance abuse can be an attempt for the phobic person to self-medicate.

Risk Factors

According to the Mental Health Supplement of the Ontario Health Survey, risk factors and socio-demographic variables associated with anxiety disorders include surviving severe abuse, parental mental disorder, low income,

and being on public assistance. Family history of anxiety places individuals at risk for developing an anxiety disorder. A number of studies have shown that each of the anxiety disorders tends to run in families, and there is evidence that the relationship among anxiety disorders in different family members may be genetically mediated to some extent. Parental behaviour (e.g., a tendency to be overprotective, less affectionate, and more controlling) appears to be associated with the development of anxiety disorders, particularly panic disorder without agoraphobia.

Risk factors have been identified for some of the individual anxiety disorders as follows:

* Panic disorder with and without

Anxiety cont'd on page 28

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From The Resource Centre

The BC Association of Clinical Counsellors offers a resource library at Head Office. We have numerous books, videocassettes, documents and reports available for loan to R.C.C.s. A full listing is mailed out annually in the Winter edition of *Insights* with updates noted in this column in the Spring and Summer issues. A current Resource Centre listing can be printed from our website at <www.bc-counsellors.org>, or you can call Head Office and request a new list.

To request materials, please contact Aina at Head Office. Phone her at (800) 909-6303 extension 0, or send an e-mail to <hoffice@bc-counsellors.org>. The books and videos can be borrowed for one month. Copies of reports are given to R.C.C.s to have on hand as reference material.

We haven't received any new additions to the Resource Centre since the last printing of *Insights*. The library is comprised of donations, so if you have any items you would like to share with your fellow R.C.C.s, please contact Head Office to make arrangements. 🍷

BCACC Members can now earn Continuing Education Credits in two ways:

1) While attending Regional BCACC Meetings. For a list of events by region, see page 27.

2) When reading *Insights!* Fill out the Continuing Education Questionnaire on page 31 and mail to the Head office in Victoria today.

It's now twice as good!

Announcements

Tri-city Women's Show

BCACC is hosting a booth at the Tri-City Women's Show in Port Coquitlam on September 29 and 30. Erika Horwitz is coordinating the volunteer staffing for the booth at the show. If you are interested in an opportunity to showcase BCACC as a volunteer, please contact Erika by e-mail at <ehorwitz@interchange.ubc.ca> or by phone at (604) 464-5953. Thank you!

Watch for... The Stone Centre Fall Advanced Training Institute – 2002

The Stone Centre relational model (at Wellesley College) emphasizes the centrality of connections in women's lives. Two major collections of writings from The Stone Centre were published by the Guildford Press: *Women's Growth in Connection* (1991) and *Women's Growth in Diversity* (1997). The Training Institute explores the complexities of how the relational-cultural approach produces change and effectively translate relational-cultural theory into clinical applications. Participants from past institutes are encouraged to attend as the new material presented build on previous institutes. Watch for information in the Spring of 2002 on the web at <www.jibc.bc.ca/ccs>. To add your name to the mailing list for this event, please contact the Program Assistant, Janet Gray, at (604) 528-5620 or e-mail <jgray@jibc.bc.ca>

Region 4

Region 4 (Vancouver) is organizing an eight session program for members who wish to form a group to discuss the nature of their professional work in our community. The group will be open to those willing to participate and meeting place will rotate with each session.

This is another way to maintain links with R.C.C.'s!

For more information, contact me at the Victoria office. Nancy Downes, President, Vancouver Region. 🍷

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. For information, contact Brad Ackles or Bridgette Pretto toll free at (800) 461-9462, phone (905) 385-6383 or fax (905) 385-7905.

Pullen Insurance Agencies, Victoria, cover the BEN-I-FACTOR GROUP INSURANCE PROGRAM for BCACC members. This program offers Dental Benefits, Extended Medical Benefits, Disability Insurance and Group Life Insurance. For information, contact Pamela Lewis or Ian Pullen of Pullen Insurance Agencies by telephone (800) 592-4614, or by fax (250) 592-4953.

If you have any concerns or complaints about BCACC's insurance brokers or policies, please contact Julia Burke in our Victoria Office. 🍷

Attention Advertisers!

