



A Comment on the "Elusive" Designation Regulation

Jim Browne, Executive Director

This writer, your Board of Directors, and the Task Group for Counsellor Certification all share in the frustration expressed by members over the long delay(s) in receiving Cabinet approval to designate *counselling therapists* under the Health Professions Act. Why, one wonders, does a government, so intent on the public interest, not make protecting the public interest, through the statutory regulation of *counselling therapists*, a high priority? A value-added priority in that it is an initiative that will not cost the government any money (the *College of Counselling Therapists* would be self-sustaining through a fee base).

Granted, there have been many, many changes in the government ranks, particularly over the past several months. Changes have occurred at all levels from ministries to Ministers to Deputy Ministers and on, down the chain of command. As new personnel get "adjusted" to new roles and expectations, they are also challenged with new priorities that can "park" initiatives that were in the previous priority stream. This writer is taking the position that this is what has happened to the designation regulation that, with the strong support of senior officials with the Ministry of Health, seemed a certainty a few months ago.

We were optimistic that some action would be taken after the creation of the Ministry of Health Planning which is responsible for the Health Professions Act, Legislation, and Professional Regulation. All inquiries and requests which we received from the latter division were responded to promptly and factually. After a year of effort there has been no action on the part of the division.

Toward the end of March 2002, this writer, on behalf of the Task Group for Counsellor Certification, sent a letter to the Honourable Sindi Hawkins, Minister of Health Planning, expressing the Task Group's concern, disappointment, and frustration over the long delays in getting the

designation regulation to Cabinet. The letter outlined the lengthy history of the counsellor certification initiative, and reiterated the value, to the government and the public, of establishing a *College of Counselling Therapists*. In the letter, the Task Group requested a meeting with the Minister to facilitate the process of moving this important initiative forward, and, begin the next step of public consultations.

Your Board of Directors, and the Task Group, will keep you informed of any "breaking news". ☺

People Helping People

Gerry Bock, Chair, Member Services

In lieu of the usual editorial, I have opted to report on the 3rd Annual Public Meeting of the Anxiety Disorders Association of B.C. (see page 9) and to highlight the activities of the Member Services Committee. If you want to feel positive about the BCACC, read this report. It's good therapeutic reading for all of us!

- the Editor

Member services continues to play an exceptionally active and vital role in increasing public awareness, assisting members in marketing, and advocating the interests of our members to third parties. As the chair is able to delegate more responsibilities to individual members and office staff, more time is being devoted to expanding the vision of this role. Volunteering in a member services role is, in my opinion, an invitation to exciting and challenging opportunities, usually a "quid-pro-quo". A heartfelt thanks for your support.

2002 will mark the third year of Member Services. These initiatives have continued to be a high priority with the Board of Directors and the membership. Our Member Services initiatives are successful **only** with the assistance of volunteers who seek out opportunities and assist in bringing ideas to fruition. These initiatives highlight our Association, our profession, and the work of individual members.

Gain and Retain

In the Fall of 2001, the chair had the distinct pleasure of co-leading a "Gain and Retain" session in Victoria. This seminar is an opportunity to look at ways to build your private practice, discuss marketing ideas in a regional meeting, and meet privately with Gerry Bock (to discuss marketing initiatives)

Cont'd on page 2

Contents

The Winners Are.....	3
Sights on the Internet.....	4
Books in Sight and an Essay.....	5
Editor's Interview.....	6
The Application of Hakomi to private practice.....	8
Anxiety Disorders Assoc. of BC....	9
The Counsellor's Counsel.....	10
Association News	
From Your President.....	13
Executive V-P.....	14
Registrar.....	14
Committees.....	14
Regions.....	17
Professional Liability.....	21
Claims Reporting.....	21
An Evening With.....	22
Calendar of Events.....	27
Announcements.....	29
Insurance Information.....	29
From The Resource Centre.....	29
Who's Who?.....	30
Questionnaire.....	31

**Deadlines for next issue
on page 30**

Continued from page 1

and Mike Hornak, a Business Consultant, (to discuss ways in which you can retain more of the money you earn). To all the members in Victoria who attended and participated, thank you for your hospitality and your enthusiasm.

Professional Booth Displays

The display booths have continued to increase in popularity, and we have made great use of both booths many times. The booths have now been utilized in every region. I am personally concerned to see that the growth in the use of the booths has been primarily in the initiatives taken by Member Services and not by Regional Vice-Presidents or the membership. I envision much more potential for their usage. I continue to encourage individual members to work with their Regional Vice-Presidents to find

opportunities to use the booths at trade shows, and public gatherings of all types. There are exceptional opportunities passing us by, and many of the missed opportunities are local ones. The local shows are superior opportunities for building relationships in the community and private practice development. Where there is a gathering of people, we need to be there, highlighting the work that we are doing in the community.

Market Research

One of the initiatives we have begun at the shows, has been the use of a "draw" for a gift certificate from one of the local malls. This has been tremendously popular in attracting attention and drawing people into the booth to talk about what a Clinical Counsellor does, and how we can increase the quality of life in the community. This has developed into market research opportunities and

opportunities for follow-up. In order to continue collating and making use of this research, we need some interested volunteers to identify themselves. Our preliminary investigation shows that over 80% of attendees at shows have never heard of the BCACC or know anything about what it is that we do! I am hoping that will change.

Marketing Your Practice

The Chair of Member Services is developing a "Private Practice Resource Handbook" that will be available exclusively to our members by request to head office. This Handbook will be available once it has been approved by the Board of Directors at the June meeting. I hope this will be helpful in successfully marketing and developing your private practice.

Launching 2002

So far this year, we have participated in or
Member Services cont'd on page 16

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And The Winners are...

The Provincial Awards Program was introduced during the 1995-6 Association year. The program acknowledges outstanding and distinguished Association Members, other mental health professionals, agencies, meritorious individuals, and communications and the media. The recipients for 2001-2002 Awards are:

PRESIDENT'S A WARD

Distinguished contributions to the discipline and profession of counselling by educating about parliamentary and legislative matters and through teaching .

GLEN GRIGG

In many ways, Glen epitomizes "distinguished" in his multifaceted rolls within our Association, and as a counsellor educator. With his depth of knowledge in parliamentary and legislative matters he has worked diligently to provide an operational structure for our Bylaws to ensure that they keep up with the evolving nature of our Association. He is masterful as our parliamentarian, and greatly facilitates the orderly flow of complex business within the meetings of our Board of Directors. He has enhanced and streamlined operations within our second Fundamental Purpose (regulating the professional practice of registered members) and continues to be the director in charge of regulatory operations (Registration, Ethics and Standards, Inquiry, and Discipline). His Executive Vice-President portfolio also includes Regional Operations and Personnel.

