



## Report from the Task Group for Counsellor Certification

Jim Browne, Coordinator

In the last issue of *Insights* (Fall, 2004, Volume 16 Number 2), I reported on the development of a competency-based framework for establishing entry standards for a College of Counselling Therapists.

Under this framework a complete description of the profession is contained in the **Competency Profile**, which is then divided into a number of "Competency Areas" which are broad clusters of activities, of which only 6-8 are necessary to encompass the entire profession.

Each Competency Area is then subdivided into a series of "General Competencies" which are relatively broad competency statements, each containing a number of related job tasks. It may be expected that perhaps 8-10 General Competencies would be sufficient per Competency Area (Phase 1).

Finally, each General Competency is further characterized by a number of "Specific Competencies, each one specifying a stand-alone task. Again, 8-10 Specific Competencies would be necessary to adequately define each General Competency (Phase 2).

Thus a Competency Profile for the profession may contain several hundred Specific Competencies (500 - 600 is typical), arranged into 7 or 8 different areas, each with a series of General Competencies as sub-headings.

Established educational theory is used to compose and structure the competency statements, such that the **Competency Profile** provides a **comprehensive, measurable and defensible** listing of registration requirements.

In September, the Task Group received, and unanimously adopted, a **Statement of Common General Competencies** that had been developed by the Working Committee, in completion of Phase 1. The Statement

contains seven Competency Areas: Foundational Knowledge and Application to Practice; Professional Relationships; Professional Practice and Ethics; Counselling Process: Introduction; Counselling Process: Clinical Practice; Counselling Process: Closure; Organized Inquiry (Research and Evaluation). The Competencies' Areas contained 67 General Competency Statements. For example:

*Report cont'd on page 2*

## Contents

Annual General Meeting .....	3
Nominations 2005 .....	3
Annual Awards Program .....	3
Sights on the Internet .....	4
The Web Corner .....	4
A Book In Sight .....	5
Editors' Interview .....	6
Guided Self Healing .....	8
Beyond the Rhetoric of	
Multiculturalism: .....	10
Termination in Psychodynamic	
Psychotherapy .....	12
Counsellors' Counsel .....	14
Association News	
From Your President .....	15
Executive V-P .....	15
Executive Director .....	17
Registrar .....	17
Committees .....	17
Regions .....	22
Your Marketing Message .....	33
Announcements .....	34
Calendars of Events .....	35
Who's Who? .....	38
Questionnaire .....	39

## Eat, Read and Be Merry!

By Diane Payette

Human beings are by nature pleasure-seeking creatures. This includes us, clinical counsellors, despite the fact that our work often requires us to dabble in human pain and suffering. Two delightful pleasures in life, I think, are a good meal and a good read. So for the beginning of the year I want to share with you some of the favourites eats and reads enjoyed by RCC's in BC. Perhaps you will be inspired to read one, or several, of those books or to visit one of those eateries. This short list was compiled from a number of Board Directors. My wish for you in 2005 is to eat, read and be merry!

"Traumatic Incident Reduction by Gerald French and Chrys Harris and The Practice of Emotionally Focussed Marital Therapy by Sue Johnson... both have inspired my practice this year, and probably will for many years to come. The best restaurant I've been at this year is Sylvia's on Beach Avenue in downtown Vancouver, where I enjoyed a dinner meeting with the other RCCs last month." - *Pauline Carey*

"I have several "best books", two of which are When the Body Says No by Gabor Mate & The Mind and the Brain by Jeffrey Schwartz and Sharon Begley. The best restaurant is Elisabeth's Chalet on Highway #10, in Surrey". - *Gerry Bock*

Ethics in a Multicultural Context, by Pack-Brown and Williams and Bacchus Bistro at Domaine De Chaberton Estate Winery in Langley." - *Jim Browne*

"The best book I've read this year is Traumatic Incident Reduction by Gerald D.French and Chrys J. Harris. The best restaurant would be the Jasmine Chinese Restaurant on South Fraser in Abbotsford." - *Sam Reimer*

"The best book for me is brand new: Beyond Belief, by E. Pagels and for very casual

*Be Merry cont'd on page 2*

*Report from page 1*

Competency Area 7. Organized Inquiry (Research and Evaluation)

General Competency Statements

- 1.1 Summarize the importance of research and its application to clinical practice.
- 1.2 Remain current with appropriate professional literature.
- 1.3 Identify, obtain and evaluate professional literature as pertinent to client needs.
- 1.4 Participate in informal inquiry.
- 1.5 Evaluate clinical practice.

A progress report was provided to the Director, Legislation and Professional Regulation, Ministry of Health Services. A report, along with a request for a meeting, was sent to The Honourable Colin Hansen, Minister of Health Services.

Phase 2, the development of Specific Competencies, was projected to begin November 1<sup>st</sup> but was delayed due to the difficulty in getting the Working Committee, made up of very busy clinician/academics, to agree on a suitable meeting time. At this writing, a start-up meeting is scheduled for December 17<sup>th</sup>.

### Changes to the Task Group and the Working Committee

Following the September meeting of the Task Group, the President (Mr. Jim Wright) of the Canadian Professional Counsellors Association (CPCA) presented an ultimatum

to the Task Group that could not be met. In essence, Mr. Wright wanted an assurance (guarantee) that no graduate degree would be required for any registration level of the College. He indicated that if the Task Group could not provide that assurance, CPCA would not pay their share of the Phase 1 expenses (about \$4,000.00). Any requirements for registration cannot be developed until Phase 2 is completed, probably ten or eleven months down the road. As a result of the Task Group's (only) decision, the CPCA withdrew permanently from the Task Group and subsequently from the Working Committee. BCACC paid for CPCA's share of Phase 1 expenses.

With two of BCACC's key representatives to the Working Committee (Glen Grigg and Arden Henley) being questionably available for Phase 2, due to very hectic work schedules, we have been very fortunate to "recruit" two additional clinician/academics: Lydia Rozental and Dale Trimble.

### A Huge and Expensive Task

Members will see, and hopefully appreciate, that establishing a comprehensive description of the requirements for effective, responsible and accountable counselling practice, is a huge and expensive task (over \$30,000.00) to complete the first phase. This does not include the time away from work required of the volunteer committee members, and the personal/family time taken up by materials review and teleconferences, between meetings.

### Critical Importance

A clear articulation of the entry level competencies that are definable, measurable and defensible is of critical importance to a profession with a very diverse membership. 🍷

*Continued from page 1*

dining, I love Marcello's on Commercial." – Glen Griggs

"The Power of Now, by Eckhart Tolle was my best read this year and for the best restaurant that I have been at... it would have to be the Marr House at 9090 Glover Road in Fort Langley." –John Fraser

"So many books to choose from! I think I'd have to say that my favourite was Fall On Your Knees by Ann-Marie MacDonald. But I also loved The 13 Original Clan Mothers, by Jamie Sams and Work as a Spiritual Practice, by Lewis Richmond. I read Tolstoy's Anna Karenina and, although I can appreciate it as literature, I thought it sucked. Good Lord, as if any man is worth killing yourself for!!! And honestly, it was about 700 pages longer than it needed to be to tell the story. (OK, I know you didn't ask for a book review...) My current favourite coffee houses are Oso Negro in Nelson and La Cueva in Ajjic, Mexico. Favourite restaurant? Well, I live in Grand Forks so our choice is limited but Tastee Treat makes the best burgers... ha ha ha. Otherwise, I'd have to say it's a toss-up between The Collander in Trail (best Italian food west of Italy) and Flavours of India in North Van. This is probably WAY more information than needed... you happened to stumble upon two of my passions - books and food!" – Kathy Lauriente

For myself, books written by RCC's have been my favourites this year, such as A Stone's Throw, by Ross Laird and The Story of Jude, by Sol Mogerman. I must confess though that last Summer, I completely lost myself in Maeve Binchy's Tara Road. The best restaurant for me is... well it just has to be French you see, so it's a toss between Michel's Bistro in North Vancouver, Leo Le Parisien also in North Vancouver, La Regalade in West Vancouver, Café de Paris on Denman Street and Pastis on West 4<sup>th</sup> in Vancouver. Of course, I can barely afford lunch at any of these restaurants so I go back to Starbucks and order a tall 2% half sweet tazo chai latte... it's \$3.85. Oh, and another very affordable treat is this issue of *Insights*. We have great articles and tons of information to help you in your professional development. Enjoy! 🍷

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## Nominations, Offices, and Elections 2005

Any registered Member of the Association, in good standing, is eligible to stand for nomination and vote for candidates. Members should stand for one position only. Regional Vice-Presidents are nominated and voted on by Members in their Region.

There are several key Board positions open for 2005. Under current Bylaws, candidates will hold office for a term of two years (currently under review, with a proposal to go to 3-year terms). Interested candidates will be aware of the transitional times that the Association is moving through, and the many challenges before us. All Board positions are very time and work intensive and candidates must be able to make a sizeable time and energy commitment.

Successful candidates will assume office at the Association's Annual Business Meeting, March 18<sup>th</sup>, 2005.

Board Positions Open: President-elect; Executive-Vice-President; Committee Chairs for Member Services and Discipline (to March 2006); Regional Vice-Presidents for Regions 1, 4 and 6.

The following positions continue for 2005: President – Bev Abbey; Committee Chairs: Continuing Competency – Dianne Symonds; Legislative Review – Glen Grigg; Registration – Kathy Lauriente; Ethics and Standards: Edward Epp; Inquiry - Shirley Halliday; Regional Vice-Presidents: Region 2 – John Hayashi; Region 3 – Sam Reimer; Region 5 – Pauline Carey (pro tem).

### Nominations and Elections Schedule

#### Call for Nominations

Winter 2005 *Insights*

**Deadline:** January 31, 2005


**Ballots** (if necessary)

Out: February 15, 2005

Deadline for Return: March 1, 2005

#### Report to Annual Business Meeting

March 18, 2005

Position Descriptions, Nomination Forms, and Biographical Information Forms are available and distributed through the Victoria Office, (800) 909-6303 or e-mail: [mashmore@bc-counsellors.org](mailto:mashmore@bc-counsellors.org) 

## B.C. Association of Clinical Counsellors Annual General Meeting

**The Coast Plaza Hotel &  
Suites  
at Stanley Park  
1733 Comox Street  
Vancouver, BC V6G 1P6**

**Friday, March 18th, 2005  
3:30 p.m. to 5:30 p.m.**

**The Annual Business Meeting  
is open to all Members of the  
Association.**

**Please join the Board of  
Directors for the:**

- **Presentation of Reports**
- **Acknowledgment of out-going Board Members**
- **Appointment of new Directors**
- **Presentation of Awards**

**Wine & Cheese Reception  
and Members Forum  
5:30 to 7 p.m.**

**Following the Annual General  
Meeting, you are invited to  
join your Board of Directors  
and Delegate Council  
Representatives for informal  
conversation.**

## Annual Awards Program

If you know of a person, or agency that qualifies to be nominated for an award in one of the following awards categories please forward your nominations to:

#### The Chair

#### Awards Program

**BC Association of Clinical Counsellors**

**#14 - 2544 Dunlevy Street**

**Victoria, BC V8R 5Z2**

Fax: (250) 595-2926

e-mail: [mashmore@bc-counsellors.org](mailto:mashmore@bc-counsellors.org)

### AWARDS CATEGORIES

#### Volunteer Of The Year

Recognizes an Association Member who has been active in services or management, and/or has actively promoted the goals of the Association.

#### Communications

Recognizes a Member or organization from the media field that has provided regular, continuing, or special assistance in promoting counselling and/or mental health issues in the community.

#### Professional Care

Recognizes a professional mental health worker (who could be an Association Member) or agency that has exhibited special creativity and effectiveness in providing counselling or mental health care.

#### President's Award


Recognizes distinguished contributions to the profession of counselling or the Association.

#### President's Award

Recognizes distinguished contributions to the discipline of counselling through teaching, research, or advocacy.

Nominations must include the name and address of the person or agency nominated and supportive documentation.

**Deadline:** February 15<sup>th</sup>, 2005

Awards will be presented at the Annual General Meeting, March 18<sup>th</sup>, 2005, Coast Plaza Hotel & Suites at Stanley Park, 1733 Comox Street (near Denman), Vancouver, B.C. 

## Sights on the Internet

### www.griefworks.bc.ca

In response to many requests for information on grief from losses other than death, Griefworks BC is pleased to announce a major addition to the Griefworks BC website. We now offer *Links for Support of Other Losses*. You will find the button on the left hand column of the Main Page. This section provides links to sites that deal with such issues as illness and accident, infertility, abuse, infant and pregnancy loss, self-esteem, income, unemployment, crime, fire, gambling and other addictions, estrangement, divorce/separation, getting married, teenage years, adoption, fostering, multiple birth loss, pet death, gender differences/changes, empty nest, aging, chronic illness including mental illness, blindness, deafness, drug/alcohol misuse, moving, school changes, immigration, and stressful or traumatic events.

*If you wish to submit a website for this column, please contact the Editor. We are always looking for avid web surfers.* 🐾

## The Web Corner

By Aina Adashynski

### www.bc-counsellors.org

#### What's new on bc-counsellors.org? Visit BCACC's website to find the recently approved:

1. Multi-Modal Advertising Principles, Policies and Procedures
2. PIPA: A Counsellor's Guide to Developing Client Personal Information Protection Policies and Procedures
3. Revised Recommended Fee Schedule for Registered Clinical Counsellors

#### What else can you find on BCACC's website?

- Continuing Education Opportunities
- Calendar of Events
- B.C.A.C.C. Regional and Provincial Meeting Information
- Career Postings

- *Insights* Newsletter Back Issues
- Insurance Information
- Code of Ethical Conduct and Standards of Clinical Practice
- Constitution and Bylaws
- Regulation of Members
- Annual Report
- Health Professions Act - Task Group for Counsellor Certification Information
- Directory of B.C.A.C.C. Members
- Online Bulletin Boards
- Links to useful websites
- BCACC's Online Private Practice Referral List
- And much more...

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*"The Cycle of Blame* presents a powerful roadmap of the self-defeating behaviors. We often find ourselves traveling in relationships of all types. Becoming aware of the destructiveness of these choices might motivate us to seek new paths. **The Circle of Strength** presents new paths, which, if traveled, enhance our self-image and our relationships. We have choices along life's journey. I choose to travel the path of **The Circle of Strength.**" *Loleta Wood Foster, Ph.D. Licensed Psychologist, Executive Director, Assessment, Counseling, and Consulting, Fayetteville, NC, USA*

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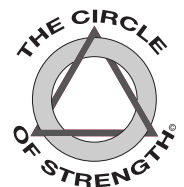
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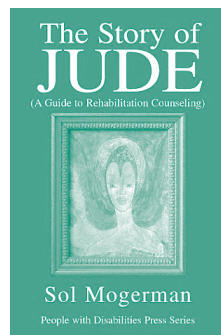
## A Book In Sight

### The Story of Jude: A Guide to Rehabilitation Counselling

by Sol Mogerma. *People with Disabilities Press Series, New York. (2004), 177 pages*

Rehabilitation counselling is a specialized field of work and Sol Mogerma has become a specialist in healing the “broken hearts” of brain-injured clients. The Story of Jude conveys the deep emotional distress and grieving experienced by a woman struggling to find the Self she lost as a result of a brain injury. For a year and a half, Sol met with Jude and the first part of this book gives the reader an unusual detailed session by session account of their counselling journey towards the healing of Jude’s broken heart. As he did in his first book, *Objects In Mirror Are Closer Than They*

Appear, Sol reminds us that the most devastating result of trauma and disability is its negative effect on self-image and that consequently any meaningful therapy (of rehabilitation) needs to address the loss and restoration of self-image. This is one reason why this book is relevant to all counsellors, it brings therapy back to its very essence of healing what is broken within the context of a human relationship. Sol writes that “In my understanding, counselling is not running clients through a predetermined course of therapy,



designed to solve their problems, but about the living relationship between the counsellor and client”.

The second part of the book puts forth the ideas, attitudes and skills that Sol engaged with Jude in their successful process of rehabilitation counselling.

I found this book so refreshing because it did not focus on specific techniques or on doing things right. I loved how spontaneous Sol was with Jude and I laughed at some of his “off-the-wall interventions”. It reminded me of how “magical” the therapist-client relationship can be when the intention to be fully present is manifested in the words and attitudes of the therapist. This book is a quick and easy read that will leave a long lasting impact on the reader. I recommend it!

-reviewed by D. Payette 🐾

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The Editor's Interview

The Work of Beverlie Ogilvie, MA, RCC

Bev Ogilvie works as a district counsellor in the Burnaby School District. A transplanted Maritimer, she moved to Vancouver in 1989 to complete her Masters Degree in Counselling Psychology at UBC. In the last few years, Bev has published several articles and books on mother-daughter incest and has received federal grants to research and write in the areas of transition from elementary to secondary schools and community development. Her most recent publications are "Making the Transition: A Guide for Helping Professionals" (co-authored with Joanna Doonan) and "Mother-Daughter Incest: A Guide for Helping Professionals." I interviewed Bev on her work as a counsellor, researcher and writer.

*As a counsellor working with youth in the school system, give me an idea of what are the needs among today's youth?*

Nowadays, we must be cognizant of the

great variety of developmental needs that exist amongst adolescents. They are grappling with increased desire for autonomy, peer orientation, sense of belonging and issues of competence which play out in how they interact with peers and adults. Another challenge with children and youth today is how they can participate meaningfully in school and community.

*What do you mean by "meaningfully"?*

By meaningfully, I mean what gives them a sense of purpose. In my opinion the school community falls short in answering their questions about fitting in this world. My sense of youth today is that they are in a state of fear and anxiety. They are questioning more than perhaps we did when we were adolescents. The society they live in is changing ever so fast and they are faced with many more options than we were.

*But that should be a good thing, no?*

Yes and no. In our days, our choices were more limited, we knew we would get into university and we also knew that we would get jobs after graduation. Today there are more uncertainties; it is more difficult to get in university, it is incredibly difficult to finance an education. Adolescents are discouraged by the fact that they will have huge student loans to repay when they graduate. They are confused by new programs and educational opportunities. It is more difficult for them to figure out what will have meaning for them in the long run, how they will gain respect and what will give them security tomorrow. So you see, it is confusing

for them. In my conversation with adolescents, they are emotional about these and other kinds of social changes.

*Is that how you became interested in researching transitions?*

I am insistent that as a system we look at this sense of belonging. In the last two years we interviewed students from grade 7 and grade 8. My colleague Joanna Doonan, and myself wrote a binder that is a guide for helping professionals called Making The Transition. Joanna and I spent time researching and looking at the issues around transitions as it pertains to children leaving elementary school to attend secondary school. The need to belong came out as the main theme over and over. The literature addresses this notion that basically all children of school age want to fit in and to belong. They want to please and they want to experience some attachments. These things are more possible within the elementary school system partly because of the school size. Teachers know the children by name and in most cases they also know the family of the students. The students can easily attach to positive role models in this setting. There is more time for individual attention. There are general assemblies and recognition assemblies that help the students to experience a sense of belonging. But it is a very different story in the secondary school system. A high school with two thousand students is a much more impersonal environment where young people are left to their own devices. As Dr. Gordon Neufeld says, when it is difficult to establish a positive attachment to adults, behavioural and emotional problems become more likely.