***Insights* is published three times per year: Spring, Fall and Winter.**

For those interested in advertising Winter events & programs, the next deadline for submissions is:

November 8, 2001

Calendar of Events

Provincial, National & International

Submissions for events can be made before the advertising deadline date by fax. Contact the editor at <diane@radiant.net>. There is a limit of three items per person/agency. The Calendar of Events and the BCACC Regional Meetings are posted on our website at <www.bc-counsellors.org>

September

7-9: Instincts, Emotions and Feelings. 3 day workshop with trainers: Merete Brantbjerg & Ditte Marcher. Sponsored by Bodynamic Institute, Canada. In Vancouver at the Vancouver School of Theology, 6000 Iona Road, UBC. Contact Dora Pratt at (604) 878-7660 or e-mail <bodynamcan@telus.net>

8-9: Satir's Systemic Brief Therapy Training Program, Level 1. Trainers: Dr. John Banmen and Kathlyne Maki-Banmen and Anne Morrison. Sponsored by the Satir Institute of the Pacific. In Richmond, B.C. To register contact Mindy Kollman at (604) 535-3488 or e-mail at <registrar@satirpacific.org>

14-15: The Silent Language of the Body. Trainers: Merete Brantbjerg & Ditte Marcher. Sponsored by Bodynamic Institute, Canada. In Vancouver at the Vancouver School of Theology, 6000 Iona Road, UBC. Contact Dora Pratt at (604) 878-7660 or e-mail at <bodynamcan@telus.net>

16-18: Quickening Global Consciousness. Speakers: Dr. Edgar Mitchell, Wink Franklin, Marilyn Schlitz and Chris Bache. In Vancouver. Call Diana Cawood at (604) 263-0989 or e-mail: <dianacawood@inforserve.net>

20-23: Hypnotherapy Certification. Instructor: John Tamiazzo, Ph.D., American Board of Hypnotherapy. In Vancouver, Contact Lenna Greer at (866) 380-2532

21: Inner Journey to Sacred Places. Lecture by David Roomy. Sponsored by the

Process Work Training Group. In Vancouver at Langara College. Call (604) 323-5263

22: Gestalt Experiential Training Institute Core Training begins. Contact Valerie Clark at (604) 732-4774

27-30: Hypnotherapy Certification. Instructor: John Tamiazzo, Ph.D., American Board of Hypnotherapy. In Victoria. Contact Lenna Greer at (866) 380-2532

28-30: Ending Violence Against Women: Creating A New Reality. The 11th Annual International Nursing Conference of the Nursing Network on Violence Against Women. In Madison, Wisconsin. E-mail: <legottsc@factstaff.wisc.edu> or visit <www.nnvawi.org>

29: The Psychobiology of Relationships; Attachment, Intimacy and Trauma. Presentors: Dr. Edward Josephs and Dr. Lynne Zettl. In Vancouver at the H.R. MacMillan Space Centre. Sponsored by the Canadian Foundation for Trauma Research and Education. Call Tracee Andrews at (604) 521-8856 or e-mail: <tracee@cftre.com>

October

1-2: Solution-Focused Counselling, Level 1. Trainer: Nancy McConkey, MSW. In Calgary, Alberta. Call Solution Talk at (403) 216-8255 or e-mail <soltalk@telusplanet.net>. Visit our website at <www.solutiontalk.ab.ca>

1-3: Aboriginal Trauma Institute: Trauma and its Impact on Native Communities. Instructors: Mahara Albrett and Joe Solento. Sponsored by the B.C. Justice Institute. In New Westminster. Contact Robert Stewart at (604) 528-5621 or e-mail <rstewart@jibc.bc.ca>

4-5: Aboriginal Trauma Institute: Contemporary Issues in Working with

Aboriginal Youth. Instructor: Sarah Hunt. Sponsored by the B.C. Justice Institute. In New Westminster. Contact Robert Stewart at (604) 528-5621 or e-mail <rstewart@jibc.bc.ca>

5-6: Guilt and Anxiety: Obstacles and Forces on the Path to Individuation. Speaker: Dr. Martin Odermatt. Sponsored by the C.G. Jung Society of Vancouver. In Vancouver at the Space Centre on Chestnut Street. Contact Shirley Halliday at (604) 730-2540 or e-mail <shalliday@telus.net>

6-7: Satir's Systemic Brief Therapy Training Program, Level 1. Trainers: Dr. John Banmen and Kathlyne Maki-Banmen and Anne Morrison. Sponsored by the Satir Institute of the Pacific. In Richmond, B.C. To register contact Mindy Kollman at (604) 535-3488 or e-mail at <registrar@satirpacific.org>