Glen's distinguished contributions to counsellor education have been acknowledged by City University where he has been the recipient of that institution's top teaching award.

Glen's exemplary contributions to the profession of counselling and the Association were previously acknowledged with the President's Award in 1997-98.

Glen has an awesome sense of humour. Thanks and congratulations, Glen.

PRESIDENT'S A WARD

Distinguished contributions to the profession of counselling and the Association through public relations.

GERRY BOCK

Where does Gerry get all of his energy? Gerry's distinguished commitment to "make RCC and BCACC household names" is increasingly "bearing fruit" through our accelerating participation in health shows, trade shows, and invited presentations at the community level. We are booked into these shows well into 2003, and Gerry is still exploring other options and encouraging regions to be vigilant for display opportunities. Both of our professional displays have received accolades for their quality and for the excellence of our volunteer staffers.

Gerry spotted, early on, that telephone referrals were playing an increasingly positive role, and he has worked with his characteristic high energy and devotion to negotiate favourable rates and enhancements to our telephone directory entries across the province.

In full-time private practice, Gerry is more than willing to share his business acumen with our members, and takes time from his very busy schedule to respond quickly to an increasing volume of inquiries, particularly with regard to EAP/EFAP work.

"People Helping People" is not just a catchy theme for Gerry – it is his way of life. "When I reflect on it, I enjoy serving the membership for many of the same reasons I enjoy counselling. It is deeply gratifying and satisfying to see the results of our work bring fruition," Gerry says.

Gerry was previously acknowledged by our Association with the Volunteer of the Year Award in 1999-2000.

Thanks and congratulations, Gerry. Keep it up, please...

VOLUNTEER OF THE YEAR

Recognizes an Association member who has been active in service or management, and/or has actively promoted the Mission of the Association.

JERRY ARTHUR-WONG

Jerry became a Registered Clinical Counsellor in 1995, and a Delegate Council Representative for Region 4 the following year. In his DCR capacity, he has worked diligently to work on continuing education initiatives in the Region, first under the guidance of Diane Payette, and then with Jeff Fisher. He plays a critical role in coordinating Regional meetings which have long been successful events in Region 4. He played a central role in a regional committee that explored Multicultural Counselling.

In his volunteer efforts on behalf of our Association, he exemplifies the theme of "People Helping People".

Thank you so much, Jerry, and congratulations on receiving this award.

Note: For the first time since the Awards Program was initiated in 1995-1996, we did not receive any nominations for the **Professional Care** or **Communications** categories. Please keep these important Annual Awards in mind for next year's nominations, and help us honour our distinguished members and contributors to mental health in our community! 🍀

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Sights on the Internet

This directory is an exploration exercise in navigating the maze! In each issue, we focus on a website that is of interest to you. For this issue, Gerry Bock recommended bullying as a timely topic for this column.

www.successunlimited.co.uk/stress/ptsd.htm

The website of the UK National Workplace Bullying Advice Line.

This comprehensive and easy to navigate website offers all the information one can possibly need regarding bullying and harassment. Even though it has no information about bullying in Canada, or even a link to a Canadian site, this website is still worth a visit.

According to the website, there is a clear link between Complex PTSD and bullying.

“Whilst it is now widely accepted that PTSD

can result from a single, major, life-threatening event, there is growing awareness that PTSD can also result from an accumulation of many small, individually non-life-threatening incidents. To differentiate the cause, the term Complex PTSD is used. A key feature of Complex PTSD is the aspect of captivity. The individual experiencing trauma by degree is unable to escape the situation. Until recently, little (or no) attention was paid to the psychological harm caused by bullying and harassment.”

Mapping the health effects of bullying onto Complex PTSD, the following information is provided: “Repeated bullying, often over a period of years, results in symptoms of Complex PTSD. How do the symptoms resulting from bullying meet the criteria in DSM-IV?

A. The prolonged (chronic) negative stress resulting from bullying has led to threat of loss of job, career, health, livelihood, often

also threat to marriage and family life. The family are the unseen victims of bullying. A.1. One of the key symptoms of prolonged negative stress is reactive depression; this causes the balance of the mind to be disturbed, leading first to thoughts of, then attempts at, and ultimately, suicide.

A.2. The target of bullying is unaware that they are being bullied, and even when they do realise it? (there’s usually a moment of enlightenment as the person realises that the criticisms etc. are invalid), they often cannot bring themselves to believe they are dealing with a sociopath who lacks a conscience and does not share the same moral values as themselves. Naivety is the great enemy.

The site offers an enlightening list as for where people are bullied (from work and school to care homes to the armed forces), and

Sights cont’d on page 5

SOLUTION-FOCUSED COUNSELLING WORKSHOPS

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 - Calgary, July, 2-5, 2002
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 - Winnipeg, Oct. 21-22
 - Saskatoon, Nov. 20-21
- **LEVEL 2: SFC WITH DIFFICULT CLIENTS**
 - Winnipeg, Oct. 23-24
 - Saskatoon, Nov. 20-21
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Our completed Technology Standards for Ethical Practice and the amended Disclosure Form (Standards for Written Consent to Treatment and Disclosure Forms) was approved at the March 16th Board meeting and is enclosed as an insert in this issue of Insights to the membership. We invite you to read it.

Sending your comments to the Ethics Committee would be much appreciated.

Two Books in Sight and... an Essay!

Sights cont'd from page 4

presents a non-theoretical definition of bullying that focuses on specific behaviours.

The material is presented in such a way that it can easily be used to present a seminar on the topic of bullying, especially as it pertains to the workplace and school. Two books are recommended:

- 1) **Bully in Sight: How to predict, resist, challenge and combat workplace bullying & overcoming the silence and denial by which abuse thrives** by **Tim Field** ISBN 0 9529121 04, Paperback, 16 chapters, 384 pages.
- 2) **Post Traumatic Stress Disorder: The Invisible Injury** by **David Kinchin** ISBN 0952912139 (replaces the previous edition, ISBN 0952912112) Paperback, 16 chapters, 208 pages.