*And does the phenomenon of multiculturalism impact on these issues?*

To give you an example, in one of our larger high schools, with over two thousand students, you may find seventy to eighty ethnicities. Burnaby is made of approximately 45% immigrant families and yes, it does profoundly impact our schools. We face the challenge of really understanding these students and their families. In one area of Burnaby we

*Continued on page 7*

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*Continued from page 6*

have more than five hundred families who've arrived from the Sudan recently with issues around trauma and stress. Sometimes, the simplest thing like getting the kids to school becomes a challenge for these families. We do try to reach out to them with the resources that we have left. When it comes to issues around post-traumatic stress, other ministries have experienced cuts too. Those cuts make our work less effective.

***How did you come to work with young people?***

I was a PE teacher in New Brunswick years ago. In 1991, when finishing my Masters degree in Counselling Psychology at UBC, I was working in a group home and that experience rekindled my interest to work with the school system. My confidence to work with youth had been restored. Before moving to Vancouver, I was employed as a corrections officer which, had also affirmed what I really wanted to do which was to become a counsellor. I initially started in the elementary system here, then jumped to the secondary system, and then to a district position. I can tell you that I do love my work tremendously. I count my blessings everyday.

***Tell us what a typical day looks like for a district counsellor?***

This is my seventh year as a district counsellor in Burnaby. Part of my responsibilities is to "gate-keep" our district programs within two zones. These programs typically enrol 8-12 students. We have thirteen of these district programs which, are outside of the regular school system. Joanna and myself are responsible for the process that sees the students enrol in these programs and we also follow them through. In the Burnaby School District we have a zonal system. There are four zones, two in the north and two in the south. One of the advantages of the zonal system is that it matches the zones of the Ministry of Families and Development. So we get to develop relationships with other ministries and outside agency personnel. It helps with many aspects of our work: planning a

workshop, setting up parent meetings, doing consultation with the Ministry on a particular case or developing an initiative. Getting back to your question about my "typical" day, I want to say that I am called into the schools to help solve difficult problems and to assist school personnel. In that capacity I am a district resource counsellor. I also do lots of work at central office and sometimes I am called upon to deliver some special services such as mediation and working on the critical incident team. I am involved in special initiatives such as drug and alcohol prevention and intervention and restorative justice processes as well. As you can see, my tasks vary a lot depending on what the needs are. It's a juggling act, very demanding but lots of fun!

***How much counselling can a counsellor do in a school setting?***

I don't do much counselling because of my role at the district level, but school-based counsellors do some individual counselling. Our biggest high school has six counsellors whereas a smaller high school of a thousand students has three. Our high schools also have a student services department head position. We yearn for more opportunities to do one on one counselling with the students. Our model is mostly solution-focused and sessions are in most cases fifteen to twenty minutes. Different from private practice wherein one has the luxury of hour sessions, we are disadvantaged in this regard.

***What is the burnout rate amongst school counsellors?***

Overall we are doing

quite well in our District because we are well supported by our Board and by the Trustees. I cannot speak of other districts but the counsellors are valued here. They have professional development opportunities and they meet monthly to talk about their cases. Our School Board and the school administrations are very pro-counselling. We are beginning dialogue about changing our counselling model so that we can be more effective in our schools. In the next few month we will be looking at the elementary counsellors in terms of what they need... soliciting their input. We may look for example at rather than having a counsellor service 4 schools, maybe 2 or even 3 schools would be more efficient, productive and meaningful for the counsellor.

***What are the greatest challenges in your job?***

The sheer volume of work is a challenge.

*Continued on page 27*



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## Guided Self Healing: A new Consciousness-Based Model of Personal and Collective Healing and Evolution

By Andrew H. Hahn Psy.D. with Linda Crawford L.I.C.S.W., Special Contribution

In psychology there are three standard models of understanding and doing clinical work.

Broadly put, we can call the first one cognitive/behavioural, focusing on material level symptoms, the second one, psychodynamic, focusing on internal conflict and the third one, existential, focusing on qualities of being. While these three models are analogous to the three levels of working that we describe as literal/material, symbolic/soul and metaphysical/spiritual, in my view none of them takes all three levels into account. In order to do this, we have to build a psychospiritual model based on consciousness and our experience of consciousness in our energetic field/body. This model becomes inclusive in that we can focus on the transformation of meaning relate to our most fundamental yearnings as a human being.

To illustrate this, let's explore the case of a woman who came to therapy because she was having panic attacks at the idea of a blood draw which was part of a necessary medical exam so she might do some kind of therapeutic intervention to desensitise her to the procedure or to clear her symptom energetically. Cognitive/behavioural therapy or hypnosis are common forms of such desensitisation processes and EFT (Emotional Freedom Technique) or TFT (Thought Field Therapy) are examples of energetic field interventions used to shift the trauma symptom presentation.

If we were to work on the symbolic level, the meaning of the symptom would become fundamentally important. For example, we might ask what blood means to her particularly considering her personal relationship to Christ. We might ask what it means to her to go to a male doctor with whatever authority issues this evokes, or we might explore what the

significance of penetrations means to her. By exploring all of these, we might become aware that her fear of having her blood drawn symbolically recapitulates a terrible history of sexual abuse in this lifetime of which she had been consciously unaware. We might further become aware that even this history of sexual abuse and her new calling to the ministry are linked to a powerful narrative in which she was a spiritual leader who had abused power herself.

If we were to work on the metaphysical level, we would have to explore the deepest yearnings of her soul and what she felt most called to do in this lifetime. We might discover her calling to be with people in their deepest pain and her commitment to be with her own deepest pain no matter where this might lead her. None of these levels is intrinsically any better than any other and all of them are

*Continued on page 9*

### EMDR And Dissociative States: Enhancing The Therapeutic Outcome

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*Continued from page 8*

necessary in doing a complete piece of therapeutic work with this woman. It is important that we have tools that can clear trauma. It is also important that we understand the meaning of her symptoms and it is equally important that we can witness her heart's desire and mission, that which quickens her soul. Consciousness, with its implications of choice and the capacity and willingness to place our attention intentionally where ever it is most useful in the service and stewarding of transformation, is an inclusive model that can incorporate the other three.

Guided Self Healing (GSH) is such a consciousness model. It is a psychospiritual, mind/body, energetic framework for doing healing and transformational work. What does this mean? It is psychospiritual in that the psyche is about soul, and soul comes through in deep universal narratives that are archetypal in nature. By archetypal we mean they are deep structures and our surface stories really are our own idiosyncratic representations of much deeper stories which informs our life and gives it a sense of larger meaning and purpose. It is spiritual in the sense that we come to recognize that we are connected to much larger systems and ultimately that we are all one consciousness. We could say that it is this one consciousness that is the healing and transmuting element.

People talk about mind/body connections. In my experience there is no such thing as a mind/body connection because two things that are exactly the same cannot be connected. They are one. To put it differently, who we are fundamentally is a mind/body field. The consequence of this, as Carolyn Myss and many others have said, is that our biology is our biography and our geography is our biology. It is within the mind/body field that we can find the deepest truths.

The simplest way to access the mind/body field is through sensation. Most of us experience these sensations in our body. When we are traumatized, the sensations reveal themselves as some kind of discomfort-pain, emptiness,

queasiness, heaviness etc. When we are in expanded states, they reveal themselves in heightened body awareness that we might call flow - a quickening of the heart, an expanded experience of the mind, a lightness in the body. For many of us, these "sensations" are not strictly limited to the physical body; they may be experienced through the larger electromagnetic body, the mental body, the intuitive body and the spiritual body as lower or heightened vibration.

GSH is an energetic framework in that it suggests that if I identify myself as Andy, while this is valid, we may also say that this is incomplete. Perhaps a more complete experience of the consciousness of self would be to say that everything is fields, centres, and flows of energy. As fields, we are holographic and morphogenic. Holographically, each part of us is held by the whole and the whole is held totally within each part. Morphically, we are parts of much greater fields and have access to all of the wisdom and understanding within these fields and have access to all of the wisdom and understanding within these fields as they have access to all of our understanding and wisdom.

Centres, whether we discuss them in terms of the seven Chakras or the three centres of mind, heart and belly, focus us on relationship. Centres are truly banding phenomena that connect different aspects of being. Flow is the movement that happens within fields and centres and speaks to the element of communication in the in-between. For our purposes, recognizing that we are fields, centres and flows of energy, we can now begin to describe what happens in trauma structures. Trauma does one or more of three things. It can fracture the field leading to the paradoxical experience of being here while simultaneously not being all here. It can cloud the centres leading to a blurring of relationship or it can block the flow leading to a phenomenon that is likened to a river that gets blocked and polluted, leading to a deadening. Any or all of these eventually manifest in symptoms, be they physical, emotional, mental, relational or spiritual.

Thus, as healers what we fundamentally do

is reintegrate the fields, align and clarify the centres, and unblock the flows.

What distinguishes GSH from many of the new therapies in Energy Psychology and Energy Medicine is that it is a full framework that includes a deep understanding of developmental structure, a multidimensional diagnostic system and a virtually unlimited set of practices and interventions to facilitate transformation and growth. In my awareness, while there are some systems that have some of these components, no system has all three in quite the same way.

What further distinguishes GSH is its emphasis on core understanding in contrast to approaches that focus on symptoms. This core understanding particularly derives from exploring universal archetypal stories that are out of our awareness, and often, on ego levels, govern our actions in counterproductive and self-defeating ways, while on soul levels open us to the possibility of initiation and evolution. GSH is also different from many therapies in that it sees people as being fundamentally oriented toward meaning – making and pattern recognition, and acknowledges that because of this, coming to know our stories and having them acknowledged is critical to our growth and initiation into new stages of development. In GSH, this is particularly critical to our growth and initiation into new stages of development. In GSH, this is particularly powerful because the client finds the story himself; he is not dependent on the "expert" guide.

There are four Gems that give a beginning overview of GSH:

**Gem Number One – The body never lies. Always focus on the experience in the body.**

Just as there are three levels of working, literal/material, symbolic/soul and metaphysical/spiritual, so too are there three equivalent levels of wisdom, the wisdom of the conscious mind, the wisdom of the unconscious mind and the wisdom/energy that animates our body, which is also our

*Continued on page 28*

## Beyond the Rhetoric of Multiculturalism: Toward a Critically Contextual Counselling Practice.

By Geoffrey Ayi-Bonte MA RCC, Contributing Writer

I conceptualized a Multicultural Initiative that focuses on building bridges between cultural minority communities and the mainstream mental health industry. It has been important to me to be an advocate for social justice and empowerment of all people.

As one of the Regional Council Representatives of Region 4, I was able to convince my colleagues that enhancing our collective participation and understanding of multiculturalism is an essential project to promote in the form of a Multicultural Initiative.

The resulting workshop on November 6<sup>th</sup>, 2004, at the Arbutus Club was free for all RCCs funded by their membership and became the first phase of this project. The objective was to first make counsellors aware of the societal juxtaposition of privilege and oppression and to encourage them to look at how they participate in

society on a personal and professional level. This workshop provided a critical analysis of the role of power, privilege, and culture in counselling, specifically designed for counsellors who not only are practicing in a culturally diverse and increasingly globalized society, but wish to move beyond the normative rhetorics of multiculturalism. The workshop incorporated experiential learning pieces as well as theoretical and practice-based knowledge to help build counselling services that are critically contextual. My co-facilitator was my friend and colleague, Dr. Kang (University of Washington), whose dissertation topic was "Immigrant Cultural Citizenship: Constructing a Multi-Ethnic Community". This article will provide a synopsis of the workshop.

The workshop incorporated an experiential exercise called "Dadari" (Seattle Rape Relief, 1996, cited in Kang, 2004). It successfully sets the stage for a departure from the intellectual realm and for a forage into first-hand experience of privilege and power. While issues such as power, privilege, and resource disparity may seem familiar, there is a tendency to intellectualize them. This often serves as a powerful distancing mechanism, which is countereffective to social change work.

Dr. Kang's lecture, entitled "Power, Privilege, Cycle of Oppression", explained that the concept of culture has mainstream culture as

the centre while other cultures are placed as "sub-cultures" on the margins. This creates a norm in which the cultural "center" never needs to change but rather expects those in the margins to shift towards it. Instead, Kang (2004) suggests that we move from "Normative Multiculturalism" to "Critical Multiculturalism". Derrida's concept of deconstruction prompts us to look at the power dynamics in "multicultural" societies. Dr. Kang ascertains that the critical-contextual counselling practice demands awareness of *Power and Privilege, Resource Disparities, Interlocking, and Multiple Positionality* in order to effectively address true client advocacy. Dr. Kang pointed out that privilege is an "invisible knapsack of unearned advantages." Therefore, privileged people have that status not by merit or choice but arbitrary and self-serving construction designed to uphold that structure.

Dr. Kang's definition of the following terms is key to understanding this principle: 1) Stereotype = a perception that generalizes all members of a group; 2) Prejudice = stereotype + value judgment; 3) Discrimination = prejudice + action; and Oppression = institutional power + privilege. Kang (2004) referred to Pharr as she explained that the common elements of oppressions are *Defined Norm, Lack of prior claim, Institutional power, Economic power, Threat of violence* (to those who challenge privilege), *Invisibility* (without privilege), and *Assimilation or tokenism* (as a means of achieving token privilege). Hence, oppression "exists when one group has *historically* gained power and control over societally valued assets by exploiting the labor and lives of other groups and using those assets to secure its position of power into the future" (Weber, 2002, cited in Kang, 2004).

The "Cycle of Oppression" (Seattle Rape Relief, 1996, cited in Kang, 2004) revolves around striving for power and shifts from

*Continued on page 11*



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*Continued from page 10*

myths/beliefs to justification to systematic mistreatment to isolation back to myths/beliefs. The cost for oppressed people is high at any point of the cycle. The "Cycle of Internalized Oppression" (Seattle Rape Relief, 1996, cited in Kang, 2004) centers on striving for survival under structural control. It shifts from resistance to isolation to accommodation to justification and back to resistance. Oppressed people in either cycle move in any direction. Both sites host severe privilege disparity leaving oppressed people to struggle for survival within a system designed to hinder their advancements.

The second half of the presentation focused on "Cultural Pluralism in Counselling" (Ayi-Bonte, 2004). To explain the North American experience of "Feeling Different", I pointed toward pressures society imposes upon us: conformity, abandonment of our individuality, and forcing ourselves into fictional ideals. These patterns are created by those hosting power and influence (Katz & Taylor, 1988; Ramirez, 1988). Since few people fit these ideals, the end result is that people reject parts of their true selves in order to "fit in" and appear less different.

A responsible adaptation of Horney's (1988) theory of the "Mismatch Syndrome" is the "Mismatch Experience" (Ayi-Bonte, 2004). It refers to populations of color feeling mismatched to the important people and institutions in their lives. Results are: self-rejection, feelings of differentness, anxiety, experiences of not belonging or being accepted, and experience of powerlessness. I urge that, as counsellors, our job is to provide a venue that encourages multicultural development. This can best occur when we become more aware of ourselves, our culture, and our worldview.

Psychology has been undermining client trust since its inception. Emphasis has moved toward what the people in power deem to be the standard of adjustment and health.

"Because of the redefinition of its mission, psychology has been used by conformists/enculturalists to force [the] disenfranchised to become like the mythical ideal valued by those in power" (M. Ramirez, 1988). Detribalization and the accompanying enculturation were essential to European colonizing efforts, geared toward breaking up old loyalties of the members of colonized populations (Ramirez, 1988). As such, this instrument of colonization has had a significant impact on the worldview and development of personality on those with less power (Ramirez, 1988). Not conforming results in significant restrictions in privilege, increased life challenges, and decrease of access to resources.

Trust-building in counselling *outside of the session* incorporates counsellors' willingness to recognize biases, privilege, and power, commit to working on the biases, recruit support to reach these goals, empower the less powerful, and to strive for Pluralism (Ayi-Bonte, 2004). Using this as foundation, we can start to consider trust-building in counselling *in session*. This focuses on counsellors' willingness to let go of professional biases, genuinely validate the "Mismatch Experience", empower clients of color from the clients' power base, use assessment tools that honour Pluralism, understand clients of color from their point of view, understand one's point of view as simply *another point*

*of view*, and embrace Pluralism as a resource for the development of mutual understanding, cooperation, and self-actualization.

This leads to a critically renovated Mission Statement that incorporates the well-being of our clients, profession, and society: Do No Harm,

Embrace Professional Efficacy, Nurture Your **Ongoing** Growth with Openness, Curiosity, and Information, and Empower the Less Powerful by sharing your privilege.

This workshop analyzed the juxtaposition of privilege, power, and oppression and transposed that knowledge onto practical applications in counselling. For more information about this Multicultural Workshop or the Multicultural Initiative, please feel free to contact me, Geoffrey Ayi-Bonte, at [balance@shaw.ca](mailto:balance@shaw.ca). 🐣

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# Termination in Psychodynamic Psychotherapy: 10 Important Considerations

by Francine Marx-Zatzick, MA, RCC, Contributing Writer

Termination is a very important part of therapy, and a clinical issue that deserves more attention. For our clients, the potential for growth, as well as the potential for further injury, is inherent in termination. By honouring the termination process and its numerous levels of meaning, we are letting our clients know that their feelings around it not only make sense, but are significant as well. Clients need the opportunity to explore what is coming up for them around the ending, and to look at what the ending means in the context of what the therapy has been and what they are struggling with. My focus in this paper will be to provide a way of thinking about the process of termination in individual therapy with adults, and some practical suggestions for the therapist. I will be using a psychodynamic model of termination, which emphasizes the client therapist relationship. In this model, termination can be experienced not only as a loss, but an

opportunity for development and learning.<sup>1</sup>

Clearly clients end therapy prematurely for all sorts of reasons. For example, some leave because they are unsatisfied with the actual therapy, are finding it too challenging in some way, can no longer afford it, or have used up their allotted number of sessions. Other times, it is the therapist who is responsible for the client terminating. The therapist might be leaving the agency, going on a leave of some sort, closing their practice, or moving. Most therapists can remember a termination that went poorly. Perhaps a client just stopped coming to therapy with a terse explanation that did not sound quite right, such as "I'm doing really well right now and don't need to come anymore", when it is obvious they are not doing well at all. Certainly the circumstances of the termination will affect how the ending unfolds. Nevertheless, the following list of considerations can be applied to most terminations in which the therapy lasts in duration for a minimum of 6 months. Here are ten important factors to consider:

**1. Don't be afraid to make the goodbye bigger than the client is making it.**

Many clients tend to minimize their feelings in saying goodbye, especially if they feel a strong connection with you. "The potential for virtually every significant human emotion resides in the termination situation - assuming the patient has formed some felt relationship with the therapist, with its inevitable transference components. The ideal termination would explore all these

emotions- for example, feelings of deprivation and longing, guilt and unworthiness, gratitude and envy."<sup>2</sup> In briefer therapy, it can be helpful to look at even one or two of these feelings.

While they may avoid addressing the termination directly themselves, clients often feel enormous relief if you bring it up. You might say, for example, "We often don't talk about endings in our lives. In this room, we have the opportunity to do this differently." Do not hesitate to start talking about the ending several weeks, and when appropriate, even several months before the last session. For clients who are completely avoiding this discussion, it may be necessary to remind them of how many sessions remain, and to be checking in with them periodically as to how they are doing with it.