11-14: Hypnotherapy Certification. Instructor: John Tamiazzo, Ph.D., American Board of Hypnotherapy. In Calgary, Contact Lenna Greer at (866) 380-2532

13: The Theory and Practice of Process Work: A One Day Workshop. Facilitator: Kathryn Templeton. In Vancouver at the AMROC Building. Contact Kathryn at (604) 708-9394

20-21: Satir's System Brief Therapy Training Program, Level 1. Trainers: Beth Lisson, M.A. and John Riopka, M.Ed. In Victoria at the Wilna Thomas Cultural Centre, Room 234 on Lansdowne Campus at Camosun College. Contact Beth Lisson at (250) 385-8880

25: Meditation in Gestalt Therapy. Presenter: Joyce Frazee. Sponsored by the Gestalt Experiential Training Institute. Contact Val Clark at (604) 732-4774

26: Professional Development Institute Pre-Conference. Sponsored by the International Employee Assistance

BCACC Regional Calendar

Professionals Association. In Vancouver at the Vancouver Convention And Exhibition Centre. To register, contact the EAPA Conference Department at (703) 387-1000 or e-mail to <convasst@eap-association.org>

26-27: EMDRAC Conference 2001. Speakers: Andrew Leeds, Robert K. Ferrie, Audray Cook, Rick Bradshaw and many others. Sponsored by the EMDR Association of Canada. In Vancouver at the Plaza 500 Hotel. For information contact Judy at (604) 594-5225 or e-mail: <paulpeel@web.net>

27: Hypnosis for the Creative Writer. A Participation Workshop sponsored by the Canadian Society of Clinical Hypnosis. In Vancouver, B.C. Call (604) 688-1714

28-31: 30th Annual Conference of the International Employee Assistance Professionals Association. In Vancouver at the Vancouver Convention And Exhibition Centre. To register, contact the EAPA Conference Department at (703) 387-1000 or e-mail to <convasst@eap-association.org>

November

1-2: Solution-Focused Counselling with Difficult Clients. Trainer: Nancy McConkey, MSW. In Calgary, Alberta. Call Solution Talk at (403) 216-8255 or e-mail at soltalk@telusplanet.net. Visit our website at <www.solutiontalk.ab.ca>

3-4: Journey to the Well: Personal Mythology in Action. Facilitator: Trish Grainge, M.A., R.C.C., Registered Drama Therapist. In Vancouver. Call (604) 221-1283

3-4: Satir's Systemic Brief Therapy Training Program, Level 1. Trainers: Dr. John Banmen and Kathyline Maki-Banmen and Anne Morrison. Sponsored by the Satir Institute of the Pacific. In Richmond, B.C. To register, contact Mindy Kollman at (604) 535-3488 or e-mail <registrat@satirpacific.org>

3-4: Strengthening the Self: Affect Tolerance, Resource Development and EMDR Trauma Processing. Faculty: Andrew M. Leeds, Ph.D. Co-sponsored by the EMDR Institute. In Vancouver at the Empire Landmark at 1400 Robson Street. Contact Gary Ladd, R.Psych, at (604) 682-5467 or Marshall Wilensky, Ph.D., at (604) 682-1909 or register online: <www.AndrewLeeds.net>

9: Post-Jungian Thinking about Lesbians and 'the Feminine'. Speaker: Dr. Lynne Walter, Ph.D. Sponsored by the C.G. Jung Society of Vancouver. In Vancouver at the Space Centre on Chesnut Street. Contact Shirley Halliday at (604) 730-2540 or e-mail <shalliday@telus.net>

16: Sex and Spirit-Strange Bedfellows: A Public Lecture and 17-18: 2 Day Workshop: A Process Work Approach to Unfolding the Mystery of Sexuality. Facilitator: Jan Dworkin, Ph.D. In Vancouver, at the AMROC Building. Call Kathryn Templeton at (604) 708-9394

19-20: Women and Girls in the Criminal Justice System: Approaches in the Treatment of our Most Invisible Population. Presenter: Stephanie S. Covington, Ph.D. Sponsored by the B.C. Justice Institute. In New Westminster. Contact Cheryl Bell-Gadsby, Program Coordinator at (604) 528-5626 or e-mail <cgadsby@jibc.bc.ca>

December

7: Working with Dreams. Speaker: Dr. Bonnelle Strickling. Sponsored by the C.G. Jung Society of Vancouver. In Vancouver at the Space Centre on Chesnut Street. Contact Shirley Halliday at (604) 730-2540 or e-mail <shalliday@telus.net> 🍷

Region 1

Sept. 28: New Energy Psychologies, Discussion Panel

Nov. 15: Fred Schlessenger on Bodywork and Psychotherapy

For times and location, contact Lianne Walker at (250) 951-2090.