It seems that all aspects of bullying are being reviewed in this website. With a click of the mouse, you can learn about any of the following and more:

- Frequently asked questions about bullying
- What is bullying and why me?
- Profile of a serial bully
- Antisocial, Narcissistic, Paranoid and Borderline Personality Disorders
- Bullying Case Histories

If you wish to submit a website for this column, please contact the Editor at <diane@radiant.net>. We are always looking for avid web surfers. 🐾

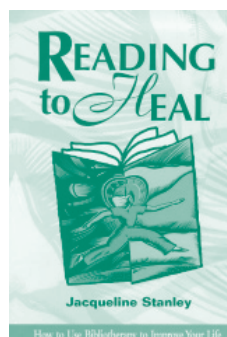
For this column, we are doing things a little bit differently this time. First we encourage you to visit the American website www.ed.gov/databases/ERIC_Digests/ed357333.html and read an excellent article on bibliotherapy, and then we will review two books on the topic!

Reading to Heal : How to Use Bibliotherapy to Improve Your Life

by *Jacqueline D. Stanley*, 1999

Reading to Heal

is one of the first non-academic books on the topic of bibliotherapy. It is an accessible, useful, and engaging tool that informs readers how to choose and use self-help books to deal with their personal issues. The book also gives guidance on how to read fiction and analyze characters and situations as they may relate to readers' lives. It can be used for individual bibliotherapy, by developing a personalized reading plan, or in a group setting. The book also offers Sample Reading Plans. The author, Jacqueline D. Stanley, defines bibliotherapy as a valuable healing tool and encourages the reader to try



it. She suggests a variety of titles and topics to get you started!

Read Two Books and Let's Talk Next Week: Using Bibliotherapy in Clinical Practice

by *Janice Maidman Joshua, Donna DiMenna*

This unique annotated bibliography contains books arranged in the following categories: abuse (domestic, male and female, self, and verbal), addiction/recovery (organizations, kinds of addictive personalities, adult children of alcoholics, cocaine and other drugs, sexual, spiritual), adoption (teens, toddlers, etc.), aging, anger, chronic illness (cancer, Alzheimer's, HIV/AIDS), divorce, eating disorders, grief and loss, infertility, alternative treatments, mental illness, money, parenting, relationships, spirituality, and workplace issues. Each book is summarized in 70-100 word annotations, a list of suggested readers is supplied, and the "therapeutic insights" each book furnishes for the client/patient are presented. Both authors, Joshua and DiMenna are licensed psychologists. 🐾



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The Editor's Interview

The Work of Catherine Ellis, MA, IAAP

Catherine Ellis is a Jungian Analyst who completed her Analytic Training at the C.G. Jung Institute in Zurich, Switzerland. She also holds a Bachelor of Science Degree in Nursing, and a Master of Arts Degree in Counselling Psychology. In the fields of nursing and psychology, she set up and ran an Employee Assistance Program for the Registered Nurses Association of British Columbia, and she has held the position of Program Co-ordinator for the Adolescent Treatment Program for the Alberta Drug and Alcohol Commission. Catherine was also a nursing lecturer at Langara College, and a regular guest lecturer at Universities and private workshops. She has been counselling since 1984, Catherine has counselled children, adolescents, families, as well as adult women and men. She has developed expertise in the treatment of eating disorders and in the treatment of drug and

alcohol problems. Catherine is currently a in private practice in Victoria, BC. She has travelled extensively and, she has lived and worked in Norway, Australia, and France.

Introduction

Analytical Psychology originated in the work of the Swiss psychiatrist Carl Gustav Jung (1875-1961). Offering a comprehensive model of the human psyche, analytical psychology includes a psychotherapeutic approach for improving mental health and facilitating maturation of the personality, as well as a theoretical body of knowledge with wide applicability to social and cultural issues. The International Association for Analytical Psychology (IAAP) was founded in 1955 and is the accrediting and regulatory organization for all professional analytical psychologists' groups. The main objectives of the IAAP are to advance

the understanding and utility of analytical psychology worldwide, and to ensure that the highest professional, scientific and ethical standards are maintained in the training and practice of analytical psychologists among its Member Groups. Insights is pleased to highlight the work of one of BCACC most highly skilled members.

Can you clarify for our readers what the difference is between psychoanalysis, analytical psychology, and Jungian analysis?

Psychoanalysis is the work of Sigmund Freud whereas analytical psychology is the name that C.G. Jung gave to his own body of work. Jungian analysis is the

utilisation of analytical psychology. It is important to note the main difference between psychoanalysis and analytical psychology. Analytical psychology recognises the collective unconscious (i.e. all of mans' mythology and religion) but Jung also had the concept of the personal unconscious. Jung saw the unconscious in two layers whereas Freud saw the unconscious as only one layer: the personal, belonging to the individual and mostly referring to repressed content. That difference emerged clearly in 1912 when Jung published Symbols of Transformation, a book in which he identified the collective unconscious. Freud did not accept this new notion, and it is at that point that Freud and Jung went their separate ways. ***At that moment, we could say that analytical psychology was born...***

Yes, we can say that. And in his book Memories, Dreams, Reflections, Jung writes about that period:

"After the parting of the ways with Freud, a period of inner uncertainty began for me. It would be no exaggeration to call it a state of disorientation. I felt totally suspended in mid-air, for I had not yet found my own footing". (p.170).

I also want to mention another difference between psychoanalysis and analytical psychology. This difference is regarding the concept of libido. Freud viewed libido as exclusively sexual energy. Jung defined it as life energy in general.

It has been written that C.G. Jung made a contribution to depth psychology with his studies on the religious and psychological experience. Define "depth psychology".

Depth psychology considers the idea of the unconscious, and Jung's discovery of the collective unconscious is a huge contribution to that. The collective unconscious is the central source of life energy. It contains patterns and images of all the world's religions and ancient mythologies, and Jung called these images and patterns "archetypes". Depth psychology therefore emerged from Freud's and Jung's notions about the unconscious.

Interview cont'd on page 7

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Interview cont'd from page 6

How did Jung “discover” this new layer of the unconscious, the collective unconscious?

In his ongoing work with dreams, Jung sensed that there were deeper layers of common mythologies; ancient mythologies, folk legends, primitive rituals that people shared in their dreams regardless of their individual life experience. Jung recognized a number of common themes, symbols if you wish. So, he theorized that there had to be a part of the unconscious that was not limited just to the personal. Around 1905 Jung writes that “the collective unconscious is common to all”. (ibid, p. 138).

Why is the training to become a Jungian Analyst so extensive?