**2. Explore this ending as well as previous endings and goodbyes.**

"The experience of patients during the termination phase is frequently shaped by a past history of painful endings in which the course of events could neither be influenced nor understood. The experience of endings in psychotherapy taps into these past experiences and connects with a range of existential human anxieties about ending and separation."<sup>3</sup> What have past goodbyes in their life looked like? This may bring up one or more painful or unresolved losses for this person, such as a death, abandonment, break-up, or even a difficult ending with a previous therapist. Leave room to process what is unfinished in these past losses. Help to make links between therapy ending and any relevant earlier endings in their life.

**3. Know your client's core belief or issue.**

This is different from their presenting problem. Rather, it is a very deep, often unspoken idea that this person holds as the utmost truth about them self, and usually pertains to their relational world in some way. Examples of core beliefs include: "my needs and wants are not important" or "I can't trust anyone, they will only let me down". Keep this core belief in mind, and be curious about how

*Continued on page 13*

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*Continued from page 12*

it might manifest itself in the goodbye. Making some of these connections for the client may prove to be quite therapeutic for them.

#### **4. Watch for acting out or regressive behaviour.**

A client's behaviour may indicate that ending therapy can often be more disruptive or difficult than they are voicing, or even conscious of. If a person struggles to attend sessions regularly or on time, for example, you may expect them to cancel or be late more often. If they use alcohol at times to self-soothe, they may be drinking more than before. Predicting this behaviour out loud with the client could assist them in becoming more aware of it and in exploring what it might mean. Forced terminations (when the therapy must end not by the choice of the client) tend to be more disruptive for clients than if the ending came about by their choice or if it was mutually agreed upon.

Remember to make room for conflicting feelings clients may be having. Several years ago, I encountered this a great deal when I was closing my practice (I was moving from California to Vancouver). One of my clients, who I will call Jane, had been abused in numerous ways as a child, and had a very difficult time trusting others and expressing her anger. She seemed quite happy for me about my move. She had very recently been to Vancouver for a vacation, and had fallen in love with the city. My job was to help her see how she was taking care of me, by protecting me from her feelings of anger and abandonment, and to make room for these or other hard to express emotions. When she showed up late a few times, I said something like, "Do you think your coming late lately may have some other meaning besides missing the bus? Could it have to do with not wanting to be in some of the feelings around us ending?"

#### **5. If the client wants to end therapy pre-**

#### **maturely, be curious about this together.**

By prematurely, I am referring to a client who does not seem close to resolving the issues they are working on, and who may be leaving for unspoken reasons. Often times, we do not know why our clients choose to terminate.<sup>4</sup> In these cases, help them to discuss their reasons for leaving, and be open to any critical feedback they may have. Look back to see if you missed anything in the previous session or two. Practicing therapy can be a constant learning process. The client who quits suddenly may evoke feelings of anger, inadequacy, failure, or self-doubt within us. If following this exploration, the client still decides to leave, try to accept what you cannot change. Leave the door open should they choose to return later.

#### **6. Together, review how the therapy has been.**

*Continued on page 31*

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## The Counsellor's Counsel

# When The Coroner Comes Calling

By George K. Bryce, BCACC legal counsel

### Introduction

From time to time, a clinical counsellor may be faced by a request from a coroner<sup>1</sup> to provide all the counsellor's clinical records concerning a former client. Such a request would typically be made in the context of the coroner investigating the death of that client. As such, the counsellor could not turn to the former client and seek his or her consent to the counsellor releasing what remains otherwise confidential information.<sup>2</sup> The counsellor is therefore faced with a dilemma. On the one hand, the counsellor's duty of confidentiality to the client continues even after the death of that client. On the other hand, the counsellor faces possible prosecution under the *Coroners Act* if the counsellor does not comply with the coroner's order.

In this article, I will discuss what a counsellor should do when the Coroner

comes calling. I will begin by considering the question: Does the *Coroners Act* provide some procedural safeguards for the counsellor who discloses confidential client information to the coroner without the benefit of the estate's consent?

### The Coroners Act

There is no provision in the *Coroners Act* that expressly states that a counsellor's duty of confidentiality takes precedence over or – on the other hand - that the duty is supplanted by a duty to cooperate with the coroner during an investigation or inquiry under the *Coroners Act* in the absence of a consent. It is therefore necessary to consider the Act in more general terms and what the courts have said in relation to the duty of confidentiality in light of the Act's provisions.

The *Coroners Act* does provide some degree of protection for counsellors in relation to the counsellor's participation at formal inquests, but similar protections do not exist in relation to general investigations that are conducted under the Act. The distinction between an inquest and an investigation is important in terms of providing counsellors with some degree of statutory protection.

Subsection 15(2) of the *Coroners Act* sets out the coroner's authority during an investigation, which includes the power to inspect information or seize any records relating to the deceased or the deceased's circumstances. If as a result of an investigation the coroner concludes that an inquest is required, under section

18 of the Act the coroner can then initiate an inquest.<sup>3</sup>

Many sections of the *Coroners Act* set out detailed requirements that govern inquests. For example, section 37 of the *Coroners Act* provides the authority for a coroner to issue a summons to someone to attend or give evidence during an inquest. This section includes the authority for the coroner to compel the attendance of witnesses and to punish a witness for disobeying a summons to appear, refusing to be sworn, or refusing without lawful excuse to give evidence.

But what protections exist if a counsellor receives a summons to attend and give evidence at an inquest? Section 39 of the Act provides some immunity from subsequent legal proceedings. Subsection 39(2) states: "An answer given by a witness at an inquest must not be used or admitted in evidence against the witness in any trial or other proceedings against the witness, other than a prosecution for perjury in giving that evidence." Therefore, if a counsellor was later sued by the estate of a former client for breach of the counsellor's duty of confidentiality and the estate attempts to use the counsellor's evidence gathered during a coroner's inquest in that law suit, the counsellor should be able to turn to subsection 39(2) to stop that use. Unfortunately, this subsection does not go further and state that the counsellor would not be liable for breaching the duty of confidentiality; it only raises a barrier that prevents the counsellor's earlier testimony from being used in a later proceeding arising from such a breach.

Subsection 39(3) allows a coroner to limit or warn a witness who is about to give incriminating evidence, notwithstanding the protections offered under subsection 39(2). Coupled with subsection 39(2), therefore, this subsection provides further protection to counsellors giving evidence at an inquiry.<sup>4</sup>

But what if, notwithstanding the protections provided by subsections 39(2) and (3), the counsellor refuses to answer the

*Continued on page 31*

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## A Word From Your President

Bev Abbey

Your Board of Directors and members of all of our committees wish you all a healthy, safe and satisfying year.

Our professional Association had an exceptional year in 2004. All 6 regions are active and have held meetings; Region 4 (Vancouver North Mainland) is modifying its meeting model to better meet the need of its 600+ members.

### Canadian Counselling Association

As a Reciprocal Associate member organization of the Canadian Counselling Association (CCA), we stepped into the "national scene" with attendance at the 2004 CCA National Conference, held in Winnipeg, in May. BCACC was publicly recognized for its contributions to the counselling profession, excellent standing in the province, and its innovations and commitments to the Task Group for Counsellor Certification. We are seen as the leading Association in B.C. and with close to 1500 members we represent a strong community of professional counsellors.

CCA is our national Association, and it is as important to hold membership in it as it is to hold membership in BCACC. I invite you to explore your membership with CCA. See [www.ccacc.ca](http://www.ccacc.ca) or contact Pierrette Gibeault at [Reception@ccacc.ca](mailto:Reception@ccacc.ca). Some of us are members of both Associations and it is worthwhile to consider taking the next step and become informed about the national scene.

Jim Browne has highlighted our current planning to hold a national symposium in partnership with CCA (see National Symposium Proposed).

### Welcome

**John Fraser** has joined our Board of

Directors as Region 4 Vice-President (Vancouver, North Mainland). **Pauline Carey** has joined our Board of Directors, on a temporary basis, as Region 5 Vice-President (Fraser Valley, South Mainland). These are large regions, representing some 63% of the total provincial membership of our Association.

### Appreciation

Sherry Baker, Chair, Discipline Committee, will be missed as she leaves our Board of Directors, and the Association. Sherry will be working outside of our field, and we wish her well in her endeavours. In addition to Chairing the Discipline Committee, Sherry Chaired the Appeal Panel which adjudicated appeals to Registration and Inquiry decisions. Thanks to the good work of our Inquiry Committee, Registrar and Deputy Registrar, our Association has not had a case go before the Discipline Committee.

### Congratulations

**Jim Browne**, Coordinator of the Task group on Counsellor Certification for the success of Phase 1, Competency Profile Development, facilitated by Dr. David Cane.

*National Register's Who's Who in Executives and Professionals*, has honoured Jim and our Association, for reaching a recognizable level of success in their respective field. This announcement will appear in the Canadian Business Achiever's Section, 2005-2006 Edition, and in the Library of Congress, Washington, D.C.

### 2004 Board Accomplishments: A Successful Year

#### Our Mission and Fundamental Purposes

We are a "Society of regulated clinical counsellors dedicated to providing the highest  
*President on page 16*

## Executive Vice-President's Report

Glen Grigg

Our goal, as members of the BCACC, is to have the best people working to implement the best policies, all centred on our fundamental purposes of protecting the public, promoting the interests of members, and maintaining our infrastructure.

Consistent with all these purposes is moving forward with the Task Group on Counsellor Certification, and this is where my energy has been invested in the past four months. Over the summer I participated in a four-day working session, followed up by teleconferences, to articulate competency areas and broad competency statements that will define the profession of counselling in British Columbia. We are impressed with the product, and can see that it may well serve as an innovative model for other jurisdictions as well. All this activity is, of course, in the service of creating a college that reflects the values and standards of our profession.

Until the college is in place, we can be proud to be leaders in voluntarily offering meaningful third party accountability to our clients. In this regard, the most pressing issue for BCACC is the creation of standards for the process and content of Custody and Access work. As "RCC" becomes and even more recognized and trusted credential, our members are more and more often asked to assist the courts in the difficult decisions involved in family change. Whereas other professions have experienced a deluge of complaints, costs, and controversies when entering into this field of practice, we are determined to find better ways to prevent problems before they start. This approach is crucial to maintaining affordable

*Exec. VP on page 16*

*President from page 15 standard of professional counselling, consulting, assessment, testing and training services. Members of our society act to enhance mental health by providing responsive, accountable and ethical counselling, consulting, assessment, testing and training services to individuals, couples, families, and groups."*

### **Fundamental Purpose 1**

*"Developing and advocating for the profession of counselling (promoting the self-interest of the profession and the membership)".*

- We developed and implemented a Board Orientation under the capable guidance of Dale MacIntyre.
- Michèle and her capable administrative support staff produced and distributed a completely revised Board Orientation Manual.
- John Gawthrop completed revisions to the Member Orientation-Regulatory Process and is ready to roll into four locations across the province. John also completed a draft of the Member Orientation-Association Process ("Stepping In and Stepping Up") which will be available in the regions in late Winter or early Spring.
- The Ethics and Standards Committee, Glen Grigg, and George Bryce have been working hard on the creation of acceptable Custody and Access Assessment standards, including the creation of a C&A specialist Task Group.
- A Blue Ribbon Task Force (Michèle Ashmore, Aina Adashynski, Julia Burke, Angela Burns, Diane Payette, Gerry Bock, and Jim Browne) prepared a policy on Multi-Modal Advertising, which was approved by the Board of Directors.
- The planning Task Group of the Community Counselling in Disaster Planning Committee, produced the "Counsellors' Roles and Responsibilities", which was approved by our Regional Vice-Presidents.

- Our Association was active in thirteen health and trade shows.
- We worked with CMHA in the Depression and Anxiety Screening initiative and participated in the Rafe Mair Open Line Radio Show.
- PIPA Guidelines for our membership are now in place thanks to the exceptional good work of Michèle Ashmore, Aina Adashynski, Julia Burke and George Bryce.
- The Task Group for Counsellor Certification adopted Statement of Common General Competencies for Counsellors, in completion of Phase 1 of the Competency Profile Development initiative. Phase 2, the development of Specific Competencies, is scheduled to commence in December.

### **Fundamental Purpose 2**

*"Regulating the professional practice of registered members (protecting the public interest through entry criteria, peer review and discipline)".*

Regulatory Operations, coordinated by Glen Grigg continue to be refined with special thanks to Kathy Lauriente, Shirley Halliday, and Sherry Baker for their hard work and dedication to this delicate, complex and sensitive area. Thanks also to our regulatory support personnel – Angela Burns, John Gawthrop and Julia Burke.

An amendment to our Bylaws now allows Inactive Members to serve on committees.

### **Fundamental Purpose 3**

*"Maintaining an operational structure and infrastructure to support the foregoing fundamental purposes".*

We are very fortunate to have such a high calibre administrative support team, that prepares and delivers all that our Board of Directors and the membership requests, and then some! As we approach a membership strength of 1500 members, with increased regional, Board and committee activities, our team is kept very, very busy. Our telephone referrals have

risen steadily over the years, with over 1000 calls received between January and September of this year.

### **A Glance Into 2005**

We anticipate all of our initiatives to see accelerated activity in 2005, including the showcasing of our professional development work through a National Symposium on Counsellor Regulation.

Please join us at our Annual General Meeting on March 18<sup>th</sup>, 2005. There will be an opportunity to meet and greet your Board of Directors and Delegate & Regional Council Representatives, celebrate our Provincial Awards honourees and the successful outcomes of 2004, and new beginning of 2005, and share in the wine and cheese gathering.

It is an honour and pleasure to serve as the President of our professional Association.

Thank you for your continuing participation and support. 🍷

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*Exec. VP from page 15*

membership fees, reasonable insurance rates, and the strongest reputation for our profession. Therefore, the Board has initiated a Task Group on Custody and Access issues, which will advise the Board on practice standards, qualifications required for this very special branch of forensics, and on how to avoid the ambiguities and overlaps of relationship that often makes family assessment and consultation so controversial.

Do you have expertise and experience in custody and access matters? Do you think you can help the task group? Do you have opinions about what standards should guide your professionalism in the arena of custody and access? If so, by all means get in touch with the Executive Director or me through the head office! 🍷

## Executive Director's Report

Jim Browne

### National Symposium Proposed

While the Task group for Counsellor Certification moves ahead with the development of a Competency Profile for the counselling profession, there is increasing activity across Canada, for the provincial statutory regulation of professional counselling practice.

At our Delegate Council meeting in March of this year, Dr. David Paterson, President-Elect of the Canadian Counselling Association (CCA) commented on how other provinces are watching, with interest, the counsellor regulation initiative in British Columbia.

In the early Fall of this year, the nucleus of a planning group, comprised of Bev Abbey, Glen Grigg, David Paterson, George Bryce, and this writer, began to discuss the development of a **National Symposium on Counsellor Regulation** to be held in Vancouver at some point in 2005. The symposium would bring together counsellor organizations from across Canada, and representatives of provincial governments, for a "round-table" discussion of statutory regulation issues for the counselling profession. A "centrepiece" for the symposium would be a presentation of the B.C. work on a Competency Profile and the potential use of the profile for counsellor regulation across Canada. The symposium would also serve to create a greater awareness in the provincial governments of the critical nature of counsellor regulation on a Canada-wide basis.

The symposium proposal was discussed with Dr. Dianne Symonds, Chair, Continuing Competency Committee and with our Board of Directors. Dianne's committee offered to defer BCACC involvement in a provincial conference, originally planned for 2005, and agreed that the seed funds for that conference be applied to the national symposium. The Board of Directors unanimously endorsed the symposium concept.

Under the current proposal, the symposium would be a partnership venture between BCACC and CCA (at this writing it needs to be approved by the national CCA Board of Directors). ☺

## Registrar's Report

Angela Burns

### General Administration

A snapshot of the Association on November 22, 2004: **Total members:** 1483; **Active:** 1362; **Inactive:** 91; **Student rate:** 29; **Honorary:** 1

<b>0</b> (out of province)	24
<b>1</b>	119
<b>2</b>	211
<b>3</b>	120
<b>4</b>	651
<b>5</b>	289
<b>6</b>	69

### Criteria Equivalence

BCACC has a fast track for regulated professionals from jurisdictions whose criteria for membership meet or exceed ours. Brian Emery, a Licensed Mental Health counsellor from the State of Washington Department of Health came in under Criteria Equivalence.

Since January 1<sup>st</sup>, 2004 we have received 8 complaints. We have closed 9 cases. ☺

## Committee Reports

### Continuing Competency (formerly Continuing Education/ Professional Development)

Dianne Symonds, Chair

The committee continues to work toward the development of a policy for ensuring the continuing competency of its members. The report will be submitted to the Board of Directors in draft form at the next Board meeting in March, 2005. At the last Board meeting, the Board approved the change of the committee's name to more accurately reflect the committee's work. Next fall, our Association will have an opportunity to co-host with the Canadian Counselling Association, a National Symposium on Counsellor Regulation. This will take the place of our biannual conference and will be an exciting and rewarding opportunity for us to showcase the work done by our Association as we move toward provincial regulation.

### Discipline

Sherry Baker, Chair

The continuing good work of the Inquiry and Ethics and Standards Committees, and the membership as a whole, has resulted in quiet times continuing for the Discipline Committee. I hope that our track record continues!

### Ethics and Standards

Edward Epp, Chair

The Ethics and Standards Committee met for three days this fall at the Mayne Island residence of one of our members to embark on an intensive review and re-write of the BCACC Ethics code beginning at that meeting, the results were shared with the Board at its October session in Vancouver. The writing has continued via phone conference since then.

The committee has also responded to two new documents researched and prepared by legal counsel, George Bryce. These are Payment for Clinical Counselling Services and Consent in Counselling of use of Personal Information. These came about, at least in part, from the Board's conviction that we

### Membership Renewal

#### Due and Payable January 3, 2005

A reminder that your 2005 Membership Renewal package was sent in November 2004, and fees were due and payable on January 3, 2005. If you are paying by cheque, please mail the completed form and payment to B.C.A.C.C. head office. If you are paying by credit card, you can fax your completed form to (250) 595-2926.

If you want to change your membership status, need to make alternative payment arrangements, or have any other questions regarding your Renewal form, please contact Aina at B.C.A.C.C. head office at 1-800-909-6303 ext. 0.

need to write standards responsive to new privacy legislation. Consultation is ongoing with the next joint meeting between committee members and Mr. Bryce on December 5<sup>th</sup>.

In addition the Board accepted the recommendation of a short term task group made up of several members of the committee and from the Board to devise specific ethical guidelines for the potentially contentious counselling specialty of custody and access report writing. A new committee was formed and empowered by the Board to contact interested members to participate in an intensive short-term 'writing' of ethical code related to this subject. Lee McLeod has kindly volunteered to take a major role in pulling membership together and prepare an agenda for that meeting. As Chair of Ethics & Standards, Edward Epp is the conduit for that committee to the Board.

The committee is very excited about working on the tasks facing it. We are committed to represent to our utmost the interests of our counselling colleagues and the public we serve. We can do this best by continual re-vision and perfecting of our ethical codes and standards so that they are not only legally up to date, but in harmony with our most salient values including integrity and congruency. We want our writing to be clear, correct and warm.