Region 2

Sept. 18: Joyce Jason on Art Therapy.

Nov. 15: Growing Your Practice, with Gerry Bock, Chair of the BCACC Membership Services, and Mr. Mike Hornack, Business Consultant

Meetings will be held at the UVic Faculty Club starting at 7:00 p.m.

(see insert enclosed in this issue of *Insights*)

Region 3

Sept. 17: 7 - 8:30 a.m Central Okanagan - Kelowna. Breakfast provided; Special Speaker! Topic and Location TBA

North Okanagan - Probably Vernon, in early November.

Region 4

Sept. 20: Suicide Prevention presented by the SAFER staff.

Nov. 15: BCACC Executive Director Jim Browne.

Meetings are held from 7:30 to 9:30 pm at the Marriot Residence Inn, 1234 Hornby Street, Vancouver (604) 688-1234

Region 5

Sept. 24: Dr. Susan Jackson's presentation on Gifted Children in the Classroom and Counselling.

Nov. 24: Dr. Jim Browne, Executive Director will update the Membership on issues of concern to the Association.

All meetings start at 7:30 pm at the Langley Best Western Inn, 5978 Glover Road, Langley 🍷

Anxiety cont'd from page 24

agoraphobia: stressful life events, perceived negative impact of stressful events, anticipation of a major life event, substance use, anxiety in childhood, parental behaviour (e.g. a tendency to be overprotective) age (with the disorder being more common in those under 65 years of age), and being female;

- * Social phobia: childhood history of separation, shyness in childhood, infrequent dating, parental behaviour (e.g., discouragement of socializing), and traumatic events;
- * Generalized anxiety disorder: anxiety in childhood and being female;
- * Specific phobia: being female, and experiencing traumatic events and
- * Posttraumatic stress disorder (PTSD): (according to the definition of PTSD) experiencing a traumatic event.

It should be noted that not all individuals who experience these risk factors develop anxiety disorders. For example, many individuals experience traumatic events and do not develop PTSD or phobic disorders. Researchers are investigating whether mediating variables, such as social support following the event or biological predispositions, may play a role.

Types of Interventions

It is good to know that effective, empirically validated pharmacological, psychotherapeutic, and behavioural interventions exist to treat the anxiety disorders. Recent evidence, however, suggests a lack of knowledge among health and mental health professionals of appropriate treatments for these disorders, and use of treatments often not based on sound empirical research.

Clinicians may treat anxiety disorders from a range of perspectives (e.g., insight-oriented therapy and hypnosis). However, the treatments with well-

recognized empirical support include two main approaches: (1) pharmacotherapy (drug therapy) and (2) cognitive-behavioural therapy (CBT). Although a few studies have compared these approaches to other treatments (e.g., analytic psychotherapy), these alternative approaches have generally not been especially effective compared to CBT and medication.

Pharmacological approaches, including antidepressants (e.g., monoamine oxidase inhibitors) and anti-anxiety medications (e.g., benzodiazepines), have been shown to be helpful in treating each of the anxiety disorders, except specific phobias. Cognitive-behavioural therapy (CBT) appears to be an effective psychological treatment for each anxiety disorder. CBT strategies shown to be helpful include cognitive restructuring (i.e., changing anxious thoughts, interpretations, and predictions into more rational and less anxious thoughts), exposure to feared objects and situations, and relaxation training. Specific techniques have been developed and tested for particular anxiety disorders. For individuals with panic disorder, systematic exposure to feared sensations using exercises such as breathing retraining (i.e., learning to breathe in a slow and relaxed manner) appear to be helpful. New cognitive and behavioural strategies are currently being tested as well. These include eye movement desensitization and reprocessing (EMDR) as well as computer-administered CBT. It remains to be shown whether these newer treatments will be as effective or even more effective than established treatments.

Recommending Attending Support Groups for Clients

Support groups are not for everybody and there are many anxiety sufferers who

are not equipped to attend support groups in the initial phase of their treatment. Nevertheless, for others, support groups can be an alternative to individual therapy or a source of support when reaching the maintenance phase in their treatment.