A broad knowledge is needed to be a Jungian analyst. One needs to know and study about developmental psychology, psychopathology, psychiatry, ethnology, mythology, and art therapy among other topics. The more one knows about symbols, mythology, and religions (and there is always a lot to learn!), the more the analyst can work effectively with dream material. In another one of his books, *Man and His Symbols*, Jung writes at length about the importance of dreams.

“A story told by the conscious mind has a beginning, a development, and an end, but the same is not true of a dream. Its dimensions in time and space are quite different; to understand it you must examine it from every aspect—just as you may take an unknown object in your hands and turn it over and over until you are familiar with every detail of its shape” (p. 28).

This intense examination is facilitated when the analyst has an extensive background.

So how long is the training?

I can tell you about the Zurich Program. It is the only full time study program and it cannot be done in less than four years. Most candidates take four to six years to complete the program. The clinical work requires that you do a minimum of two long term analysis with two individuals, as well as shorter cases. Should one of the long term analysands leave before the minimum 80 required hours of analysis, (this is roughly two years of

analysis), then the training candidate has to begin with a new case. And this has certainly occurred! So you can see that to simply complete the required clinical hours, it may take two or three years. Acceptance into the Program requires a minimum of a Masters Degree and 50 hours of Jungian Analysis which is completed prior to applying. There are 300 additional hours of personal analysis that are needed in order to graduate. After the written application (life history) is accepted, one has to sit for six interviews which are done by Jungian Analysts on a Selection Committee in order to be accepted. These interviews are very rigorous. The Selection Committee interviews the candidate at stages throughout the program to ensure they are ready for the next phase of training and graduation. There are two sets of formal exams, the first occurs after two years and then final exams. The final exams includes a case study presentation to

a committee of analysts. A thesis is also required to be written and formally defended. The requirements are very similar to the requirements of a doctoral program. A graduate, of course, continues to work with their own dreams as they practice. I view being an analyst as more of a vocation than a job. It is very much a lifestyle to me. *This is very fascinating. Personally, what attracted you to the study of analytical psychology?*

Three basic aspects of Analytical Psychology are very attractive to me. The first one is the validation of the reality of the psyche and the unconscious. The second is the appreciation Jungian Psychology gives to the significance of

symbols. And third, the importance that Jung gave to spirituality. I believe that each individual needs to have a relationship with their spiritual side and they may or may not find that through organized religion. *You’ve already mentioned the importance of dreams in Jung’s work; how do you use this tool in your clinical work with clients?*

Dreams are the psyche’s way of creating a psychological balance. If our waking viewpoint is too one-sided or narrow or inaccurate, we will have a dream to endeavour to correct its view point. I would describe an analysis as involving a running conversation between one’s conscious understanding and the unconscious through information gleaned from one’s dreams. When we have a problem it usually means that there is conflict between our conscious and unconscious attitudes. To resolve the conflict dreams supply information from the unconscious

Interview cont'd on page 23

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Suggestions on the Application of Hakomi to private practice

Beth Falch-Nielsen, Contributing Writer

Ron Kurtz and Donna Martin gave an excellent and informative presentation on Hakomi to members of Region 2 in January. Since the presentation was more focused on the workshop/teaching setting, the attendants raised important questions that evening about the application of Hakomi to private practice. This brief article is an attempt to answer some of those questions raised.

Hakomi in the Clinical Setting

Hakomi is the study of people's psychological organization: the thoughts, feelings, and bodily events that express their core beliefs and limiting patterns of behavior. In a carefully developed atmosphere of safety, we assist people to notice and examine the ways in which their present, conscious experiences are manifestations of their unconsciously held core material - images, memories, neural patterns, emotional attitudes and cultural mandates. By communicating directly with such material, we not only bring these patterns into awareness, but we can also offer the person a therapeutic "missing experience" that challenges the old belief, and opens up the possibility of new beliefs and new ways of being in the world.

For example, let's consider a client who has trouble taking in support. After establishing rapport, I might have them sitting with their eyes closed, in mindfulness, studying carefully the various experiences that arise when they

dwell on their support issues: tension in the shoulders, say, or a hopeless feeling, or an image of their mother turning away. I might have them notice their response when they hear me say the words, "You can have support" (a verbal technique we call a Probe). I would then help them process and get meaning from the responses that came up (which might be holding their breath, or getting more tense, or hearing internal words rejecting my statement).

Because Hakomi is a somatically-oriented therapy, I might also use physical, touch-based techniques, such as Taking Over. I might literally hold the client's shoulders in the same tension pattern they are using to free them up to notice and identify with the underlying longings that the tensions are

"Of course, the use of touch in therapy requires precise consideration."

working to avoid. Or, I might have them notice their desire to reach out for support, and gently, mindfully assist them in either reaching for it, or in holding them back from the reaching, once again to allow them to explore the fundamental patterns of being that are shaping their choices about reaching out or not. Whatever feelings and awarenesses,

thoughts or memories etc. that come up are then worked with in precise ways to discover the belief that is limiting their ability to move forward, or to take in support. One of the very powerful things about using the body so directly in therapy is that the information, when studied in mindfulness, is explicitly experienced and can't be argued with,

or analyzed away. The client processes from within their immediate experience of their truth, rather than "talking about" it.

Of course, the use of touch in therapy requires precise consideration. When included in a careful and respectful way, with awareness of each client's history around touch, how much trust has been built, and the stage of therapy, as well as our own comfort level, touch can be a powerful tool for self-exploration and healing. Each practitioner is encouraged to work according to their own values. Therapists who decide not to use touch in their practice can still do very good Hakomi work, helping clients to study their impulses and bodily responses and messages, without actually making physical contact. Whether we choose to use actual touch or not, we all need to remain aware and exquisitely sensitive to our clients inevitable somatic experiences.

Whatever techniques are used, Hakomi pursues the evoked responses back to the core, and then works directly to enable the client to experience new options, and to begin to create new patterns of belief and behaviour. Such work plants a seed of change in the client, but Hakomi is well aware that true transformation most often happens through the gradual practice of the new options in the client's everyday life. This phase of the therapy, which we call Integration, includes both session-based exploration, and carefully designed homework which the client practices mindfully outside of the office.