Your feedback is welcome; you can contact me at [eepp@telus.net](mailto:eepp@telus.net)

**Inquiry**

*Shirley Halliday, Chair*

This is the second in a series of five reports from the Inquiry Committee. The focus at this time is the second principle contained in the statements of ethical principles of the BCACC. **Informed consent** is the centrepiece of this principle. The main principle itself has three aspects, which state:

Counsellors uphold client rights to informed consent, that is the clients' full and active participation in decisions, which affect him/her, and freedom of choice based on the

information shared (this will be numbered 2(a) in the summary grid below)

In the situation with voluntary clients:

The client is the primary decision-maker as to the direction of a therapeutic undertaking. Clients have the right to accept or reject any task, exercise, or procedure suggested by the counsellor, and to be apprised of the rationale for, risks, benefits, alternatives to and interpretations of any and all counselling interventions. The client has a right to know of avenues of recourse in cases of disagreement on any aspect of the counselling relationship, to terminate the relationship to his/her satisfaction and to receive appropriate referral to other resources as needed. The counsellor also considers pertinent legislation regarding the competency of minors in determining their own treatment. (This will be numbered 2(b) in the summary grid below)

In the situation of involuntary or non-competent clients:

Under legal or medical circumstances where informed consent cannot be given or assumed, a duly empowered Substitute Decision-Maker (SDM) may be making decisions normally made by the client. In these conditions the counsellor acts in such a way as to promote the opportunity for the greatest possible degree of client self-realization compatible with legal and ethical obligations towards others. (This will be numbered 2C in the summary grid below)

There are three (#2) statements that

elucidate this principle: (Each of these will be listed out as 2.1, 2.2, and 2.3 respectively in the summary grid below)

1.1 The counsellor respects the ongoing right of client informed consent at the outset of the counselling relationship and at all times during the relationship.

2.2 The counsellor recognizes a client's right of access to all relevant records which are generated in the counselling relationship; unless that access would demonstrably and directly harm the client in a clinical sense, or if the legitimate interests of third parties are threatened.

3.3 Counsellors may choose to consult with a professional colleague about a client, where possible with the client's informed consent. In consultation, the client's identity is protected and the consultant is not placed in a conflict of interest position.

Below is a grid summarizing an analysis of cases during the time period between April 1997 and January 1, 2004. In addition, the focus of this grid concerns only cases that involved the second ethical principle described above (Informed Consent) and its supporting statements. The number of occurrences was 33.

Let's fill these numbers out some in terms of examples of allegations that have been part of complaints reviewed by the Inquiry Committee. Identifying data has been altered so that the issues involved in the allegation are what can be focused on.

Summary of data from complaint cases between April 1997 and January 2004 where the principle involved concerned the principle dealing with informed consent.		
Main Ethical Principle	Supporting principle involved	Number of occurrences (frequency)
Informed Consent	2(a)	4
	2(b)	5
	2(c)	1
	2.1	15
	2.2	8
	2.3	0

In one case the complainant was distressed about opinions articulated by an RCC in a report. The situation was that of a child custody case. The RCC wrote and submitted a report to a lawyer, which was later used in court. In the report the client's behaviour and emotional issues and the RCC's opinions about these were made without the knowledge and consent of the client.

In another complaint, an allegation focused on how an RCC facilitated an educational workshop during which a participant felt traumatized by an exercise that had not been mentioned at the outset of the program, and for which there was no debriefing provided.

Yet, another complaint came about an RCC who was working with a client who is a survivor of incest. As part of the work the RCC recommended a survivor's self-help book. When the client (later the complainant) began reading the book, there were experiences of unexpected and disturbing flashbacks, and attempts at suicide.

It will be clear to most readers that informed consent is not the only principle involved in the examples of complaints described above, but the discussion in this article will focus only on the aspect of informed consent.

In addition to the investigation of complaints, a major part of work of the Inquiry Committee is working with members to support them and contribute to a process that hopefully decreases risk of complaints in the future. We can look at each of the above allegations and discuss strategies and ways of avoiding the type of situation that might trigger a complaint.

#### **Allegation 1**

We are all aware that informed consent is a process, not a one off situation of having a prospective client sign a paper that has listed out all the various aspects of informed consent. Situations change, and when this occurs we may need to re-clarify the situation with a client. In the first allegations listed above an RCC can ensure that the client knows about

(is aware of) the fact that a report has been requested. The RCC can provide information to the client about what is required of the RCC and s/he could offer to have the client review the report before it is sent.

#### **Allegation 2**

An RCC can ensure that therapeutic components of a workshop are clearly described in promotional materials, as well as discussed with a prospective participant, if this is possible. It would be prudent for an RCC to regard all psycho-educational workshop participants as clients. This is especially so if any personal growth or otherwise therapeutic exercises are included in the program. When the workshop commences the RCC can begin with an explanation for all the participants (clients) about what to expect in the workshop, including the possibility that some exercises are potentially beneficial and also may be stressful or threatening. Such introductory explanations need also to include that there is an opting out provision for a participant and that full debriefing will be available.

#### **Allegation 3**

A basic strategy that an RCC can use in this type of situation involves ensuring that a client understands the potential risks and benefits (expected or unexpected) of any exercise or resource that you recommend. An RCC can outline possible alternatives with their risks and benefits as well. In addition an RCC can include an opting out possibility/choice for the client and explain this to the client beforehand. And finally, an RCC can include a plan for supporting and debriefing with the client that can occur in a timely way if they (the client) do decide to proceed and negative consequences do emerge.

It is important and useful to remind ourselves that informed consent is a process. This idea is one that legal counsel for BCACC has discussed in *Insights* at a previous time. Informed consent is an area that we may need to negotiate several times with a client. All of the items articulated under this principle will need to be addressed continually when

dealing with informed consent.

Attention to such details in the structure and process of working with persons clearly puts us in the area of living the second principle – *informed consent*. It goes without saying that the Committee realizes that allegations might come forward despite the best efforts of RCCs, and sometimes despite their good faith in providing the services they do. However, why aggravate a situation when an allegation or complaint can be preventable?

## **Legislative Review**

### **Glen Grigg, Chair**

As most members have noticed, the title "Registered Clinical Counsellor" is becoming more and more prominent in the eyes of employers, community members, insurance companies, and institutions. This is a wonderful success! And this success opens up the need for formal affiliations with other organizations who recognize BCACC as a leader in professional organization at a provincial level. Good examples of this kind of collaboration come from our work with the Task Group on Counsellor Certification. In order to formalize these relationships, the Board passed a motion from the Legislative Review Committee creating a relationship called "Organizational Affiliate". This allows us to have a formal relationship with other organizations while at the same time distinguishing these connections from memberships or registrations, thus protecting the integrity of the designation "RCC".

It is also becoming clear that in the new scale and prominence of BCACC continuity of leadership is a crucial issue. As you might know, the Board is developing policy on actively developing successors for Board chairs, and the Legislative Review Committee has given the Board notice of a motion to extend the term of Board membership from two years to three. We have found that it takes some time in committees, at the Council, and at the Board table to get a working feel for the organization, so longer terms of office are a way to give the time needed to develop working relationships and give continuity to the leadership.

## Member Services

Gerry Bock, Chair

### A Remarkable Opportunity to Serve

Owing to serious medical concerns in two members of the family this report is intended to be my last as Chair, Member Services.

I came to the position of Chair, Member Services with the energy, the passion to succeed and the will to believe that I would be able to continue until everyone in British Columbia knew who the BCACC was and what a Registered Clinical Counsellor could accomplish to improve the quality of life in individuals, families and communities. In March, 2005 this remarkable opportunity will be available for a candidate that could serve in this role.

I realize that my position may *appear* to be a very challenging and time consuming role. I have always been amazed at how the time and challenges are actually worked out quite effortlessly. I have truly enjoyed using my passion, skills and talents in my Member Services' role and I have always felt as if I had been granted an important and remarkable opportunity to serve the membership. I recognize that I have made many unique contributions to my position because of my unique background and that a successor will not be likely to have the *same* desires, interests, or passions. I am confident however, that another member will seize this opportunity to serve the membership and exercise what *they* will uniquely bring to the role.

One of the more important questions, remaining in my mind as I prepare to pass along the role and responsibilities of Chair, is how to determine what the ongoing and future needs of our members are and how can I assist the next chair in planning to creatively meet these needs in a manner that will be effective and resource efficient? Once a new Chair is decided, I will be pleased to assist that member in bringing new strategic planning to our members.

### Provincial Trade Shows Coordinator - Bev Behrman

Shows at which BCACC has been represented in 2004:

Association of Traumatic Stress Specialists -  
Vancouver - April 14-17, 2004  
BC Women's Show – Victoria – September 18-  
19, 2004  
Health and Wellness – Parksville – April 17,  
2004  
Health Show- Victoria – January 24-25, 2004  
Island Wellness and Eldercare –Duncan –  
April 20, 2004  
Cowichan Suicide Prevention Day – Cowichan  
– May 6, 2004  
Wellness Fair on Pender Island – May 25, 2004  
Surrey Women's Show – January 17-18, 2004  
Valley Wide After Hours / Chamber of  
Commerce – Kelowna - May 13, 2004  
Canadian Mental Health Association Mental  
Health Fair – White Rock - June 5, 2004  
5<sup>th</sup> Annual Summer Festival of Well Being -  
Williams Lake – August 15, 2004  
Vancouver Health Show – October 16- 17,  
2004  
West Coast Women's Show – Abbotsford –  
October 22, 23,24 ,2004

So far BCACC is scheduled to be represented at the following shows in 2005:

Victoria Health Show – Victoria – January 29 &  
30, 2005  
13<sup>th</sup> Annual Wellness Show- Vancouver -  
February 4,5,6, 2005

The efforts to identify and be present at sector specific trade shows of the people who might refer clients to us has not been successful. Many hours of research on line and by phone were conducted to discover trade shows in the lower mainland at which we could be present. What the research revealed was that most of the big trade shows for lawyers, doctors, etc., where our local population would be attending, are not held in Vancouver. As well, those shows which are in Vancouver will get a representation of people from all over the North American continent as well as the folks who might refer to us.

There were several requests of the membership to supply us with names of

trade shows which their lawyer, doctor, hairdresser etc. might attend in Vancouver and no responses have been received. The decision made has been that although this makes sense to pursue as a viable niche to market to, trade shows do not seem to be the way to reach those who might refer clients to BCACC.

In spite of the decision not to pursue trade shows of those who might refer to us, specific trade shows, which capture a majority of the population of an area, remain extremely beneficial sites for us to show our BCACC name and distribute information. It may not result in direct referrals of our counsellors, but it does create name familiarity and open the door for further marketing on a one to one basis.

Processes and procedures for trade show coordination have been streamlined, recorded and we are finding no lack of volunteers to coordinate shows and staff the booth at shows.

*Important Note:* Bev has been called away indefinitely on an urgent family matter. If you are willing to fill this position as Provincial Trade Shows Coordinator, please contact Gerry Bock, Member Services' Chair – [gerry@bock.ca](mailto:gerry@bock.ca).

### Provincial Professional Groups Networking Coordinator – Gord Auld

I am in the process of reassembling my prioritized list of potential complimentary relationships with other professional communities. We will be pursuing “pilot” relationships, based on mutual benefit to our members, this fall. Advertising and catalogue listings, as well as web page links are our preliminary objectives.

Initially, our focus will be on developing mutually beneficial relationships with:

- the medical community
- the legal profession
- chiropractors
- massage therapists
- dentists
- veterinarians

- focused media outlets (i.e. community T.V. stations)

I am reconstructing my contact matrix, lost in a mid-summer computer failure and hope to be ready for initial contacts in early October.

#### **EAP Advisor to the Members of the BCACC – Claire Sutton**

My role continues to be an active one. I answer calls from counsellors who have questions around their own EAP work, either clinical or administrative, and from counsellors wanting to enter the field of EAP.

This advisory role is deepened by my own continuous involvement in this exciting field. I am the President of the Western Canada EAPA Chapter and a committee member of the EAPA Chapter Presidents' Task Force. I am also on the committee of the Canadian Employee Assistance Professional Association (CEAPA). The field of EAP/EFAP is alive, well and evolving.

Our local chapter had a tremendous year for 2003-2004 with excellent presentations and increased attendance. Please visit our new website [www.bceapa.com](http://www.bceapa.com).

On the International front the merger of EASNA & EAPA will not take place at this point in time. It was not financially feasible for the two associations to merge. EASNA has approximately 300 members and EAPA has close to 6000 members. Many of the EASNA members belong to EAPA. EASNA focuses on due-diligence procedures while EAPA advocates for the highly-skilled EAP professional – that the professional have on-going training, networking opportunities and support in self-care endeavours. It is certainly important that both associations support one another.

For information about training/consultation please contact me at [csutton@clairesutton.com](mailto:csutton@clairesutton.com).

#### **Provincial and Regional Insurance and Third Party Billing Coordinator(s) - John Hayashi & Region 2 Regional Council**

We are pleased that John Hayashi (Region 2 VP) and the Region 2 Regional Council has

taken on the job of doing the research of Third Party payers. Details to follow.

#### **New Member Services' Projects and Initiatives**

The following are new projects and initiatives:

*National Medical Publishers* – BCACC now has a quarter page advertisement in the 2004/2005 editions of the Vancouver and Nanaimo Medical Directories.

*Revised Fee Guide Recommendations* have been circulated and posted on the BCACC website.

*Better Business Development Marketing Series* has been presented as a thirty-minute segment at the May and September, 2004 Region 5 meetings. These presentations have been recorded and will soon be available in digital format as resources to our members.

*Promotional Items* – Gord Auld has worked out a plan with Key Innovations to obtain promotional items at a discounted price for our membership when combined with a BCACC order. Details have been sent out to the membership. For further information contact Gord Auld [gmauldcouns@shaw.ca](mailto:gmauldcouns@shaw.ca) or Bryson Sask [bryson@keypromo.com](mailto:bryson@keypromo.com).

*Advertising in the Family Groundwork publication*. Beginning in Spring 2005, and for four quarterly publications, BCACC will have an advertisement in this publication, dedicated to families throughout the Province and focused on families with special needs. This publication is published through the "Society of Special Needs Adoptive Parents" (SNAP). Check out past issues and the resources available at [www.snap.bc.ca](http://www.snap.bc.ca).

#### **The following are available positions in the Member Services' Team:**

**Chair, Member Services** – Development of Strategic Vision and Coordination of the implementation of projects through the Member Services' team. For a complete description of this role, please request a description from head office.

#### **Provincial Trade Shows Coordinator**

Overseeing and coordinating the flow of tradeshow and related promotional activities.

#### **Public Education Coordinator - Provincial, Regional and Community position(s)**

Development of strategic vision and initiatives for effectively educating the public with our message.

#### **Provincial, Regional and Community Coordinator(s) for Media Information**

Together with the Chair, Member Services and the Executive Director, gathering, editing and submitting articles suitable for publication in local and provincial print media.

To all of the members who have assisted in the various Member Services' projects and initiatives, a sincere and heartfelt "Thank You". Together, we have contributed a great deal to what has been accomplished and I could not have done it without your assistance. You have all been appreciated and if I have missed thanking you personally, please forgive my indiscretion.

Until the next opportunity we have to serve together, "au revoir" and "adieu".

#### **Registration Committee**

*Kathy Lauriente, Chair*

Sometimes, just when you think you've got everything organized and sorted out, the universe conspires to remind you that *everything* in life is a work in progress. There's no such thing as

## **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.**

## Regional Reports

arrival, just lay-overs before the next leg of the journey. I woke up this morning to over a foot of snow, my vehicle was buried and wouldn't start and I discovered I'm not strong enough to get the plow blade on the tractor by myself. By then, all bets were off for me getting to work today. All I can say is good neighbours are truly a blessing – Roy and Rancher Jake are coming by later to help me out...

It seems there is no end of tasks to take care of in the ongoing unfolding of things. This has certainly been true for the Registration Committee as well and, on this note, all I can say is great committee members and BCACC staff are also a blessing.

In September, the Committee had a weekend workshop in Kamloops and we covered a lot of ground and accomplished all the things we had set out to do. John Gawthrop provided us with a BCACC orientation session which served two purposes; to assist our new committee members in getting up to speed on the workings of the Association and to provide us all with an experience of the orientation workshop new BCACC members will be required to complete as our membership process continues to evolve. Angela Burns and Sam Reimer gave an overview of the Committee history which provided a helpful context for the current work we're doing and the process we're using.

Last year, the Committee completely reworked the application documentation, marking a vast improvement but, you guessed it, we discovered room for even further refinement. We reworked it all again and we hope these new changes will provide even more clarity (can there ever be too much?) for applicants and diminish the number of hours Head Office puts in providing assistance and follow-up.

We also discussed at length the issue of degree relevance and yes, the conversation was both thoughtful and lively as predicted. Philosophically, we recognized we needed to walk a fine line between being inclusive and being mindful of needed parameters which define and set standards for clinical counselling. In the end, we came up with a more concrete

description of a relevant degree which was then brought to the Board of Directors for discussion. We hope to bring a motion to the next Board meeting and, of course, the outcome will be reported in the next *Insights* issue.

All in all, the weekend workshop was a tremendous success. In between all the hard work, we discovered we are all excellent cooks and wow, did we eat well! We also laughed so much, our sides ached. We are a bunch of funny people! If we ever decided to take a break from counselling, I think we'd make a great comedy troupe. Or maybe we'll have our own cooking show on Food TV. They already have "The Naked Chef"... maybe we could do "Group Food Therapy with the Empathetic Chefs". Not quite the same cachet... Anyway, it was wonderful to see the cohesion of our new group solidify over the course of the weekend.

In October, we had our regular Committee meeting and we had the largest number of applicants we've seen to date. It's a good thing we increased our Committee size if this is an indication of things to come. The stack of files was most impressive!

Well, I should get to that tractor. It's a magnificent winter wonderland out there today, reminding me that the holidays are drawing near. On behalf of the Registration Committee, I'd like to extend all the very best to our members this holiday season and wishes for peace, health and happiness for the coming New Year.

(...OK, just one more. Maybe a Therapeutic Comedy Cooking Show! "Who's Chocolate Chip Cookie Intervention Is It Anyway?" I'll refine the concept as I plow the yard out...) 🍷

**Are You Moving Soon?**  
**Let Us Know!**  
**Call us at (800) 909-6303**  
**Fax us at (250) 595-2926**  
**or e-mail**  
**hoffice@bc-counsellors.org**  
**Thank You For Helping Us**  
**Stay In Touch**

### North Coastal Report Dale MacIntyre, 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.**

This report was part of a newsletter that I sent to the members of Region One at the beginning of December, 2004. In future reports I'll keep you up to date on the things we're able to accomplish together that began with that newsletter.

During the third weekend of the October, 2004 the Regional Vice-Presidents of the BCACC (of which I am one) from all over the province met to consider our roles and responsibilities as leaders and facilitators in our five regions.

We had a really good discussion, and we recognized that we have many of the same challenges no matter where we live in the province - mostly because the BCACC is a growing and dynamic organization.

One of the important things we considered at our meeting was what the membership wants, or to put it another way, we asked ourselves why people join the BCACC. Of the various answers the one that struck me as the one we are most suited to do something about at the regional level is a core value we hold as counsellors. Namely, we value person-to-person dialogue, people getting to know one another, as much as possible, face-to-face.