OCD Support Groups

- **Childhood & Adolescent OCD Group** Contact: Truman Spring (604) 552-8513 Support for parents of children & adolescents with OCD. Free, no referral needed.
- **Delta Group** Contact: Margo; (604) 943-4576. People with OCD, family, and friends. Free, no referral needed.
- **Vancouver Group** Contact: Marilyn (604) 275-3466 General support for people with OCD and family. Free, no referral needed.

Panic Disorder Support Groups

- **Peace Arch Community Services** (White Rock) Contact: Peter Davies (604) 538-2522 Support Group with professional leader. Free, no referral needed.
- **Se-cure** Contact: Lilija Valis (604) 660-5590 Active support group for panic, anxiety, and agoraphobia. Various groups in Lower Mainland. Free, no referral needed.

Recommended Reading Material for Clients

As a final note, I wish to emphasize the importance of personal empowerment in recovering from anxiety. In this regard, bibliotherapy becomes relevant. Whenever possible, an updated list of reading material should be available to your clients. Here are a few suggestions:

- *Anxiety Disorders in Adults* Maclean P., & Woody S., London: Oxford Univ. Press (2001).
- *Obsessive-Compulsive Disorders: A*

Notice

Except where specifically indicated, the opinions expressed in *Insights* are strictly those of the authors and do not necessarily reflect the opinions of the B.C. Association of Clinical Counsellors, its officers, directors, or employees.

The publication of any advertisement by the B.C. Association of Clinical Counsellors is not an endorsement of the advertiser, or of the products or services advertised. The B.C. Association of Clinical Counsellors is not responsible for any claims made in advertisements. Advertisers may not, without prior consent, incorporate in a subsequent advertisement the fact that a product or service has been advertised in a publication of the B.C. Association of Clinical Counsellors.

- Complete Guide To Getting Well and Staying Well.* Fred Penzel, Ph.D.
- *Brain Lock.* Jeffrey Schwartz (1996).
 - *Getting Control: Overcoming Your Obsessions and Compulsions.* Lee Baer (1991).
 - *Obsessive Compulsive Disorder: The Facts.* Padmal de Silva and S. Rachman (1992).
 - *Stop Obsessing: How to Overcome Your Obsessions and Compulsions.* Edna Foa & Reid Wilson (1991).
 - *When Once is not enough: help for obsessive compulsives.* Gail Steketee & Kerrin White (1990).
 - *Dying of Embarrassment: Help for Social Anxiety and Phobia.* Barbara Markway et al. (1992).
 - *Mastery of Your Anxiety and Panic.* David Barlow & Michelle Craske (1994).
 - *Don't Panic: Taking Control of Anxiety Attacks.* Reid Wilson (1996).
 - *Panic Disorder: The Facts.* S. Rachman and Padmal de Silva (1996).
 - *I Can't Get Over It: A Handbook for Trauma Survivors.* Aphrodite Matsakis (1992).
 - *Mind over Mood: Change how you feel by changing how you think.* Dennis Greenberger & Christine Padesky (1995). An excellent introduction to cognitive therapy techniques on anxiety and depression.
 - *The Anxiety and Phobia Workbook.* Edmund J. Bourne (1995). A general approach to anxiety and phobias including relaxation, breathing exercises, exposure exercises, cognitive challenging.
 - *The Worry Control Workbook.* Mary Ellen Copeland (1998). Identifying and dealing with worry through thinking techniques, behavioural techniques, and distraction.
 - *When Perfect Isn't Good Enough: Strategies for coping with perfectionism.* Martin Antony & Richard Swinson (1998). A new and very helpful book on understanding and overcoming perfectionism. Includes strategies to change perfectionistic thoughts, beliefs, and behaviour.
 - *Relaxation and Stress Reduction Workbook.* Martha Davis, Elizabeth Robbins Eshelman, Matthew McKay (1995). Includes a large variety of stress management techniques. 🍷

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Subscriptions

Subscriptions for *Insights* are available at a cost of \$21.40 (G.S.T. INCL.) for three issues.

Please contact
BCACC
Head Office
for particulars.

Advertising Policy

Insights invites members and colleagues to advertise in this newsletter. All items of interest to the membership must be submitted to the Editor who will provide advertisers with the Advertising Guidelines.

Advertisements

Prices/sizes listed include typesetting/layout.