In this brief article, there is only space to mention a few central aspects of Hakomi. Please feel free to contact me for further information about Hakomi, or our professional training, at (250) 746-7600 or bakomibeth@shaw.ca

Beth Falch-Nielsen is a Registered Clinical Counsellor and Certified Hakomi Therapist/Trainer with the Hakomi Institute. She has over 25 years in the counselling field, and has been in private practice for 13 years. She teaches and sees clients on Vancouver Island, and in Alberta. 🌱

Victoria Psychoanalytic Study Group

If you are interested in exploring how we might develop a psychoanalytic study group in the Victoria area please contact Judi Quail MA ATR at (250)-744-7007

The Anxiety Disorders Association of British Columbia: 3rd Annual Public Information Program

Diane Payette, Contributing Writer

The Anxiety Disorder Association of British Columbia held a Public Information Night on April 11th in Vancouver. Linda Aylesworth, BCTV Health Reporter welcomed Dr. Gulzar Cheema, Minister of State for Mental Health and introduced the nine panellists for the evening. The auditorium at John Oliver Secondary School was nearly packed; a sure sign of the growing interest in anxiety disorders. The Anxiety Disorders Association of BC is just two years old. It is a young organization with lots of energy. ADABC was born out of a clear dissatisfaction with the current attitude towards the treatment of anxiety disorders in BC. ADABC will basically no longer tolerate complete ignorance of anxiety disorders in the province. The founding participants of this organization have set a clear mandate:

- 1) To promote awareness of anxiety disorders;
- 2) To improve access to information about anxiety disorders; and,
- 3) To improve access to treatment for anxiety disorders.

Their mission statement is also well-defined:

"To increase awareness and promote education of anxiety disorders, to increase access to treatment by assisting in and promoting the development of new and/or improved facilities, and to encourage the development of new treatments."

The evening started with Dr. Gulzar Cheema presenting the BC Liberal Government as very supportive in attempting to improve the lives of those affected with a mental illness in the Province. Dr. Cheema said that \$263,000,000 would be invested in the next few years towards that goal. During the Q & A period at the end of the evening, questions about finances and the BC Liberal Government were not allowed though as this was not the focus of the evening. The writer is unclear as to which monies will be disbursed directly towards the treatment of anxiety disorders in BC.

Expert members of the panel included Dr. Maureen Whittal, Psychologist and Manager of the Anxiety Disorder Unit at UBC Hospital; Dr. Peter McLean, Professor in Psychiatry at UBC; Dr. Sandra Clark, Psychologist at BC's Children's Hospital; and Dr. Greg Passey, Psychiatrist at Vancouver General Hospital. This group of professionals all supported two treatments of choice for anxiety disorders. The first one was Cognitive-Behavioural Therapy (CBT), a short-term problem-focused treatment that targets the current problems (i.e. anxiety), challenges unhelpful thinking patterns, and behaviourally targets the mechanism of avoidance which is generally thought of maintaining the initial problem. The website of the National Association of Cognitive-Behavioural Therapists (US) at www.nacbt.org provides important information about this particular therapeutic modality. And as you read this, it will make sense to you why CBT is the therapy of choice for anxiety sufferers.

There are several approaches to Cognitive-Behavioural Therapy, including Rational Emotive Behaviour Therapy, Rational Behaviour Therapy, Rational Living Therapy, Cognitive Therapy, and Dialectic Behaviour Therapy.

The second treatment of choice for anxiety disorders endorsed by the panel of experts was pharmacological. It was emphasized by Dr. Whittal that with anxiety disorders in particular, medication lost its effectiveness for long-term treatment especially with OCD. The general class of medication that has been shown to be effective for anxiety disorders are selective serotonin reuptake inhibitors (SSRIs). Examples include paroxetine (Paxil), sertraline (Zoloft), and fluoxetine (Prozac). Less commonly, people can be prescribed benzodiazepines such as clonazepam (Clonopin/Rivotril) and alprazolam (Xanax). Dr. Whittal mentioned that at UBC Anxiety Disorder Clinic, their studies have shown that 90% of the patients experienced a relapse approximately six

Continued on page 22



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The Counsellor's Counsel

A Counsellor's Duty to Warn Foreseeable Victims of a Client's Violence

By George K. Bryce, BCACC Legal Counsel, Contributing Writer

Introduction

In the October 1994 issue of *Insights*, I discussed a counsellor's legal duty to disclose information about a client if the counsellor believes that the client may commit a serious, violent crime: "The Legal Duty of Clinical Counsellors to Report Violent Crimes" 6:4 *Insights* at pp. 5-6. The legal principles discussed in that article were based on an important American case from 1976: *Tarasoff v. Regents of the University of California*.¹ The California Supreme Court's often-quoted statement (i.e. the *Tarasoff* principles) reads:²

When a therapist determines, or pursuant to the standard of his profession should determine, that his patient presents a serious danger of violence to another, he incurs an obligation to use reasonable care to protect the intended victim against such danger. The

discharge of this duty may require the therapist to take one or more of various steps, depending on the nature of the case. Thus, it may call for him to warn the intended victim or others likely to apprise the victim of the danger, to notify the police, or to take whatever other steps are reasonably necessary under the circumstances.

Since 1994, the *Tarasoff* case has been considered or referred to in a few Canadian cases. Of potentially greater benefit, however, this landmark case has been applied and refined by a number of American courts in various circumstances, and has been the subject of useful commentary and analysis in various legal and social policy articles. (A reading list is included at the end of this article.) In light of these developments, I have been asked to revisit the issue of a counsellor's duty to warn and, in particular, discuss what factors a counsellor should consider before exercising that duty.

of confidentiality. But, more importantly, a counsellor must report suspected child abuse to the authorities whether or not the *Tarasoff* principles are applied in Canada, or how they may be applied.

Facing the dilemma

A counsellor who learns that the client intends to harm or kill someone faces an obvious ethical dilemma. On the one hand, the counsellor has an ethical duty to maintain that confidence. This duty is the foundation for effective clinical practice. Disclosing client information to others without the client's consent could cause emotional, psychological, financial, or even physical harm to the client.

On the other hand, the counsellor is faced with the possibility that it will not be possible to help the client deal with or control the potential violent behaviour, and – as a result – an innocent third party could be seriously harmed, if not killed by the client.³

Trying to maintain client confidentiality when faced with the likelihood that the client could seriously harm someone, must be one of the most difficult situations a counsellor or psychotherapist can face. It is both an ethical and a legal dilemma.

In cases of [conflicting duties], no solution will protect the interests of all parties. One can object, and quite correctly, that breaches of confidentiality can lead to a breakdown of trust between patient and doctor, or that they can lead to harm to the patient. However, it is not sufficient to look at the objections on one side only. In many cases, someone's interests must be compromised: the real question is not whether harm will be done, but which harm we should choose to have done. Coughlan (1995) at 93.