That's what we do in our daily work. Counsellors by-and-large aren't as interested in our Association exercising power or influence as we are in creative, supportive conversation, and in personal, human contact as a nurturing, therapeutic force. I think that's what members mean when they say they appreciate the "grass roots" identity of the BCACC. Not only do we want a voice and input in our collective decisions, we also like to get together to talk and get to know one another. We like to network - because it's

important for both our professional and personal health.

I think this point is really important too because counselling, especially the private practice variety, can be quite solitary and at times even an isolated, lonely line of work. No counsellor in private practice can survive and make a living without others; and no counsellor ever suffered when they shared knowledge and information with other counsellors.

I'd like to facilitate more contact with one another, more mutual support and learning, all over the region. Maybe the best thing our region could do is to become known simply as a counsellor support and public education network.

My December newsletter asked the members of the region to offer a little time to help accomplish that goal. Hopefully, by the time you read this we'll have made a good start.

Allow me to acknowledge the RCCs in our region who already offer some of their time and expertise to the Association:

Delegate Council Representatives: Susan Warner, Parksville, Marie-Josée Piché, Powell River, and Lynn McCaw, Parksville. Irene Champagne, Parksville, Regional Marketing Co-ordinator on the Member Services Committee.

Monica Grünberg, Courtney, Member Services Committee.

Lee McLeod, Port Hardy, Ethics and Standards Committee.

Mary Dolen, Port Alberni, recently let her name stand to be on the Continuing Competency Committee.

If more members can volunteer a little bit of their time doing smaller tasks, nobody needs to feel overwhelmed. If you'd like to help, contact me at [dmmacintyre@shaw.ca](mailto:dmmacintyre@shaw.ca)

## **S. Vancouver Island Report John Hayashi, 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.**

Our Regional Council and I are busy with some very exciting initiatives! Currently we are reviewing the over 75 returned questionnaires on third party billing issues. We will be asking follow up questions of some of our respondents and then generate a report on our findings and recommendations. This process is very time consuming and a report will likely be produced in the Spring. We are also active in gathering information on EAP services and what our members have been experiencing in being EAP providers for various companies. This topic was highlighted as a very important part of our members' practices during a Regional Vice-Presidents' meeting in October. In response to the discussion at the meeting, we have decided to host an EAP forum early in the New Year to facilitate our members discussing their experiences as EAP providers and to help us gather information. In the areas of third party billing and EAP work, we hope our efforts will help better inform our members on how to increase referrals to their practice and receive coverage for their services. In addition, we also believe that increased information may give BCACC a greater sense of how to effectively assist our members in these areas.

Our last regional meeting took place on Tuesday evening November 16<sup>th</sup>. Jan Sommer provided a very informative and interesting presentation on sex therapy. Jan gave an overview on the history of sex therapy and a framework by which to look at common sexual issues that may occur in couples' relationships. Our up-coming regional meetings will take place in February (date still being set) due to meeting our guest speaker's schedule, then May 17<sup>th</sup>, September 24<sup>th</sup> and November 29<sup>th</sup>. Our February regional meeting will feature a psychiatrist speaking on psychopharmacology and the treatment of common psychiatric concerns. We will ask that there be time for discussion on how psychiatry and clinical counselling

can work together in providing treatment. The topic of transference during depth psychotherapy will be presented in an upcoming regional meeting. This topic is important for counsellors in that when we are dealing with in-depth issues we can unwittingly become the focus of unhealthy transference issues that are related to a client's history. If transference issues are not dealt with effectively, they can invariably lead to ineffective therapy, client complaints or even lawsuits.

Our Regional Council will staff the BCACC booth at the Victoria Health Show on Saturday January 29<sup>th</sup> and Sunday January 30<sup>th</sup>. Again this is an excellent opportunity to network with others, promote your business and help spread the word about our Association. As I have mentioned before, we have recently made changes to our booth and have Velcro signs that showcase counsellor areas of specialty. Counsellors staffing the booth can now highlight their areas of expertise and field questions from the public regarding their practice. To find out more about volunteering at our booth for this or future shows, please contact Debbra Greig at [debbra@direct.ca](mailto:debbra@direct.ca) or call her at 250-478-1572.

Our region is very large geographically in that we cover Greater Victoria, the Gulf Islands and the Duncan/Chemainus area. Thanks to efforts of Regional Council member Jan Sommer and BCACC member Melodie Dupuis, we now have members in the Duncan/Chemainus area meeting as a group. Thanks to both of you for all your work to make this come together.

We are still looking for guest speakers or topics for upcoming regional meetings. In addition we have room for more people on our Regional Council and there is always ways for you to become more involved with our Association. Please give me a call if you would like to volunteer or assist in some way. You can reach me at [johnkbayashi@shaw.ca](mailto:johnkbayashi@shaw.ca) or call me on my cell phone at 250-818-1228.

## 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.

Again, and as is to be expected, our numbers in Region 3 continue to increase. At last count (end November), we were at 122. I find this exciting! In the last issue of *Insights* I gave a geographical breakdown of where we all are. Hope you found those stats interesting and helpful. There are new members in Kelowna, Penticton, and Nelson. Welcome to all. If you haven't heard from me or someone on the Regional Council, please give us a shout. I am also always pleased to hear from RCCs - whether new to the Association or to the Region, or those who have been members for some time - who are eager to be actively participating in our Association. Some of you have indicated that you feel somewhat isolated and don't have opportunity to be as involved as you would like with other RCCs or mental health professionals; we all recognize how valuable connecting with other counsellors can be as far as networking, socializing, sharing knowledge and maybe even receiving some referrals in the process.

We are working diligently to provide opportunities to connect in this way in each of the four communities of our Region.

Obviously we are quite spread out. (We may be encouraged though whenever we compare the vast expanse of our Region with that of Region 6, which is enormous - it's everything north of, and including, Kamloops.) For this reason we have attempted to reflect on four communities within our Region; there certainly could be more. Those of you who have been members for some time recognize that we usually have four Regional meetings per year, one in a town within each of the designated communities: North, Central, and South Okanagan, and one in South-Eastern

BC; consequently, usually there is a yearly Regional meeting in Vernon, Kelowna, Penticton, and one somewhere in the Kootenays. Regarding that Eastern community, we have had meetings in Nelson, Cranbrook, and Creston. The most recent one was in Nelson (November 6); although the participants were few, it was an enriching time of sharing informally about a number of different matters, including the following: roles and responsibilities in the Association, PR and marketing, an ethical issue, and talking about our favorite therapies and why we liked them so much.

We expect to have at least four Regional Meetings in 2005. Watch for details regarding these meetings at <http://www.bc-counsellors.org/reg3meet.htm>. As mentioned last time, we continue to plan more informal networking meetings throughout the Region spread out over the year.

### Other Regional News

Besides our regular Regional Council Members, we have new member Kevin McMullen in Cranbrook. We also have a willing assistant, Patricia Gregory in Summerland. Sincere thanks to everyone for your committed enthusiastic involvement!

- I have moved my office. Mailing address stays the same - as I'm still leasing from the Queensway Business Centre. But if you want to drop in, I am now on the main floor: 101 - 389 Queensway. Welcome anytime.

- We now have a BCACC Booth in Kelowna, albeit in need of repair. If you have opportunity to use it, please contact Lee or Sam.

- Harmen Van Hoogevest is undertaking a new venture, namely: Castle in the Forest Retreat will offer couples and individuals an innovative service that brings together the concept of a country retreat and personal counselling. Harmen says he believes the time has come that many people who are ready for a life transition will prefer this experience to take place in a natural meditative setting where privacy is assured. The counselling component will be provided by an RCC who has many years of experience.

Location: Castle in the Forest Retreat is located in a pristine mountain setting 1.5 km. south west of the lake. The unique free-form house is surrounded by pools, ponds, organic gardens, and orchards. The 20-acre site, bisected by Moody Creek, assures the client privacy and a quiet meditative environment. Meals will be vegetarian and organic, with fresh produce and fruit from our orchards and gardens. There will be a limit of 2 couples or individuals at any one time in order for the clients to maximize their time with the counsellor. The counselling focus will be transpersonal (how then shall we live?). Harmen can be contacted at [www.cristinalake.com/castle/](http://www.cristinalake.com/castle/), or e-mail: [vanboog@sunshinecable.com](mailto:vanboog@sunshinecable.com); phone: (250)447- 6661. He is also contemplating putting on a retreat for RCCs and others in the helping professions (restoration /prevention of "burnout")

Congratulations Harmen; we wish you every success! And we are wishing all our colleagues the very best in 2005 in your personal and business life. May you prosper, experience and be sharing peace and joy!

As usual, please feel free to contact this writer or Lee Splett (as the designated Marketing Coordinator for Region 3) if you have any questions, comments or suggestions. Our next Board Meeting is scheduled for Saturday, March 19<sup>th</sup>.

### Regional Council Members

Will Bussey: 250-490-0885;  
[pyschowill@msn.com](mailto:pyschowill@msn.com)

Carmen Carter: 250-354-4485;  
[healingwithplay@netidea.com](mailto:healingwithplay@netidea.com)

Lee Splett: 250-860-6661; [lasplett@telus.net](mailto:lasplett@telus.net)

Kevin Ward: 250-832-0031; [kward@telus.net](mailto:kward@telus.net)

Sam Reimer: 250-868-2338; [sam@silk.net](mailto:sam@silk.net)

Kevin McMullen: 250-489-3114 or 250-421-9809;  
[kmcullen@summitfamily.ca](mailto:kmcullen@summitfamily.ca)

## Lower Mainland North Report John Fraser, VP

Region 4 - Lower Mainland North: This Region includes Vancouver, Burnaby, North and West Vancouver, Richmond, Port Moody,

**Coquitlam, Port Coquitlam, New Westminster, all regions up to and including Whistler, and the Sechelt Peninsula.**

Over the last few months, our Regional Council Representatives have been putting in a lot of time and effort devising what is hoped to be an exciting series of workshops and other activities for the Region. I would like to take this opportunity to introduce you to our dedicated team of representatives and thank them for their efforts. Their names are, Geoffrey Ayi-Bonte, Georgeanna Drew, Gerry Arthur-Wong, Jennifer Scott, Jo-Anne Kates, Marilyn Beloff, Nancy Downes, Sara Kammerzell, and Sue McKay. I would also like to take this opportunity to thank Bev Behrman for all her contributions to the region over the last year. Bev has had to step down from her volunteer activities due to a family emergency. We are always looking for more volunteers to help organize and facilitate regional events. If you are interested in becoming a Regional Council Representative or would like further information regarding this volunteer position please feel free to contact John Fraser at 604-602-0890 (office), 604-648-9976 (fax) or at [johnfsi@telus.net](mailto:johnfsi@telus.net).

Region 4 has been restructuring the way it plans to offer continuing education events. As part of this initiative, we are excited to announce that we will be hosting two regional workshops in the spring and fall of 2005. These workshops will be full day events and are one of the benefits of BCACC membership. The first workshop is planned for April 2005 and will be on Ecopsychology. The presenter will be Jed Scott Swift, MA. Jed is the director of the Center for Ecopsychology and a core faculty member at Naropa University in Colorado. Ecopsychology involves a number of fields of enquiry, including environmental philosophy, psychology, and ecology. It is, however, not limited by any disciplinary boundary. Ecopsychology believes that there is a synergistic relationship between the planet and the personal well being of its inhabitants. From an ecotherapeutic perspective, personal suffering is seen as

arising not only from individual or family pathology but as from a disconnection from the larger web of life. The second workshop is planned for October 15<sup>th</sup> 2005 and will be on how to better market your private practice. For this workshop, we are planning on having three guest speakers who will address various issues related to marketing and Employee Assistance Programs. Further information regarding dates, location, and times for these workshops will be provided in the near future. If you do not have e-mail or fax and are interested in participating in either of these workshops please contact John Fraser at 604-602-0890 and leave your name and number. You will be contacted when further information is available. A fax and/or e-mail broadcast will be sent out to all members who have fax or e-mail.

Region 4 recently hosted a Multicultural Workshop: Beyond the Rhetorics of Multiculturalism: Toward a Critically Contextual Counselling Practice on Saturday November 6<sup>th</sup>, 2004. Hye-Kyung Kang from the University of Washington and Geoffrey Ayi-Bonte, local RCC, facilitated this workshop. The workshop was very well attended and participants left with some valuable information that will hopefully help them in their work with multicultural communities. This workshop was part of an overall Multicultural Initiative that Region 4 is sponsoring. Stay tuned for further developments regarding this initiative. If you would like to volunteer some time to help out with this initiative or if you would like further information please contact Geoffrey Ayi-Bonte at [balance@sbaw.ca](mailto:balance@sbaw.ca), 778-892-6564 or John Fraser at [johnfsi@telus.net](mailto:johnfsi@telus.net), 604-602-0890.

The Counsellors' Café continues to be an exciting place to meet colleagues and to listen to various speakers share information about the art and practice of therapy. If you are planning to attend a Counsellors' Café please contact Georgeanna Drew, M.A. RCC, Volunteer Coordinator by calling her office at 604-682-6565 or [forseachange@aol.com](mailto:forseachange@aol.com). Please confirm which Café you are attending

and leave your name and a telephone contact number in case of a cancellation. Counsellors' Café will take place at Dr. Nancy Downes' residence at Suite 101 - 3784 West 16<sup>th</sup> Avenue, Vancouver. Please be respectful of the presenter by arriving on time at 7 pm and the talk will finish at 9 pm. As these are well attended, consider bringing a cushion or small folding chair. Following is a list of the upcoming Cafés and guest speakers.

Thursday Dec 9, 2004: Potluck Dinner

A potluck dinner was held at Dr. Nancy Downes' residence to thank this year's presenters and to brainstorm ideas for 2005. RCC's brought the gift of a success story from their practice to share with others or strategies they have found helpful or intriguing in their work.

Thursday Jan 27, 2005: Enneagram Typology – Iain Marrs

Thursday Mar 31, 2005: Dream Work – Dolores Bate, M.A., RCC

Thursday Apr 28, 2005: Recognizing, Understanding, and Resolving Trauma – Sara Kammerzell, M.Ed, RCC, CCC

Thursday May 26, 2005: Trauma Therapy: The Therapeutic Relationship and the Self as a Therapeutic Tool – Miljenka Zadavec, M.Ed, RCC

Thursday Jun 30, 2005: Calming the body, calming the mind – Lydia Rozental, M.A., RCC

July / August: No Counsellors' Café

February, September, October and November 2005 dates are currently not booked. If you would like to give a presentation or know of someone who might be interested in presenting please contact Georgeanna Drew at the above contact numbers. Also, if you are interested in volunteering to coordinate the Counsellors' Café please let Georgeanna know.

Jo-Anne Kates is planning on facilitating a Counsellors' Café in West Vancouver, starting in the near future. As mentioned above, the Cafés are a wonderful opportunity for you to showcase your talents and / or to upgrade

your professional skills. If you would like to volunteer to do a presentation in the North Shore or if you know of someone that you would like to hear speak please feel free to contact Jo-Anne at 604-987-7703 or [jojoe@telus.net](mailto:jojoe@telus.net).

### Fraser Valley Report Pauline Carey, 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.

Since my last *Insights* report, your Region Five Regional Council hosted our September regional meeting, I attended the Board Meeting in October, and we hosted our last regional meeting of the year on Monday November 29<sup>th</sup>.

We are delighted to welcome Charlaire Avery to our Committee. Charlaire is the Clinical Director at Abbotsford Community Services and runs a private practice in Langley working with youth, adults, couples and families. She specializes in trauma, addiction, anxiety and depression. Charlaire is a regular volunteer at all BCACC activities and we look forward to working with her on the council.

The venue for our regional meetings has changed. It is now the Sunrise Banquet Centre, on the corner of 188<sup>th</sup> Street and Highway 10, Surrey.

At our September meeting, our speakers were Gerry Bock, presenting the second in his series of 30-minute marketing talks, and Judy Weiser, who introduced us to PhotoTherapy. Both speakers provided stimulating and informative presentations. A number of members from Region Four attended, and we were delighted to have them with us. All meetings are of course open to members from all regions.

Our other meeting took place on Monday November 29<sup>th</sup>. Jim Browne, our Executive Director, updated us on provincial matters. Then from about 8pm – 10pm we had Region Five member Bonnie Mason speaking on

How to Market Your Practice. Like Gerry Bock, who has shared so many of his own successful marketing strategies with us, Bonnie has a full practice and has many helpful suggestions to share regarding the challenges counsellors encounter in marketing their practices.

Your Regional Council is currently working on regional activities for 2005. Thank you to those of who you provided input in response to our survey of member preferences. The results will be announced in December or January.

Below are the names of the active members of your Regional Council. Please feel free to contact us if you have any questions or concerns:

Pauline Carey, North Delta 604-572-6771 (h),

604-315-1750 (cell), [pauline.carey@dccnet.com](mailto:pauline.carey@dccnet.com)

Gordon Auld, Abbotsford 604-859-2364 (phone/fax), [sgauld@sbaw.ca](mailto:sgauld@sbaw.ca)

Debbie Clelland, Maple Ridge 604-463-2086 (h), 604-826-3366 (w), 604-463-2086 [dclellan@rapidnet.net](mailto:dclellan@rapidnet.net)

Patricia Dubberly, Surrey 604-930-0286, [pdubberly@sbaw.ca](mailto:pdubberly@sbaw.ca)

Elizabeth Morris, Chilliwack 604-793-9846, 604-793-0506 (fax)

Charlaire Avery, Langley 604 724-7763, [cavery@telus.net](mailto:cavery@telus.net)

### Interior North Report Rob Riddle, 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.

Region 6 is really coming alive with increased interest and participation. We now have a fully functioning Regional Council and had our first electronic meeting in December to plan some direction for our region. Also the BCACC members in Kamloops and surrounding district had their first meeting on November 19<sup>th</sup>. Bev Abbey, our President, was in attendance. There were about a dozen members present for a lively discussion of BCACC issues and an enthusiastic interest in further meetings.

Meetings will be held in January and February to discuss issues re: working with EAP contractors and also mandatory Continuing Competency models so that reports from all the regions can come to the March Board meeting.

Greg Scriver, from Kamloops will be working together with our new Regional Council representative in the south, Nikki Pawlitschek, a relatively new member who specializes in E-counselling.

Our Regional Council representatives in Prince George, Barb Ingram and Brian Joyce, will be setting up meetings there as well as surveying other members in the north on these two issues.

Two of the new Regional Council will be attending the Delegate Council Meeting in Vancouver in March.

We are all looking forward to an exciting year in Region 6. 🍷

## From The Resource Centre

You can find the current Resource Centre list on our website at [www.bc-counsellors.org/reslib.htm](http://www.bc-counsellors.org/reslib.htm), or contact Aina at Head Office and she will send you a hard copy.

Members who wish to borrow library materials can contact Aina at Head Office. Phone her at 1-800-909-6303 extension 0, or send an e-mail to [hoffice@bc-counsellors.org](mailto:hoffice@bc-counsellors.org). Books, pamphlets and videocassettes can be borrowed for one month. Copies of documents and reports can be kept by RCCs to have on hand as reference material.

The books in the library of the Resource Centre have been received through donations. Should you have any items you would like to share with your fellow RCCs, please contact Head Office to make arrangements.