H x W	
2.25 x 3.5	\$ 40.00
4.25 x 3.5	65.00
4.25 x 7.5	120.00

Inserts (8.5 x 11.0 only)

1250 copies required \$ 130.00

All sizes are in inches. Proposed inserts must be presented to the Editor for approval not less than one week prior to deadline. Inserts must measure 8.5"x11" and will not be accepted on ivory coloured paper. Prices include 7% G.S.T. Cheques, made payable to BCACC, must accompany all approved advertisements and inserts.

Deadlines

Please mark the following dates on your calendar for submissions to *Insights*:

**Ads/Inserts
November 8 / 01**

**Articles/Reports
November 15 / 01**

Note: all submissions must be delivered to the Editor by the close of business on the dates indicated.

Requests for information should be directed to Diane Payette, *Insights* Editor, Tel: (604) 879-0330, Fax: (604) 875-0364, e-mail diane@radiant.net

WHO'S WHO?

The people in your Association want to hear from you. They invite you to write, phone fax, e-mail, contribute, discuss, work, and visit. Do you need a contact number? Please call the BCACC office at (800) 909-6303, or (250) 595-4448 in Victoria, or e-mail hoffice@bc-counsellors.org, for telephone and fax numbers.

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BCACC Head Office

#14 - 2544 Dunlevy Street, Victoria, BC V8R 5Z2 E-mail hoffice@bc-counsellors.org

Internet Site: www.bc-counsellors.org

Tel: (800) 909-6303 (within B.C.) or (250) 595-4448 Fax: (250) 595-2926

Office Hours: Monday through Friday 8:30 a.m. - 4:30 p.m.

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BCACC Surrey Office

Executive Director: Jim Browne, 109 - 15550 26th Avenue, Surrey BC V4P 1C6

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Insights Editor Diane Payette Tel: (604) 879-0330 Fax: (604) 875-0364 e-mail diane@radiant.net

Continuing Education Questionnaire

Circle **True** or **False** to indicate your response to each of the following questions. Once complete, mail this questionnaire to BCACC Head Office c/o C.E.Questionnaire (#14 - 2544 Dunlevy St. Victoria, BC, V8R 5Z2).

- | | |
|--|---|
| <p>1) Jim Browne, Executive Director of BCACC, writes in his article that a Designation Regulation would not define the scope of practice for counselling. T F</p> <p>2) Annually, during the Mental Illness Awareness Week, Rafe Mair, this year's recipient of the BCACC Communications Award operates open line discussions on depression awareness, with a volunteer crew comprised largely of Registered Clinical Counsellors, on KKNW Radio in Vancouver. T F</p> <p>3) In The Editor's Interview, Krisanna Jefferey shares her belief that "the value of volunteer counselling of course, depends on the motivation of the individual counsellor". T F</p> <p>4) In his article on Mindfulness Meditation in Counselling, Neil Friederberg writes that a meditative approach to emotions reflects our usual tendency to analyse and explain emotions, making them less threatening. T F</p> | <p>5) After working for many years with cancer survivors, Nancy Downes now believes that displacement of feelings around loss are not uncommon for patients in remission. T F</p> <p>6) In the article entitled Dollars & Sense, the writer indicates that less than twenty-six percent of BCACC annual budget goes to advocacy and promoting the interests of the membership. T F</p> <p>7) In her report, A word from Your President, Bev Abbey defines BCACC as a voluntary professional Association based on a "grass roots" tradition, governed by an elected Board of Directors. T F</p> <p>8) BCACC's Registrar, Angela Burns, reports that the total Members is 1110, 1010 of which are active. T F</p> <p>9) In treating anxiety, CBT strategies include relaxation training. T F</p> |
|--|---|

Name _____ Membership # _____

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A Training Workshop by

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Executive Director, Traumatology Institute, Toronto

The workshop is designed to assist helping professionals develop resilience in working with traumatized and challenging patients. Participants will learn how to better deal with the effects of vicarious traumatization, secondary traumatization and burnout. Over time, working continuously in emotionally charged situations, the capacity to care can be overtaxed, even when the helper is working to maintain good self-care skills. When helping others results in compromising our own well being, Compassion Fatigue occurs. The workshop is designed to provide helping professionals with the materials to further develop personal resiliency and prevention skills.

Friday, November 30, 2001

Executive Inn, Burnaby

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Also, visit our New
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