Factors to consider

Because there have been no Canadian cases that have expressly adopted and applied the *Tarasoff* principles in similar situations which we can now use as a guide, it may be premature to set out the factors a counsellor

Counsel cont'd on page 11



We enjoyed a successful Spring series and are now planning our Fall 2002 Calendar. Watch our web site - www.bodydynamic.ca - for updated information, or request to be on our mail list.

Workshop in October 2002

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Reporting suspected child abuse

As I pointed out in 1994, a counsellor holds a separate and over-riding legal duty to notify the authorities if the counsellor believes that a child may be at risk, be this a child who is a client or a client who may harm a child. This duty was later canvassed in a two-part article published in 1999: "Reporting Suspected Child Abuse or Neglect: An Exception to a Counsellor's Duty of Confidentiality", part 1 @ 11:2 *Insights* at pp. 9-10, and part 2 @ 11:3 *Insights* at pp. 10-11.

There have been no changes to this statutory exemption to a counsellor's general duty

Counsel cont'd from page 10

should take into consideration when faced with this dilemma. To further complicate the situation, while the US courts have dealt with a number of such cases, there has been a shifting of the American law in the past two decades as the Tarasoff principles have been applied in different contexts. Indeed, in some states these principles have been enshrined in legislation, thereby creating new legal foundations in those jurisdictions for the duty to protect or warn.

If a Canadian court were to now apply the Tarasoff principles in similar circumstances, it is hard to say with precision whether the court would be true to the original decision, or whether it would move the common law in Canada in some other direction. By all appearances, it is likely that the Tarasoff principles would be found to be part of Canada's common law.⁴

A breach of the counsellor's duty of confidentiality to the client can be justified if it is necessary to protect the health and safety of someone who may likely be harmed by the client, even if those third parties are not specifically named. However, it is not a matter of trying to strike a balance between two possible harms; the emphasis should be on protecting the client's privacy interest. In general terms, therefore, a counsellor should breach a client's confidence only when there is a real risk of serious harm or death to another identifiable person.

The following are offered as questions the counsellor should consider before making their decision. Counsellors are cautioned, however, that addressing some of these questions may require consultation with or intervention by a psychiatrist. Obtaining complete answers to some of these questions may be beyond the competence or experience of some counsellors.

Some of these factors may overlap or be closely related to each other, and some may vary in importance from case to case. It may not be necessary to answer certain questions if others are adequately addressed, and the

following is not necessarily the best sequence for these questions. How much emphasis should be placed on one factor over the others will depend on the particular circumstances.

1. What type of harm is being threatened? Is the client threatening serious physical or even psychological harm?⁵ Is it a threat of death?
2. What specifically is the client saying or doing when articulating or suggesting this threat? In this respect, it is not necessary that the threat be given verbally or in writing. The threat could be communicated "soundlessly yet with brutal clarity by thrusting a knife through a photograph of the intended victim".⁶
3. In what way has the client indicated or explained how the threat will be carried out? For example, has the client described using a particular weapon?
4. When has the client threatened that the harm will occur? Will it take place immediately or in the near future? Is it planned for some future specified time or date?
5. Has the client identified where the threat would be carried out? Or described a general location or circumstance?
6. Who is the subject of the threat? Is it a specific person who is named or readily identified? Or is it anyone from an identifiable group or a general class of persons?
7. How easy is it for the client to have contact with a potential victim? For example
 - Does the third party

live with or near the client?

- Is the third party someone the client works with or sees on a regular basis?
- Given the nature of the threat, how easy would it be for the client to carry out that threat against someone from an identifiable group or class of persons?

Given this type of information (if it is available), the counsellor should try to assess how likely it is that the client will act and cause the identified harm. This may require the counsellor to obtain more information, such as the client's full clinical record and the recorded observations of others, but only if time and circumstances permit. In making this assessment, the counsellor should consider specific factors that make it more likely than not that the client will carry out the threat.⁷

Counsel cont'd on page 12

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Burnaby BC V5J 4N8 e-mail: bog@vcn.bc.ca

Fax: 604 431-7553

Counsel cont'd from page 11

8. Is the client on a pathway toward a violent act? If so, how fast is he or she moving (and where could one intervene)?⁸ For example,
- Has the client already caused the same or similar harm to others?
 - If the client has a history of violence, has the level of violence been increasing?
 - How much planning has taken place, even if only in the client's mind?
 - Has the client already bought a weapon? Or taken some other step that could lead to acting on the threat?
 - Has the client considered but rejected alternatives to violence?
 - How much insight does the client have about the situation? Is the client willing to participate in an intervention to reduce the risk?
- Once these factors have been considered, and

if it appears more than likely that the client will act on the threat to a third party, it may be possible in some circumstances for the counsellor to determine if the potential victim (or the authorities) have pre-existing knowledge of or are otherwise prepared to deal with the threat, such that it would not be necessary for the counsellor to breach the duty of confidentiality.

9. Is the third party (or an authority) already aware of this or a similar threat from the client? Have they already taken protective action in relation to this or a similar threat? What evidence does the counsellor have of these measures?

If, after considering these and similar questions, the counsellor decides that, in the interest of public safety, a duty to protect must supercede the duty of confidentiality, the counsellor should act in such a way that the breach of the duty of

confidentiality is as minimal as possible. Therefore, it becomes necessary to consider how to protect the third party.

10. Would simply giving a warning be sufficient in the circumstances? Or should the counsellor first take other steps to try to protect the third party at risk? Or should some combination of warning and protective action be taken?⁹

11. Would warning an identifiable person at risk be sufficient? Does the identifiable person have the capacity or ability to take protective action (e.g. contact the police themselves)? If "no", should the counsellor contact a representative of the third party or the authorities?

12. Whether or not an identifiable individual is warned, should the police

or some other authority (also) be contacted? For example, if the threat is made generally to anyone riding in a subway train during a certain time, notifying the police rather than notifying the public at large is probably the only realistic way to prevent harm to others.

13. Should the warning be given orally? Or should it be communicated in writing? Or in some combination of an oral and written warning?
14. What type of otherwise confidential information should be conveyed? How much detail should be provided about the client, the nature of the threat and the possible victim so that actions can be taken to protect the third party?