*Continued from page 7*

We could work seven days a week, twelve hour days! The volume is incredible. For me it is about balancing. How can I be present in the schools, work on committees and do community work in a balanced way? The demands are phenomenal. Our work in the district programs is time-consuming. We endeavour to attend intakes and integrated case management/wraparound meetings. As well, staff from regular schools consistently solicit our support. Many staff, whom feel overwhelmed or 'stuck,' look to us for solutions.. We are avid linkers to community agencies, constantly bridging and seeking services for children and families. The frosting on the cake for me is special initiatives as well as professional development opportunities. Over the past two years, Joanna and I have been fortunate to work on special projects related to transition from the elementary school to the secondary system and on community development. Indeed, we have numerous balls to juggle but we wouldn't have it any other way!!

***What are the employment opportunities as school counsellors?***

We are doing ok with the number of counsellors in our district but of course we could use more. We have a new elementary school that has just opened. And a new secondary school will be opening in the fall. Hopefully we will be able to staff them sufficiently. The process of finding qualified staff is an arduous one. There seems to be a shortage of school counsellors. Those we have hired this year are fabulous, but they are hard to locate because there is a requirement to have a teachers' certificate and a Masters degree in order to hold a position.

***What motivated you to write on the topic of mother-daughter incest?***

Writing has been part of my life for quite some time. Back when I was planning for my thesis at UBC, I wanted to do work on a meaningful topic, something that would make a difference and that I could do further writing in. At that time, I was reading the

"Courage to Heal" by Bass and Davis and I noticed a short text entitled Breaking the Silence: Abuse by Women. It mentioned that little was known about mother-daughter incest, nothing really, written about it. I also had two classmates who disclosed to me that their mothers had sexually abused them and in the group home where I worked, I became aware that there was a survivor of mother-daughter incest. So there were plenty of signs and it just all came together for me. Once my thesis supervisor gave me the green light, I interviewed three women locally who had been abused by their mothers. I also wrote an article on this topic for which I interviewed seven survivors. From these interviews, I saw common themes emerging and that is when I decided to continue to write on this topic. I applied to Health Canada for a very small grant to allow me to continue to write in the area. I was lucky enough to receive the grant and the money allowed me to travel across the country and formally interview sixty-five women who were sexually abused by their mothers.

***Where did you find these women?***

I recruited through radio talk shows, recruitment notices in counselling centres and write-ups in local newspapers. Let me tell you a story. I went to Calgary for a radio talk show where the host and I talked on the air for about twenty minutes. Then we opened the lines for listeners to call in. We received forty-five calls in twenty minutes from people who needed to talk about this topic! The work on this project culminated in my first book in 1996 titled *Why Didn't She Love Me?* The book focused on the emerging themes from the interviews I just mentioned. What was lacking though in the literature was the therapeutic component; how therapists and helping professionals can work with this challenging issue.

***Your book integrates psychological theory and practical interventions. Give us an idea of the theme it explores.***

Well, I tried to describe the phenomenon and the aftermath of mother-daughter incest,

focusing on the victim's perception of and reaction to her experience. In doing so, I explored the unique dynamics of this type of incest, the factors that contribute to the underreporting and underinvestigation of mother-daughter incest and the stigmatization of survivors. I discuss the significance of the mother-daughter bond described in the literature as the strongest bond, in the context of developmental, object-relations, self-in-relation and attachment theories. I also give information about the common themes that therapists will encounter when working with survivors of mother-daughter incest.

***What are some of those common themes?***

Acute shame, helplessness, isolation, betrayal and grief, identity issues, impaired sexual development, difficulty coping and parenting concerns. Therapists need to pay special attention to the ways in which survivors attempt to regulate their internal emotional states and also to the ways in which they are likely to relate to their therapists. The transference-countertransference dynamics between client and therapist are very significant when female therapists work with clients dealing with the aftermath of this type of incest. The book offers strategies that help minimize the countertransference .

***How is your book being received?***

The response has been very positive and the book reviews have been incredible. My intent was to fill the gap in the literature and to change therapeutic practice and I believe that I have achieved that. The majority of the sexual abuse literature focuses on male-perpetrated abuse of father-daughter incest. My book adds the voices of other survivors to the dialogue, and gets us rethinking the whole issue, thinking outside the box in terms of who might be victim and who might be perpetrator.

***Bev, your contribution to the field of counselling is nothing less than exceptional. On behalf of our readers, I want to thank you for all your work and for this contribution to Insights.*** 🍷

*Continued from page 9*

deepest intuitive knowing. There is a fourth level of knowing which is the equivalent of consciousness or infinite levels of knowing. This level can also be called true enlightenment. If we arbitrarily assign a value of one to the conscious levels of knowing, we might say the third level of knowing could have the value of the speed of light squared. In my experience, everyone talks about this third level of knowing in the same way: as a full, body-based knowing. They describe it as a felt sense, "I just knew it was the truth. It wasn't like I had to figure it out. It wasn't like I had an emotion about it. I could just sense it." Such a sense of knowing is something we might stake our lives on.

The interesting thing is, since this is a body based knowing, we can ask our bodies to be a means of communication for this knowing. This is the foundation of what we call Kinesiology/muscle testing (MT). We can ask our body questions by testing a muscle and our bodies will give answers that, in my experience, lead us in the direction of evolutionary growth. A second way to access the wisdom of the body, which is perhaps even more elegant, is that we can always become aware of, bring our attention to and

**1-800...**

**Now Canada-Wide!**

For RCCs outside of the Greater Victoria area, but within Canada, 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 from 8:30 a.m. to 4:30 p.m.

P.S.T., Monday through Friday.

talk with our body sensations. If we have a willingness to listen actively and receptively, these sensations can be our greatest guides. The beauty of GSH is that we can start with the body sensations themselves or find sensations of which we not have been aware by using inducting statements. These inducting statements help us discover our unique and idiosyncratic variations of universal archetypal experiences. GSH can go in either direction,. Whichever direction we go, however, our ultimate intention is to induct ourselves into the awareness of a meaningful body sensation and be receptive to its story and experiences.

**Gem Number Two – Everything is part of the process.**

The second gem of GSH is that once the session begins, everything that happens becomes enfolded into the session, even those statements or beliefs that the client is sure are simply content level statements about the here and now. To give but one obvious example, suppose the client says in the course of doing some imaginal or regression work, "I can't see anything." What the client may believe he means is that he is unable to do this process because no images are coming to him. It is much more likely that his content level reaction is in reality a process level comment, i.e. the client is in a story where he can't see anything. If this is in fact the case, we can gain movement by saying, "You're in a memory. What do you suppose is keeping you from seeing anything?" I continually encounter examples of this, and it is the realization that these content level statements are a part of the narrative itself that each time powerfully moves the process forward. This is a crucial point in the decision making of the flow of any session. If practitioners move to exploring the "problem" or to the metaphoric or to self-doubt and miss the opening, the session will off track. Staying in the concrete literal will always bring us home.

**Gem Number Three – Matrices of belief can shift simultaneously.**

Most of the energetic systems target one

symptom or disturbance at a time. With GSH, it is easily possible not only to diagnose multi-dimensionally but to balance entire trans-dimensional matrices by working on deep structures at root cause. We often note far-reaching and non-linearly apparent consequences following GSH sessions. By opening to the deep structure and transforming these deep structures, any surface structures transform which on a more material level may have seemed to have little or nothing to do with each other.

To illustrate this, when I was doing a talk/demonstration in front of over 100 people, I selected a woman who came up and while starting to shake told us that she had a terrible fear of being in front of crowds. She also told us that she had ongoing mild depression and feelings of helplessness. Muscle testing revealed, however, that none of these were her true Highest Priority Intention (HPI). Moreover, we discovered that we were unable to work directly on any of these because there was an intention that was more important and foundational to the other intentions and that she did not have a name for this intention. Our multi-dimensional diagnostic revealed that her true HPI was a Deathwish. As we transformed the Deathwish Pattern that focused around a guillotine beheading in front of a jeering crowd, she relaxed and began talking to the audience about what her experience had been. Who would have guessed that her fear of being in front of crowds, her helplessness, her impending sense of betrayal and doom in relationship, which she hadn't even mentioned to us at the beginning, and her chronic neck pain, were surface structures which were enfolded into one archetypal narrative. It is at times amazing, but clear, that by transforming the story of an unfinished death, within moments she was standing in front of the whole crowd with no anxiety, a sense of lightness that she hadn't remembered ever feeling, an ability to move her neck for the first time easily and a new sense of simultaneously leading to unforeseen positive consequences.

*Continued on page 29*

*Continued from page 28*

**Gem Number Four - The client often knows what intervention they need to clear the blocked energy.**

Always ask first if the client knows what they need. In our experience, frequently, they do know, and if they didn't know that they knew, then realizing that they did is a great gift.

Moreover, if it turns out that they in fact did not know, this too can be extremely freeing because they no longer have to blame themselves for not being able to resolve the difficulty. In some cases, clients have matched such interventions as a sacred dance that they didn't even know they knew, going to their car to scream or singing a song to clear an energy block. We also always have the option of standard energetic interventions matched with MT from our intervention list. In a field of high energetic frequency, often conscious awareness of the story while focussing in the body is a sufficient intervention.

**Case Example**

A full case example can help illustrate a GSH approach to a common clinical problem. Last year, a colleague referred his son for evaluation before he made an appointment for a medication evaluation. The family was well versed in multi-generational clinical depression and approached the young man's symptoms from an open, if somewhat resigned, position. Four generations of family members had exhibited the standard clinical signs of depression and two of Nate's siblings were already medicated, so his symptoms looked all too familiar to him and his family. What follows is a single, completed session.

Nate is a well-build, soft-spoken man of 19. He came for a session because he had been experiencing a moderate depression in freshman year of college. Generally optimistic, he had been feeling little sense of hope, crabby, and very flat. He had been eating less, and instead of being his usual happy go lucky self, he had been waking with a lack of joy. This was the second straight year he had

had these symptoms. In his senior year of high school, he had had a slightly milder version of these symptoms that had lasted for 2  $\Omega$  months. He was not able to find any precipitant for either depression and assumed that they were strictly biological because there had been a history of depression on both sides of his family.

MT revealed that Nate's HPI was a blocked identity. (Identity Pattern in the material realms). I was therefore able to tell him that what he called his depression was in fact a choice he had made at an earlier time. While this was the best choice he could have made at the time, it was now limiting him tremendously. Nate understood my words, yet could not relate it to his own life. MT revealed that the pattern originated in this lifetime and paralleled some aspect of his relationship with his father. He knew that there had been very difficult times with his father when Nate was very young, especially when his father was decompensating; yet he could not consciously see the connection between his current depression and the earlier relationship.

I invited Nate to experience the depression in his body and he immediately felt the contraction in his stomach. A scene came to him that he had had memories of before. This time it came with many more details and much more feeling. He saw himself as a very young boy in his basement with his father. He was very excited about a toy and went with great exuberance to his father to share that excitement. He vividly recalled his father walking out of the room and his chasing after his father. He could see with great detail walking onto the gravel driveway and his father getting into the family truck and driving off leaving him standing there alone.

MT revealed that we did not have to dialogue with this identity about the history of its relationship with Nate, how it served/limited Nate etc. It affirmed that we could continue with the process. I invited Nate to use his imagination to place the image of that scene across the room. Then I invited him to make a different choice about his depression.

"You chose to bring it in; it was the best choice you could have made at the time. While it served to protect you, it was a fear-based protection that has limited you a lot and has generalized to similar situations. You can now make a different choice if you so desire. Just use your consciousness to externalise the cramping in your stomach. Since you chose to bring it in, you can choose to bring it outside of yourself." Nate could easily do this even though it seemed "weird". I then invited him to tell me what he could imagine outside himself. "Tightly wound oatmeal." I said to him, "You are a pure channel of Source energy. Channel this Source energy through you and into the oatmeal until it is totally infused with it, and then send back that loving protection to the much younger you like a gift from a much older, wiser, brother. Being that much younger you needs protections. He only knew about a fear-based protection. You can choose to change that protection to one based in love."

Nate did this and reported that the younger him seemed much happier. He himself said that he felt much lighter and more spacious. I invited Nate to go into the lighter more spacious feeling and find the much truer him that had been obscured and was hiding under what had been the tightly wound oatmeal. As he did this, he said "I see a beautiful blue light that looks like the Aurora Borealis with an intense flowing white energy." I invited him to put his hand lovingly on his body where that energy had been hiding and let it come out and touch his hand and expand forward and back, up and down and left and right so that he was that energy. I told him that the energy got to retain its childlike wonder and grow up very fast. Nate said gleefully, "I am the light." He started smiling and bubbling he said, "I haven't just felt like smiling in weeks," and he gave me a playful hug.

He then said, "I know why I got depressed this year. My father didn't come to my play. I said it was no big deal, but now I know it is. I deadened myself without knowing it."

*Continued on page 30*

*Basics from page 29*

“Yes, I said, and what about last year?” Nate said, “It makes no sense. He came last year.” MT revealed that it wasn’t about his father. Then he brightened, “I know. I never made this connection. I gave my girlfriend what I thought was a very special gift and instead of receiving it, she was so preoccupied with herself, she just complained and walked out of the room. I must have made the same choice again.” With that he exclaimed, “God, I’m really hungry. I haven’t felt this hungry in weeks.” A few minutes later, with a big smile on his face, he went off to get a big breakfast. I have seen Nate periodically since this session. He reports that he went back to being his optimistic, happy-go-lucky self and he hasn’t felt anything like the depression since.

## Conclusion

My experience with Nate is not unusual. In fact, I feel deep gratitude and appreciation because I participate in such sessions daily. I know this from my experience; I would invite you, while being sceptical, also to be curious. Using the multidimensional framework that is GSH, we can transmute 1)the limiting beliefs that cause us our greatest anxiety, 2)our deepest fears of experiencing our feelings, and 3)overly rigid or permeable boundaries. We can transform stories that affect all of our centres-stories that include betrayal of trust, traumatic death, unmet longing, curses and others far too numerous to mention here. Finally, we can realize that we can make different choices and rediscover and experience our essential and truest. Selves.

While it is often over-applied, we truly are in the beginning phases of a full paradigm shift in the clinical field. If it is experience that changes paradigms, GSH is highly experiential work held in a solid, theoretical diagnostic and treatment framework. As more practitioners are trained and begin to work in this way, we will begin to formulate and integrate more broadly our understanding not only of symptom formation but of consciousness itself. 🍀

*Continued from page 13*

Termination involves “looking back, looking forward and saying goodbye.”<sup>5</sup> How have this person and their life changed as a result of the work they have done with you? What has been helpful, and what has been disappointing? What work remains to be done for them? You may wonder to yourself if the client has internalized some aspects of the therapy and of you, and if they will be able to continue accessing these once therapy has ended. In this way, therapy can be transformative.

### 7. Attend to the process.

Explore what it is like for your client to share feelings around saying goodbye to you. This is a way to bring the here and now into the room. It is also a great opportunity to point out ways in which they have grown, as they share their feelings around the ending.

### 8. Provide and discuss referrals and resources.

Help the client to look at what support system remains in their life, once therapy ends. What relationships, skills, and tools do they now have to help them when things get tough? Be concrete here with the steps involved in following up on these resources. For example, say you are the one leaving, and you have been discussing the idea of them starting with a new therapist. Help them to find a new therapist, and ease them through the process of making that transfer, by walking them through the process both logistically, and emotionally.

### 9. Explore the client’s needs and concerns around the final session.

In cases where the termination has been planned for, some clients may be quite anxious about their final session. For example, they may be dreading the feelings and vulnerability they anticipate feeling that day. They may, consciously or unconsciously, struggle with whether or not to even show up for the session at all. They may wonder if they can keep in touch with you, or if you will forget them, or even if they can bring you a present. Being able to discuss these or other types of requests and worries they may be having may lessen their anxiety a bit.

### 10. Take care of your self.

Do your own processing of the ending, whether it is in consultation with a supervisor, with colleagues, or even in your own therapy. Know what sort of issues come up for you around goodbyes. If the therapy is ending because of your circumstances rather than the client’s, be aware of feelings of guilt such as “I’m abandoning this person because I’m leaving my job”. Perhaps the client has been very difficult and has shown little progress. In this case, notice if you are glad on some level that the therapy is ending. And if you will have to say goodbye to numerous clients, whenever possible, avoid doing them all in the same week, so as not to overwhelm yourself.

Hopefully, this discussion has stimulated some thought about the importance of termination. If we can provide a new experience of saying goodbye unlike any our clients have had in the past, we are doing a great deal. Ultimately, we can help our clients to have a more complete ending that results in a deeper understanding of them selves.

## Footnotes

1. Charman, Denise and Graham, Anne. (2004). Ending Therapy: Process and Outcomes. In D. Charman (Ed.), *Core Processes in Brief Psychodynamic Psychotherapy*(pp. 275-288). New Jersey: LEA Publishers.
2. Schafer, Roy. (1992). *Retelling a Life: Narration and Dialogue in Psychoanalysis*. New York: Basic Books/Harper Collins.
3. Charman, Denise and Graham, Anne. (2004). Ending Therapy: Processes and Outcomes. In D. Charman (Ed.), *Core Processes in Brief Psychodynamic Psychotherapy*(pp. 275-288). New Jersey: LEA Publishers.
4. Hunsley, J., Aubrey, T., Verstervelt, C., & Vito, D. (1999). Comparing therapist and client perspectives on reasons for psychotherapy termination. *Psychotherapy: Theory, Research, Practice, Training*, 36 (7), pp. 380-388.
5. Charman, Denise and Graham, Anne. (2004). Ending Therapy: Processes and Outcomes. In D. Charman (Ed.), *Core Processes in Brief Psychodynamic Psychotherapy*(pp. 275-288). New Jersey: LEA Publishers. 🍀

*Continued from page 14*

coroner's questions during an inquest? Subsection 41(2) appears to recognize the ability of a counsellor to object to answering such questions where the answers would reveal privileged information. If a counsellor asserts a claim of privilege during the inquest, the coroner would then have to ascertain the merits of such a claim (in a separate proceeding), no doubt applying the so-called Wigmore Test.<sup>5</sup>

Unfortunately, it is not clear if the recognition of privilege found in clause 41(2)(a) of the *Coroners Act* during an inquest also applies to a claim of privilege that may be raised by a counsellor during an investigation, even if that investigation later results in an inquest. The language of this clause refers only to "inquest", it does not include or refer to an "investigation". Therefore, it does not appear that the Act automatically recognizes the ability of a counsellor to claim privilege during an investigation, as opposed to raising this claim during an inquest.<sup>6</sup>

### What Is A Counsellor To Do?

If a counsellor has not taken a specific step at the start of the clinical relationship with the now deceased client (I will have more to say on this step later), the counsellor could be facing a difficult decision.

Because of the lack of clarity in the *Coroners Act*, if a counsellor is asked by a coroner during an investigation (as opposed to during a more formal inquest) to disclose confidential information about a deceased client without the consent of the client's estate, the counsellor should inform the coroner of the existence of the duty of confidentiality and thus claim privilege not to disclose that information. The counsellor should then ask for a written decision from the coroner on the claim of privilege, applying the Wigmore Test. This request can be made whether or not the claim of privilege is expressly recognized pursuant to clause 41(2)(a) of the Act in the context

of an investigation. In the absence of expressed statutory language to the contrary, a claim of privilege can be raised as a matter of common law.