It may be that an open and frank discussion with the client about the counsellor's duty to warn may have therapeutic benefit, and strengthen rather than weaken the counsellor-client relationship. It may even be beneficial if the client were to participate in or take the lead in some sort of (supervised) protective action, such as warning an identifiable potential victim. Therefore, the counsellor should also consider:

15. Would the client consent to the counsellor taking protective action, such as giving a warning to a third party or the authorities concerning the client's potential to cause serious harm? Or would the counsellor's disclosure to the client of a pending breach of client confidentiality not be appropriate or necessary in the circumstances?

Space does not permit an exhaustive discussion of these factors or how they could be applied in different circumstances. However, if a counsellor asks these and similar questions and, more importantly, documents the answers, that record should provide the counsellor with the basis for a defense if – sometime in the future, either the client or a third party were to sue the counsellor for civil damages. The more concerned the counsellor is for the potential of serious violence against others, the more complete the risk assessment of the client and the documentation should be.

It is unlikely the court will expect the counsellor's risk assessment to be accurate

Counsel cont'd on page 24

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A Word From Your President

Bev Abbey

In the Winter 2002 issue of *Insights* (Volume 13, Number 3), the writer's report asked the question "What is our preparation for disaster?" (page 15). We began working in earnest to develop a provincial roster of members who are willing to volunteer counselling services should the need arise. I am pleased to report that our first draft includes members from each region.

I invite you to think about the many different hazards that may threaten the safety of our communities, the impact on life if a home is destroyed, and the intensity of emotions that one could experience as a result of a major disaster. A disaster is a situation requiring multiple agencies, has community impact, has emotional shock and trauma, and requires the services of many professionals. We hope that our services may never be required, however, it is important to be prepared.

As reported in the Winter 2002 issue of *Insights*, we sit on the *Community Counselling and Debriefing Mental Health Emergency Response Planning Task Group*. The coordinator of this Task Group travelled to New York for three weeks and reported that the following venues provided counselling services: On-Site for victims, families, and other volunteers; Service Centres for the homeless; Outreach teams for those who couldn't get to the Family Assistance Service Centres and Respice Centres.

As of November 18th, 2001, there were 129,000 mental health contacts in New York, and a total of 179,000 mental health contacts in New York and the Pentagon.

In our province, our colleagues in psychology, psychiatry, psychiatric nursing, EAP/EFAPs, along with clinical counsellors, are developing rosters. Volunteers are still very much needed. Please consider adding your name to our roster. Our general counselling skills provide the basic needs that are required, and if other members have skills in shock and trauma, or have had experience

in this area of counselling, please call Aina at our Victoria Office, (800) 909-6303, and add your name to the roster.

Our Professional Liability Program (with The Mitchell and Abbott Group), covers us for work that we do, paid or volunteered, as long as we are working within our Scope of Practice.

Mission Statement

"The BC Association of Clinical Counsellors is a society of regulated Clinical Counsellors dedicated to providing the highest standard of professional counselling, consulting, assessment, testing and training services. Members of the 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 and the membership".

This writer, as Chair of our Annual Business Meeting held on March 15th, 2002, at the Coast Plaza Suite Hotel at Stanley Park, had the honour and privilege of acknowledging three of our members as recipients of the 2001 Provincial Awards Program; two with President's Awards, Gerry Bock and Glen Grigg, and one with a Volunteer of the Year Award, Jerry Arthur-Wong. For a full description of the awards and a detailed description of the recipient's contribution, please read about the Annual Awards Recipients on page 3.

For the first time since the Awards Program was initiated in 1995-1996, we did not receive any nominations for the Professional Care or Communications categories. Please keep these important annual awards in mind for next year's nominations and help us honour our distinguished members and other contributors to mental health in our community.

Fundamental Purpose 2

"Regulating the professional practice of registered members".

The Delegate Council was challenged with complex bylaws issues, and proceeded through their deliberations with thoughtful and insightful actions. The meeting was characterized by enthusiastic, collegial exchange, with respectful sensitivity and acknowledgement. The DCRs agreed that it was a pleasant and productive experience. What a wonderful reflection of our logo type emblem "SOWELU", the Celtic rune symbol representing "wholeness", and encouraging us to "conduct our affairs with respect and dignity to ourselves and others".

The amendments to our Bylaws are reviewed in the Legislative Review Committee report in this issue of *Insights*.

Fundamental Purpose 3

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

Our March series of meetings is a marathon for those of us who participate in all three meetings: Delegate Council, Annual Business Meeting and Reception, and the Board of Directors' meeting. On this occasion, our full staff complement, who contribute their efforts to our Association, were present. Our Association is well-governed and administered due to the coordinated efforts of members and staff who participate in these meetings.

It requires a very considerable amount of time to prepare reports and to assure that all of the logistical details are attended to. We are fortunate to have a dedicated and professional team in our Victoria Office who handled these meeting arrangements with grace and dignity.

Our Delegate Council was pleased to greet our Executive Director, Jim Browne, his team, Michèle, Aina and Julia, and our Registrar, Angela Burns and Deputy Registrar and Web Manager, John Gawthrop. The Council extended appreciation to all for the quality and quantity of

Executive Vice-President's Report

Glen Grigg

the work that they manage on our behalf.

Transitions

As 2001 came to a close, so did the Board's opportunity to work with three Directors as they announced their intentions to step down from their positions. We are appreciative of the time, personal commitment and professional contributions to the Association and the Board of Directors that were given by Shiella Fodchuk (Chair, Ethics and Standards Committee), Debbie Suian (Chair, Discipline Committee), and David Reagan (Vice-President, Region 2). Your work has been appreciated and we wish you happiness and continued success in your personal and professional lives. James Drinkwater has decided to step down as Chair, Inquiry Committee. James has agreed to remain as the Chair until a replacement can be recruited. We are grateful to James for spearheading the development of the Inquiry process that is in current use, and to keeping his committee focused on their critical and sensitive responsibilities.

At its March 16th, 2002, meeting, the Board of Directors welcomed three incoming Directors: Bonnie Jean Divine (Vice-President, Region 2), Edward Epp (Chair, Ethics and Standards Committee), and Sherry Baker (Chair, Discipline Committee). Bonnie Jean served on the Board as Vice-President Region 2 in 1990-1991. Edward served on the Ethics and Standards Committee with Shiella Fodchuk. Sherry brings a wealth of Board and executive management experience to the Board. Previously, she served on the Finance Committee.

Bouquets

Our appreciation is extended to Brad Ackles and The Mitchell and Abbott Group for their continued support of our members through their Liability Insurance program, and for their sponsorship of our Reception. Brad writes a regular column for *Insights*, presents a report at our Annual Business Meeting, and constantly looks for ways to enhance his service to us. He always provides quality service in a timely manner.