If, after considering the counsellor's submission on a claim of privilege applying the Wigmore Test, the coroner decides that the counsellor must disclose the requested information during the investigation, the counsellor should then be able to use that written decision to defend against any later legal proceedings the estate may initiate against the counsellor for the breach of the continuing duty of confidentiality. Without such authority or directive, however, the counsellor could be exposed to a potential legal action from the deceased client's estate, much as would be the case if a counsellor disclosed information to the coroner during an inquest without consent.

Of course if the claim was raised and adjudicated in the context of an inquest, the above noted statutory provisions provide the counsellor with clearer protection.

### Obtaining Informed Consent

Fortunately, there is something that all counsellors can do to avoid facing the apparent problem caused by the inability of the *Coroners Act* to provide them with statutory protection in the face of an order for disclosure of confidential client information during an investigation (as opposed to an inquest). The solution can be found in a simple step that every counsellor should take at the start of clinical sessions with all his or her clients.

Before providing counselling services, a counsellor should seek the informed consent of their client. As part of obtaining that informed consent, the counsellor should explain to the client that the counsellor might have to make disclosures to third parties about otherwise confidential information when the counsellor is required by law to do so. There are a number of such mandatory disclosure requirements, and responding to a coroner's order for release

of information (i.e. an Order To Seize) under the *Coroners Act* is one example.

To document the client's consent to the "as required by law" exception to the duty of confidentiality, a counsellor should have a client sign a consent form that documents that agreement. Such a signed consent form should then provide the counsellor with sufficient protection should the deceased client's estate later sue the counsellor for breach of the duty of confidentiality by disclosing confidential information to the coroner.

To ensure that the exception is sufficiently broad to cover coroner's orders, I would suggest the wording of this exception should be something like the following: "I may be required to disclose your confidential information if that disclosure is for the purpose of complying with a subpoena, warrant or order issued or made by a court, person or body with jurisdiction to compel the production of personal information, or the disclosure is otherwise required or authorized by law."

If a client has signed a consent form that recognized that the counsellor might be required by law to make disclosures, then the counsellor should respond positively to the coroner's order for release of information without fear of later legal action from the estate. More importantly, the counsellor can provide the ordered information without the need to ask for the estate's consent or to raise the claim of privilege. This is because the client would have agreed when he or she was alive to allow for the release of confidential information to an appropriate legal authority, even if that request was not made after the client's death. It is the coroner's common practice to issue an order for release of information, therefore a counsellor should ask for such an order if one is not provided automatically.

### New PIPA Authority

There appears to be new legislative

*Continued on page 32*

*Continued from page 31*

provisions that a counsellor could also rely on when faced with a coroner's order for release of confidential client information during an investigation. These provisions may be helpful if the counsellor did not obtain the now deceased client's fully informed consent.

Section 18(1)(a) of the new *Personal Information Protection Act* allows a counsellor to disclose otherwise confidential personal information about a now deceased client without the consent of the estate if that disclosure would be in the interest of the client and consent cannot be obtained in a timely fashion. If the coroner is investigating the circumstances of a client's death, then arguably that process is in the client's interest even if the client is no longer alive.

Section 18(1)(c) of *PIPA* also allows counsellor to disclose personal client information without the consent of the estate if trying first to obtain that consent could compromise an investigation by the coroner and the requested disclosure is related to a coroner's investigation. Depending on the circumstances, a counsellor could rely on this provision to defend a decision to respond positively to a request for information from a coroner.

Finally and perhaps most importantly, section 18(1)(i) of *PIPA* authorizes a counsellor to make a disclosure if that disclosure is required for the purposes of complying with an order issued by an authority with the jurisdiction to compel the production of personal information (which the Coroner has under the *Coroners Act*). In a similar fashion, section 18(1)(o) says a counsellor may disclose client information if that disclosure is required or authorized by law.

In summary, if the coroner issues an order to a counsellor for disclosure of confidential client information during an investigation under the *Coroner's Act*, that order should fall within any one of the four

"authorized disclosures without consent" provisions of *PIPA*. Therefore, even if the counsellor did not obtain the client's agreement at the start of counselling that the counsellor may be required by law to disclose otherwise confidential information, the new *PIPA* appears to provide counsellors with some back-up protection.

### Concluding Remarks

This article reveals the importance counsellors should place in obtaining the full and informed consent of their clients at the start of counselling therapy. The process of obtained informed consent should include discussions on the possible duty the counsellor may later face to disclose otherwise confidential information to authorities authorized under law, such as to the coroner during an investigation or inquest. And, of course, that consent should be documented in an appropriately worded consent to treatment form.

The BCACC Board will be considering a revised practice standard for obtaining client consent to clinical counselling services, which will include model language for a consent form. Counsellors should visit the Association's website to read this new standard once it is approved at the March Board meeting.

### Footnotes

1. In this article I will refer to the coroner, but that reference should also be viewed as including a coroner's investigator, unless the context otherwise requires.
2. At common law, a counsellor's duty of confidentiality to a client survives the death of that client. Indeed, that duty can be enforced or waived by the client's estate on behalf of the deceased client. Therefore, after a client has died, a counsellor cannot disclose information obtained from the client while the client was alive, with two exceptions. First, the counsellor could release the information with the approval or consent of the client's estate. Second, a counsellor may be required by law to make an

ordered disclosure, whether or not the estate objects to that release.

3. The Act also specifies the specific circumstances of certain types of death when an inquest must be held without a preliminary investigation.
4. If a counsellor believes that his or her interests may be adversely affected by evidence likely to be adduced at an inquest, the counsellor has the right under section 36 of the Act to also call evidence, cross-examine witnesses and be represented by legal counsel.
5. The Wigmore Test has been recognized by the Supreme Court of Canada in Slavutych v. Baker, [1976] 1 S.C.R. 254 (SCC) and has thus been applied by many courts and tribunals since that time in assessing the merits of a claim of privilege; see for example Pacific Press Ltd. v. Cain [1997] B.C.J. No. 1061, (1997) 147 D.L.R. (4th) 339, (1997) 35 B.C.L.R. (3d) 350, (1997) 47 Admin. L.R. (2d) 128 (BCSC).
6. The narrow scope of the privilege granted under clause 41(2)(a) of the *Coroners Act* can be contrasted to the much broader privilege granted under the *Canadian Transportation Accident Investigation and Safety Board Act*, R.S.C. 1989, c. 3; see Canadian National Railway Co. v. Canada, [2002] B.C.J. No. 2519, 2002 BCSC 1562, (2002) 8 B.C.L.R. (4th) 316 (BCSC). 🍷

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To receive the Contributing Writers Guidelines, contact the Editor at [dpayette@radiant.net](mailto:dpayette@radiant.net)

## Best Practices Marketing Series

# Building Credibility and Rapport with Your Marketing Message

Gerry Bock, Chair of Member Services

Some of the most uncomfortable and awkward moments in conversations with potential clients are discussions about fees or describing “*what we do*” for our clients. The challenge of describing “what I do” seems to be heightened by the fact that most counsellors are consistently providing a wide range of services to attract new clients.

Counsellors really do a variety of different things at different times because our counselling practice is designed to be dynamic, responding to the changing needs of the clients. There are many activities that are difficult to explain to a client who may be “shopping”, or may not have been to a counsellor before they connected with you at that moment in time.

Unfortunately, being a specialist at “everything”, presents us as “okay” at best and certainly not as remarkable as we could be, if we were to focus on fewer areas of practice. Wanting to be perceived as providing the “right service” for the needs of the client means that we have to be able to quickly build rapport by being able to share what we are the *best* and the most passionate about, leaving the rest for those committed to other areas of practice.

Regardless of what happens once the initial awkward moments pass with a new prospect, counsellors still will desire to articulate the essence of their services in a genuine and sincere fashion. Ideally, the “marketing message” is relatively short, interesting and void of professional jargon, without sounding as if it is memorized or so clever as to be confusing.

Counsellors should have a good idea of who their ideal clients are so they can more effectively recognize and target their markets. Unfortunately, many have failed in the attempt to come up with a marketing message that is both useful and conveys the intended meaning effectively.

The majority of counsellors are not trained in effective marketing, and many marketing programs do not even come close to developing an effective marketing message that is as sincere and unique as it needs to be for individual counselling professionals. The process can sometimes take a long time to develop. However, there is good reason for optimism.

In the process of working with BCACC members to help them create their unique marketing message, I often ask “What do you do?” and then follow up to further clarify, “What makes you unique?” This usually starts a unique conversational dance to the tune of “I’m not really sure how to put that into words”.

As the conversational dance inevitably continues, the tempo may be stepped up by asking “What makes you different from other counsellors?” Generally this will bring the discomfort of this particular conversational dance to the all too common realization that our members have great ideas, great contacts and are generally really great at what they do, they just cannot quite articulate it into the right words without going into a long explanation or using confusing jargon.

As a solution to this problem, begin with the understanding that “life is unscripted”. There is simply no need for any type of sales approach or even the infamous “elevator speech”. There is a need to make it comfortable for your clients to share their story with you and perhaps for you to share your story with prospective clients who “get it” and more importantly, with people who “get” who you are.

Because life is unscripted, it is important that you have confidence in this sharing process with new contacts, no matter where these conversations may take you. Part of the process can be a structure that is far more relevant than scripting. This is a two part process called a “9/18”.

The first part should be around 9 seconds and consists of describing *what you really do in very common language*. The second part is about 18 seconds and is about *whom you most enjoy providing service to*.

To help you get into your 2 step, 9/18 introduction, there are some tools and processes to get you moving in the right direction listed below.

Keep in mind that this process is designed to assist you in becoming more *familiar* with who you are, what you can do, how you can help and why you enjoy working with some population groups or type of clients more than others. Be sure that at the end of this process

that you are self aware and familiar with your preferences enough to comfortably share who you are and what you do best without feeling awkward or scripted.

Brainstormed Recall Lists:

1. Write out a list to answer the question “Who do I help” and “Who do I enjoy helping the most?”
2. From the list you have just created, ask yourself “How do I help them?”
3. Make a list all of the reasons why you want to help them.
4. List all of the common problems and experiences that your ideal client’s have.
5. List all of the solutions and possibilities that you bring to a session to assist in solving these problems with the client.

**Remarkable Stories:**

Write down the details of 2 or 3 different, memorable and de-identified stories that reflect your ideal client. In your stories include a clear problem that the client experienced and the result of what working with you accomplished for them (your solution for this common problem).

Consider how your story and your solution will address the “What do my clients get out of working with me” question. The idea is to describe how you have helped, not talk about what you do. Stories about wins, successes and overcoming challenging obstacles are generally quite appealing.

The main point of the 9/18 process is to focus on your solutions and how this led to your clients’ having winning results. When clients win, they can generally be relied upon to share their win with others and in the telling of the story, our name is passed among the community in a positive way. Word of mouth is the most effective and least expensive form of marketing there is.

You can be confident and effective in sharing with others what you do best!

Gerry can be reached via e-mail: [gerry@bock.ca](mailto:gerry@bock.ca). Please visit [www.lifestressrelief.com](http://www.lifestressrelief.com) for web based marketing examples and more information about Gerry Bock’s counselling practice. 🍷

## Announcements

### The International Association of Counselling Hypnotherapists

We are pleased to announce the newly formed **International Association of Counselling Hypnotherapists (IACH)**. IACH was incorporated in the Province of British Columbia on May 26<sup>th</sup>, 2004. To view their fantastic website, please go to [www.hypnotherapyassociation.org](http://www.hypnotherapyassociation.org). Congratulations IACH!

**Bottom Line Conference** a Go for February 3<sup>rd</sup> and 4<sup>th</sup>, 2005! **CMHA's** 3<sup>rd</sup> Annual Bottom Line Conference on Depression, Anxiety and Addictions in the Workplace kicks off February 3<sup>rd</sup> at the Vancouver Convention and Exhibition Centre with sessions by Scott Simmie and Julia Nunes, David Whyte, and Joel Bakan. For more information check out our website at [www.bottomlineconference.ca](http://www.bottomlineconference.ca).

**Vancouver Incest and Sexual Abuse Centre (VISAC)** Are you working with a child or youth who has been abused and/or their non-offending family member? Are you working with an adult who experienced childhood abuse? Do they want information or support regarding involvement with the criminal justice system?

VISAC Victim Support Services in Vancouver offers support and information to sexually and/or physically abused children, adolescents and their non-offending family members where the abuse has been reported. We also offer support to adult survivors of childhood sexual and/or physical abuse who may or may not choose to be involved in the criminal justice system.

Our services include emotional support and information about the criminal justice system including reporting to police; court information, preparation and accompaniment; referrals to support groups, counselling and legal services; assistance completing Crime Victim Assistance Program forms and Victim Impact Statements. Contact Kay MacIntosh, *Victim Support Worker* at Family Services of Greater Vancouver at 604.874.2938 or e-mail [kmacintosh@fsgv.ca](mailto:kmacintosh@fsgv.ca).

#### L.E.A.F Program Leaders Wanted

The **Anxiety Disorders Association of BC** is currently looking for people to act as

group leaders for our successful LEAF (Living Effectively with Anxiety and Fear) program in the Delta area and the new Tri-Cities program. The Tri-cities expansion is funded through a partnership with CMHA Simon Fraser and the Fraser Health Authority Community Health Grants. The LEAF program is an evidence-based cognitive-behavioural training program for individuals with panic disorder. Leaders are required to commit to running at least two 14-week groups over a 12 month period and are paid a small honorarium for their participation. If you are interested in finding out more about becoming a LEAF leader please contact the ADABC at 604-681-3400 or [info@anxietybc.com](mailto:info@anxietybc.com).

For Those Who Missed **The Three Important Knowledge Network Documentaries that aired on November 15 and 18**, you can order one or more videos in the series. The National Film Board is the distributor, and you can contact them directly for tapes. Costs are \$19.95 per program for home videos and \$49.95 per program for non-theatrical (public performance) rights by organizations wanting to use them in their educational activities. There will be a 4-5 week delay before they start shipping tapes. Contact the National film Board of Canada at 1-800-267-7710 or online at [www.nfb.ca](http://www.nfb.ca). The Knowledge Network presented a series of Child and Youth Mental Health documentaries during November. There are three episodes in this series: Beyond the Blues (on depression), Fighting Their Fears (on anxiety disorders) and Map of the Mind Fields (on early psychosis).

### A New Book from Ian Macnaughton!

*Body, Breath & Consciousness, A Somatics Anthology*, by Ian Macnaughton Ph.D. (Ed). 424 pages ISBN 1556434960, North Atlantic Books.

A collection of articles focused on the body-mind connection, exploring the theories and practices related to family systems, gestalt therapy, character structure, together with the Bodydynamic and Somatic Experiencing

approaches to trauma and shock therapy. The wise and judicious utilization of Reichian and breath work techniques are explored within those contexts. The articles present leading edge concepts in pulling together these various perspectives into a systemic perspective for a comprehensive exploration of the field. The 15 authors present their approaches to assisting people to honour their own wisdom and transform limitations into a richer and more fulfilling life.

In Vancouver, the book is available at Banyen Books. In Victoria, it is available at local bookstores. You can also order it online from Amazon.com. We are told that Ian's book is doing well here and in the United States and Europe! Congratulations Ian!

### Call for Papers

This year the Canadian Counselling Association Annual Conference will be in St. John's, Newfoundland from - May 24<sup>th</sup> to 27<sup>th</sup>. The Theme is The Roots of Resilience/ Les Racines de la Resilience. The deadline to submit your proposal is **January 31<sup>st</sup>, 2005**. For more details, visit [www.ccacc.ca/Current.htm](http://www.ccacc.ca/Current.htm).

### Strides has a new Editor!

BCACC member James Stabler is now the new Editor for Strides, the newsletter for the Anxiety Disorders Association of BC. For the Fall 2004 issue, James wrote an excellent article on Treating Post Traumatic Stress Disorder. Congratulations James! 🍷

### In Memoriam

Maggie Nuyten, Region 3, Kelowna, (1930-2004). BCACC member (#558) from 1992-1999. Maggie retired in 1998 due to medical reasons and resigned her membership in 1999.

## Calendar of Events

### Provincial, National & International

Submissions for events can be made before the advertising deadline date by e-mail. Contact the Editor at [dpayette@radiant.net](mailto:dpayette@radiant.net). There is a limit of three items per person/agency. The Calendar of Events and the BCACC Regional Meetings are posted at [www.bc-counsellors.org](http://www.bc-counsellors.org).

#### January

**27-30: Resolving Emotional charged Issues With Clients:** TIR Workshop. Presenter: Gerald French, MA. In Surrey at the Sunrise Gold and Banquet Center. For more detailed information regarding TIR, visit [www.healing-arts.org/tir/gerald](http://www.healing-arts.org/tir/gerald) or [www.tira.org](http://www.tira.org). To register, [gerry@bock.ca](mailto:gerry@bock.ca), or fax to 604-574-6444

**29: Viktor E. Frankl's Logotherapy:** Professional Development Seminar Series. Presenters: Maria Mendez, Ph.D., R. Psych. And Edward Mendez, Ph.D., R.C.C. For more information, contact Mount Green Counselling Clinic in Surrey, BC at 604-531-7982 or [info@mountgreen.ca](mailto:info@mountgreen.ca). Registration forms are available at [www.mountgreen.ca](http://www.mountgreen.ca)

**31 - Feb 1: Seeking safety: A Research-Based Treatment for PYSD and Substance Abuse.** Presenter: Dr. Lisa Najavits. Sponsored by the Amiga Centre. In Puerto Vallarta, Mexico. For more information, contact Sharon McInnes at 604-521-8053, toll-free 1-877-AMIBABC, or [amigabc@amigabc.com](mailto:amigabc@amigabc.com)

#### February

**2: Career Development Foundations: Emerging Theories and Models.** Leaders: Dr. Roberta Neault and Deidre Pickerell. Sponsored by Life Strategies. Online. For more information call 604-464-2382 or 1-866-681-2211 or [info@lifestrategies.ca](mailto:info@lifestrategies.ca)

**3-4: Bottom Line conference- Depression, Anxiety Disorders, and Addictions in the Workplace.** Speakers: Rafe Mair, Larry Campbell, Susan Rook, David Whyte and many more! Register now at: [www.bottomlineconference.ca](http://www.bottomlineconference.ca). For more information contact Robin Fried, Conference Coordinator: [rfried@cmba-bc.org](mailto:rfried@cmba-bc.org) or call CMHA at 604-688-3234

**24-26: FASD – Equality of Access: Rights**

**and the Right Thing to Do.** Features over 50 speakers from various professions! Organized by Interprofessional Continuing Education at the University of British Columbia. To be held at the Victoria Conference Centre in Victoria, BC. For information see [www.interprofessional.ubc.ca](http://www.interprofessional.ubc.ca), e-mail [ipinfo@interchange.ubc.ca](mailto:ipinfo@interchange.ubc.ca), or call 604-822-2801

**25-27: Satir Transformational Systemic Therapy Training Program (Level 1).** Conducted by Kathyline Maki-Banmen MA, RCC and assisted by Wendy Lum MA, RCC. In Victoria. Other training dates: March 25, 26, 27, April 22, 23, 24 and May 7. Call Wendy at 250-744-3869 or e-mail: [welum@shaw.ca](mailto:welum@shaw.ca) for more information, a brochure will be sent to your mailing address

#### March

**2-4: Career Management Association of BC presents it's 8th Annual Career Development Conference.** In Vancouver at the Coast Plaza Hotel and Suites @ Stanley Park. For more information please contact Teresa Augustine, Conference Chair at [teresa@bccma.ca](mailto:teresa@bccma.ca) or 604-319-3977 or download an application from the website at [www.bccma.ca/conference.asp](http://www.bccma.ca/conference.asp)

**3-4: Building Solutions in Child Protection and Therapeutic Work.** Presenter: Insoo Kim Berg. Sponsored by The Orcas Society. At the Ocean Grand Resort in Cowichan Bay in BC. For additional information please call Daphne at 250-743-5454 or view [www.orcas.bc.ca](http://www.orcas.bc.ca)

**9-11: Deconstructing Shame & Guilt.** Presenter: Dr. Karl Tomm. Sponsored by the Amiga Centre. In Puerto Vallarta, Mexico. For more information, contact Sharon McInnes at 604-521-8053, toll-free 1-877-AMIBABC, or e-mail [amigabc@amigabc.com](mailto:amigabc@amigabc.com)

**11-13: EMDR and Dissociative States: Enhancing Therapeutic Outcome.** Faculty: Dr. Ulrich Lanius and Dawna Dixx Milstein. Sponsored by Health and Emotional Wellness Seminars. In Vancouver. For information or to register call Dr. Marshall Wilensky at

604-682-1909 or Dr. Ulrich Lanius at 604-925-6246 or Dr. Stephen Milstein at 604-938-3511

**17: Pre-School Children with Developmental Disabilities: Improving Peer-Related Social Competence.** Speaker: Dr. Michael J. Guralnick, Ph.D. Organized by Interprofessional Continuing Education at the University of British Columbia. To be held at the Coast Plaza Hotel & Suites in Vancouver, BC. For information see [www.interprofessional.ubc.ca](http://www.interprofessional.ubc.ca), e-mail [ipconf@interchange.ubc.ca](mailto:ipconf@interchange.ubc.ca), or call 604-822-0054

**19: Character, Narcissism and Neuroplasticity.** Presenters: Sid Perzow MD, Hassan Azim, MD & Elie Debbane, MD. Annual Scientific Meeting: Western Branch Canadian Psychoanalytic Society. 8:15am–4:30pm at Plaza 500 Hotel, 500 West 12<sup>th</sup> Avenue. Contact Lynn Superstein-Raber (604) 263-1417 or [lsuperstein-raber@shaw.ca](mailto:lsuperstein-raber@shaw.ca). 6 hours CME in process

**30: Mapping Narrative Conversations.** Presenter: Dr. Michael White. Sponsored by Jack Hirose and Associates. In Vancouver, BC. For information or a complete brochure, contact Jack Hirose & Associates at 604-924-0296; toll free 1-800-456-5424, [jackhirose@shaw.ca](mailto:jackhirose@shaw.ca) or [www.jackhirose.com](http://www.jackhirose.com)

#### April

**2: Boundaries in Ethical Professional Practice.** Presenter: Gary Schoener. Sponsored by the Clinical Psychology Centre at Simon Fraser University. In Burnaby at the Images Theatre at Simon Fraser University, Burnaby Campus. Contact Tara Parsons at 604-291-4927

**8: Women's Mid-Life Years - Heart/Breast/Bone: Putting It All Together.** Organized by Interprofessional Continuing Education with the support of BC Women's Hospital & Health Centre. To be held at the Pacific Palisades Hotel on Robson Street, Vancouver, BC. For information see [www.interprofessional.ubc.ca](http://www.interprofessional.ubc.ca), e-mail [ipconf@interchange.ubc.ca](mailto:ipconf@interchange.ubc.ca), or call 604-822-0054

**11: Making Sense of Adolescence.**

## BCACC Regional Calendar

Presenter: Dr. Gordon Neufeld. In Richmond, BC. Sponsored by Jack Hirose and Associates. For information, call 1-800-456-5424 or e-mail [jackhirose@shaw.ca](mailto:jackhirose@shaw.ca)

**13-15: Working with Aggressive and Violent Children and Youth.** Presenter: Dr. Gordon Neufeld. In Richmond, BC. Sponsored by Jack Hirose and Associates. For more information, call 1-800-456-5424 or e-mail [jackhirose@shaw.ca](mailto:jackhirose@shaw.ca)


**25-26: Level 1: Solution-Focused Skills.** Presenter: Nancy McConkey, MSW. In Victoria, BC. Sponsored by Solution Talk Inc. For information, call 403-216-TALK (8255), e-mail [soltalk@telusplanet.net](mailto:soltalk@telusplanet.net) or visit [www.solutiontalk.ab.ca](http://www.solutiontalk.ab.ca)

**27 – 28: Level 2: How to Deal With Thought Problems.** Presenter: Nancy McConkey, MSW. In Victoria, BC. Sponsored by Solution Talk Inc. For information, call 403-216-TALK (8255), e-mail [soltalk@telusplanet.net](mailto:soltalk@telusplanet.net) or visit [www.solutiontalk.ab.ca](http://www.solutiontalk.ab.ca)

**29: Creative Approaches for Helping Children and Youth.** Presenter: Nancy McConkey, MSW. In Victoria, BC. Sponsored by Solution Talk Inc. For information, call 403-216-TALK (8255), e-mail [soltalk@telusplanet.net](mailto:soltalk@telusplanet.net) or visit [www.solutiontalk.ab.ca](http://www.solutiontalk.ab.ca).

### May

**5-6: Living On The Razor's Edge: Solution-Oriented Brief Family Therapy with Self-Harming Adolescents.** Presenter: Matthew Selekman, MSW, LCSW. In Vancouver, BC. For information visit [www.amigabc.com](http://www.amigabc.com) or call 1-877-264-4222

**25-27: North America's 3<sup>rd</sup> Heart& Soul of change Conference.** Presenters: Scott D. Miller, Barry L. Duncan, Bruce E. Wampold and others. In Richmond, BC. Sponsored by Jack Hirose & Associates. For further information or to receive a complete brochure, contact Jack Hirose & Associates at 604-924-0296; toll free 1-800-456-5424, e-mail [jackhirose@shaw.ca](mailto:jackhirose@shaw.ca) or visit [www.jackhirose.com](http://www.jackhirose.com) 

Please mark your calendar for these upcoming regional meetings. For more information and contact names, read your Regional Report and for current updates, visit [www.counsellors.org](http://www.counsellors.org).

### Region 1 & 2

For up-to-date information, please visit [www.bc-counsellors.org/regional.btm](http://www.bc-counsellors.org/regional.btm)

### Region 3

We expect to have at least four Regional Meetings in 2005. Watch for details regarding these meetings at [www.bc-counsellors.org/reg3meet.btm](http://www.bc-counsellors.org/reg3meet.btm).

### Region 4

April 8: Full day workshop on Ecopsychology. The presenter will be Jed Scott Swift, MA. Jed is the director of the Center for Ecopsychology and a core faculty member at Naropa University in Colorado. The workshop at the Arbutus Club, located on 2001 Nanton Avenue in Vancouver.

October 15: Full day workshop on "How To Better Market Your Private Practice." This workshop will also be held at the Arbutus Club.

For information about events at the Counsellors Café, please read Region 4 report.


### Region 5

Your Regional Council is currently working on regional activities for 2005.

The venue for our regional meetings has changed. It is now the Sunrise Banquet Centre, on the corner of 188<sup>th</sup> Street and Highway 10, Surrey. For up-to-date information, please visit [www.bc-counsellors.org/regional.btm](http://www.bc-counsellors.org/regional.btm)

### Region 6

Meetings will be held in January and February to discuss issues re: working with EAP contractors and also mandatory Continuing Competency models

For up-to-date information, please visit [www.bc-counsellors.org/regional.btm](http://www.bc-counsellors.org/regional.btm) 

## Insurance Information

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

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

**Pullen Insurance Agencies, Victoria**, covers 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 at:

Pullen Insurance Agencies  
220-2186 Oak Bay Avenue  
Victoria, BC V8R 1G3  
Toll free (888) 592-4614  
or (250) 592-4614  
Fax (250) 592-4953  
Or contact Pam by e-mail  
[pulleninsurance@telus.net](mailto:pulleninsurance@telus.net)

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

## Membership Update (From August 1, 2004 to November 22, 2004)

Angela Burns, Registrar

Please join me in welcoming the following new members who have joined us since August 1<sup>st</sup>, 2004.

2355	Emery	Brian	Abbotsford
2296	Novakowski	Leanne	Abbotsford
2366	Yong	Grace	Abbotsford
2389	Reimer	Virginia	Black Creek
2386	Ferrari	Lisa	Burnaby
2345	Rainford	Betty	Burnaby
2382	Salooja	Raman	Burnaby
2361	Laird	Bobbi	Chilliwack
2349	Bates	Allison	Coquitlam
2343	Lochhead	Andrew	Courtenay
1381	Arrand	Coral	Garibaldi Highlands
2348	Sherk	Gary	Kamloops
2378	van de Watering		
		Edith	Naramata
2365	Thompson	Cheryl-Dean	New Westminster
2308	Chase	Bert	North Vancouver
2369	Friesen	Shirley	North Vancouver
2310	O'Kane	Catherine	North Vancouver
2344	Stewart-Petterson		
		Abby	North Vancouver
2280	Wong	Karen	North Vancouver
2362	Atkinson	John	Penticton
2354	Noeth	Catherine	Penticton
2398	Iberg	Shelley	Port Coquitlam
1403	Toma	Patricia	Prince George
2306	Wittig	Colleen	Richmond
2351	Wong	Rebecca	Richmond
2321	Klassen	Hilary	Salmon Arm
2363	Hodgson	Peter	Surrey
2299	Dyck	Carmen	Vancouver
2380	Howard	Martin	Vancouver
2297	Jackson	Charlotte	Vancouver
1547	Kennedy	Sarah	Vancouver
2048	Lang-Gould	Susie	Vancouver
2298	Le Fevre	Alan	Vancouver
2368	Lewis	Mary Lynn	Vancouver
2261	McDonald	Sandra	Vancouver
2282	Schooler	Dawn	Vancouver
2292	Sellner	Judy	Vancouver
2379	Simlett	Marla	Vancouver
2274	Reid	Mary-Ann	Vernon
2372	Bedford	Tanya	Victoria
2301	Boden	Alan	Victoria
2394	Routledge	Richard	Victoria
2377	Taylor	Barbara	Victoria

The following members have changed status since August 1<sup>st</sup>, 2004.

Inactive to Active			
1455	Kane	Josie	Abbotsford
1381	Arrand	Coral	Brackendale
1403	Toma	Patricia	Prince George
205	Favor	Lora	Shawnigan Lake
482	Dobbie	Anne	Vancouver
1929	Mitchell	Rebecca	White Rock

Active to Inactive

1816	Numan	Nicole	Victoria
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Reinstated

706	Kinman	Chris	Abbotsford
741	Pournadeali	Esfandiar	Burnaby
1012	Lind	Christine	Penticton
1458	Balaj	Rodica	Surrey
2054	Andre	Therese	Vancouver
932	Jamer	Brenda	Vancouver
1949	Mearns	Barbara	Vancouver
1166	Reynolds	Vikki	Vancouver

The following members have Resigned since August 1<sup>st</sup>, 2004.

1985	Falconer	Paul	Boston
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The following members have been terminated for non-payment of dues effective January 1<sup>st</sup>, 2004.

1107	Schoeck	Jennifer	Fort Nelson
------	---------	----------	-------------

### Personal Information Protection Act

Please note that On October 12, 2004, the federal Cabinet found that BC's PIPA is substantially similar to the federal legislation, the *Personal Information Protection and Electronic Documents Act*, and – as a result – the Cabinet approved an order that has the effect of exempting BC counsellors in private practice from having to comply with the federal legislation.

A copy of *PIPA: A Counsellor's Guide to Developing Client Personal Information Protection Policies and Procedures* is posted on our website [www.bc-counsellors.org](http://www.bc-counsellors.org)

## Advertising Policy

*Insights* invites members and colleagues to advertise. All items of interest must be submitted to, and approved by, the Editor prior to publication. Current Advertising Guidelines are available by contacting [dpayette@radiant.net](mailto:dpayette@radiant.net).

### Advertisements

Prices/sizes listed include typesetting/layout.

H x W	Member	Non-Member
2.25 x 3.5	\$ 30.00	\$ 45.00
4.25 x 3.5	50.00	75.00
4.25 x 7.5	90.00	135.00

### Inserts

8.5 x 11.0 single sheets only  
1600 copies are required  
Inserts \$100.00 \$150.00

All sizes are in inches. Proposed inserts must be presented to the Editor for approval not less than one week prior to deadline. Brochures and pamphlets are not accepted. Inserts should not be printed on ivory coloured paper. Prices include 7% GST. Cheques, made payable to BCACC, or credit card information, must accompany all approved advertisements and inserts.

## Deadlines

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

**Ads/Inserts** .....  
**April 7 / 05**

**Articles/Reports** .....  
**April 14 / 05**

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

## Who's Who?

The people in your Association want to hear from you. They invite you to write, phone, 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](mailto:hoffice@bc-counsellors.org), for telephone and fax numbers.

### BOARD OF DIRECTORS

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Executive Vice-President Glen Grigg

### REGIONAL VICE-PRESIDENTS

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Region 3 - Southern Interior Sam Reimer  
Region 4 - Lower Mainland North John Fraser  
Region 5 - Fraser Valley Pauline Carey (interim)  
Region 6 - Northern Interior Rob Riddle

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Region 5		
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### EXECUTIVE and ADMINISTRATIVE STAFF

#### BCACC Head Office

#14 - 2544 Dunlevy Street, Victoria, BC V8R 5Z2 E-mail [hoffice@bc-counsellors.org](mailto:hoffice@bc-counsellors.org)  
Tel: (800) 909-6303 or (250) 595-4448 Fax: (250) 595-2926  
Internet Site: [www.bc-counsellors.org](http://www.bc-counsellors.org)  
Office Hours: Monday through Friday 8:30 a.m. - 4:30 p.m.

Registrar Angela Burns  
Deputy Registrar John Gawthrop  
Executive Assistant Michèle Ashmore  
Administrative Support - Regulatory Julia Burke  
Administrative Support - Association Aina Adashynski

#### BCACC Surrey Office

Executive Director: Jim Browne, 109 - 15550 26<sup>th</sup> Avenue, Surrey BC V4P 1C6  
Tel: (604) 535-8011 Fax: (604) 535-6261 e-mail [jim\\_browne@telus.net](mailto:jim_browne@telus.net)

**Insights Editor** Diane Payette Tel: (604) 983-6694 Fax: (604) 983-2694 e-mail [dpayette@radiant.net](mailto:dpayette@radiant.net)

## Continuing Competency Questionnaire

Circle True or False to indicate your response to each of the following questions. Once completed, mail this questionnaire to: BCACC Head Office, #14, 2544 Dunlevy Street, Victoria, B.C., V8R 5Z2. You can also go to our website and complete the questionnaire and e-mail it to the Head Office. A total of 2 credits will be granted when the questionnaire is received. Members are to record these credits on the CE Summary Form that is included in your BCACC Professional Liability Insurance Renewal package mailed out each year in February from Mitchell & Abbott.

- The BCACC Annual General Meeting this year is on Friday, March 18<sup>th</sup>, 3:30-5:30 p.m. T F
- In *A Book In Sight*, the reviewer writes that *The Story of Jude* conveys the deep emotional distress and grieving experienced by a woman struggling to find the Self she lost as a result of a brain injury. T F
- In the Editor's Interview, Bev Ogilvie tells that during a radio show in Calgary, she received forty-five calls in twenty minutes from people who needed to talk about mother-daughter incest. T F
- In their article on Guided Self Healing, authors Andrew H. Hahn and Linda Crawford explain what they mean by psychospiritual: the psyche is about soul, and soul comes through in deep universal narratives that are archetypal in nature. T F
- In her article on Termination in Psychodynamic Psychotherapy, contributing writer Francine Marx-Zatzick lists 23 important points to consider T F
- In his column, the Counsellors Counsel, George Bryce writes that Subsection 15(2) of the *Coroners Act* does not set out the coroner's authority during an investigation, and prohibits all inspection of information, but allows to seize any records whether related or not to the deceased. T F
- In her report, BCACC Registrar Angela Burns reports that there are 1362 active BCACC members from a total of 1483. T F
- In his last report as Chair of Members Services Gerry Bock indicates that the Committee is looking for a Public Education Coordinator who will be responsible for the development of strategic vision and initiatives for effectively educating the public with our message. T F

Name \_\_\_\_\_

Membership # \_\_\_\_\_

### Notice

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 BC Association of Clinical Counsellors, its officers, directors, or staff.

The publication of any advertisement by the BC Association of Clinical Counsellors is not an endorsement of the advertiser, or of the products or services advertised. The BC 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 BC Association of Clinical Counsellors.

### Important Notice to All Members Changing Membership Status

When you are changing Membership status, particularly when going to Active from Inactive, please notify Head Office at once. It is important that you contact Mitchell and Abbott to ensure that you have the proper coverage before commencing private practice. Inactive insurance provides you with coverage for counselling you undertook **prior** to the onset of your inactive policy. All changes in status are verified by Head Office with a letter of confirmation of the status change. Status changes are reported to the Membership in the next issue of *Insights*.

### Attention Advertisers!

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

**For those interested in  
advertising events &  
programs, the next  
deadline for  
submissions is:  
April 7, 2005**



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**GET READY ! THE BAR CONTINUES TO RISE IN THE FIELD OF EAP / EFAP**

The Employee Assistance Professional Association (EAPA) advocates for the competent clinical professionals practicing in the field of EAP. Effective EAP work includes that the clinical professional has a deeper understanding of the connection between business and EAP counselling. The field of EAP continues to evolve given the ongoing changes in the workplace, in society and in the economy; the high rates of mental health related disability claims; and, the overall difficulty many people appear to have in managing their lives.

Ensure that your income from EAP work continues and increases, consider the following professional services and programs:

**Professional Services**

- Coaching and supervision for EAP counsellors  
– teleconference option
- Consultation to EAP providers, counsellors and organizations
- Resume review and consultation for clinical counsellors

**Professional Training, March 2005**

**The Fundamentals and More of EAP (\* new and improved)**  
**March 19<sup>th</sup> and 20<sup>th</sup> - Pacific Coast Family Therapy Training Assn. 3026**  
**Arbutus Street, Vancouver, B.C.**

**9:00 am – 1:00pm, \$180.00 + gst (student \$150.00 + gst)**  
8 hours of training for current and new counsellors to the EAP field  
Teleconference available - Feb. 2005 Special group rates offered  
Private training available

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#### Vancouver, BC

January 13 at 5:00pm  
February 17 at 5:00pm  
March 17 at 5:00pm

City University  
789 W. Pender St. #310

#### Langford, BC

December 9 at 7:00pm  
March 31 at 7:00pm

City University  
877 Goldstream Ave. #305

#### Nanaimo, BC

March 29 at 7:00pm

Malaspina University-College  
900 Fifth Street  
Building 356, Rm 325

### For Additional Information Call:

Vancouver, BC	Glenn Grigg	1.888.663.7466
Vancouver Island	Allan Wade	250.391.7444
Admissions Advisor	Joan Hopper	1.800.663.7466

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