Many thanks to all who participated and joined us at our March meetings. 🍷

Regulation Panel

In the last report, details were given about the work of finding more collaborative methods for resolving complaints from the public. The result of this work was a bylaw amendment that allows the Inquiry Committee to be more responsive to complaints from the public while at the same time not taking smaller issues "all the way" through a hearing and discipline process. The panel has also been thinking about ways to reduce the already low level of public complaints about the practices of our members.

A promising line of policy development seems to be restorative justice. In traditional justice procedures, the core idea is to identify a wrongdoer and provide some kind of sanction against them. In a restorative justice model, responsibility for conduct remains, but the focus is much more on the identification of, and restoration from, harm. This, as far as we know, is new thinking in the world of professional regulation and we are excited about moving it forward. 🍷

Registrar's Report

Angela Burns

General Administration

Please read the important notice regarding the disposal of CE documents from the Members' File on page 26.

A snapshot of the Association on April 10, 2002: Total members: 1198; Active: 1068; Inactive: 91; Student rate: 34; Honorary: 1

0 (out of province)	18
1	93
2	179
3	87
4	520
5	223
6	68

Deceased: Brigitte De Abreu of Region 5 died suddenly in October 2001.

Inquiry

Since January 1st, 2002, we have received 6 new complaints. We are currently monitoring 8 consent agreements. 🍷

Committee Reports

Continuing Education/ Professional Development

Dianne Symonds

The committee has been working hard all winter. We are now ready to hear your ideas about continuing education. You will soon be receiving a questionnaire on this topic, and we ask that you take the time to complete it. Those of you who do not have e-mail will receive the questionnaire by fax or snail mail. We look forward to receiving your thoughts about CE.

The *Insights'* Continuing Education Questionnaire printed in every issue is going to be posted on our website at www.bc-counsellors.org by June 20th. You may complete this questionnaire on-line and e-mail it back to our head office. This will be the first time the Association has had the capability to do this.

Our committee continues to explore the possibility of joining with other similar organizations to plan future CE activities. This has proved to be a rewarding venture. BCACC is well respected in the counselling community, and other organizations have responded to our invitation to cooperate with enthusiasm. Stay tuned.

The committee also continues to work on a model for ensuring the competence of our members as BCACC moves ever closer to registration under the Health Professions Act.

Thank you to the many members who, at registration renewal time, indicated that they would be willing to join our committee. As we are looking for new members, I will be contacting some of you to join us. Your enthusiasm is much appreciated.

Discipline

Sherry Baker

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. As the new Chair of the Discipline Committee, I hope that our track record continues!

Ethics And Standards

Edward Epp

This is a brief report from the Ethics and Standards Committee. We have had a busy year. With a change in membership we had to learn about the complexities of communicating through fax, e-mail and phone, maintaining our own connection between northern BC and Vancouver to work through the tasks given to us by the Board.

That experience turned out to be a suitable prelude to the major thrust of our work this year, researching and writing an updated **Technical Standards for Ethical Practice**. Keeping up with new technology used by clinical counsellors in the ever changing technology landscape, including websites, e-mail, fax machines and cell phones, and highlighting the principles and guidelines that we see as necessary to guide the therapist through this maze, was our task.

Our completed **Technology Standards for Ethical Practice**, and the amended **Disclosure Form (Standards for Written Consent to Treatment and Disclosure Forms)** were approved at the March 16th Board meeting and is enclosed as an insert in this issue of Insights to the membership. Comments to this committee are much appreciated. We recognize that as technology continually changes, and sensitivities and counselling issues arise and evolve in tandem to those changes, we will have to continually update our ethical guidelines.

On the horizon, we have been given the task of reviewing the BCACC Code of Ethical Conduct document. Again, feedback and suggestions are welcome.

Inquiry

James Drinkwater

The Committee convened its regular meetings on November 14th, December 19th, 2001, January 9th, February 13th, and March 20th, 2002. There have been more personnel changes on the Committee since the Winter 2002 edition of *Insights*. However, before I get to what's new, I must make a correction

to the previous report: Carol Reiter's name was inadvertently omitted from the list of Committee members. It is true that Carol has now resigned from the Committee because of expanded work commitments, but she was still very much a most valued part of the Committee at the time of my last report. One of our newer committee members, Marisa Castilo, has also left us recently because of her work changes. On the plus side of the ledger, we are fortunate that Stephanie Ustina has come on board. The Committee is currently looking for additional members to join me, Jocelyn Harris, and Stephanie Ustina from Region 2; Jane Goranson-Colman from Region 4, John Gawthrop and Angela Burns, our Investigators; and Julia Burke, our Administrative Support.

My term as Chair of the Inquiry Committee expired at the March 2002 AGM. I did not stand for re-election and, as a result, the position is vacant. For the present, I continue to act as Chair until the Board of Directors appoints my replacement. Please read this as a call for you to apply, if you are looking for a challenging volunteer opportunity to assist our Association in meeting one of its fundamental purposes: to regulate the professional practice of its members. Helping you in your role as Chair will be the Board of Directors, who are approachable, informed, enthusiastic, and committed; the Head Office Staff, who are resourceful, organized, and supportive; and the rest of the Committee, who are dedicated, hard working, and good-willed. You will also have two excellent experienced Investigators in the Registrar and Deputy-Registrar, and one very fine Case Manager/Administrative Assistant. To guide you, the Committee has, over the last few years, developed very useful investigative procedures: it is a living document that outlines the process from beginning to end. As well, at its meeting in March 2002, the Delegate Council amended Part 10 of our Association's Bylaws to increase the Inquiry

Committee's options in resolving the complaints that it investigates. These Bylaws are a fine example of the outlines of clear governance without them being too restrictive in detail. They will be a great help to you. So, what would you be getting yourself into if you became Chair of this Committee? You would afford yourself an excellent education in Policy Governance and a working knowledge of our Association's Bylaws and Code of Ethical Conduct and Standards of Clinical Practice. You would travel to three Board of Directors' Meetings a year, attend the annual Delegate Council Meeting, and the AGM. You would participate in the regular meetings of the Committee (usually the second Wednesday evening of each month), and be involved in casework and committee communication between meetings. The Chair also has the responsibility of working with the Case Manager in preparing correspondence. You will certainly have the opportunity to polish up your time management skills! Finally, you may discover, as have I, an appreciation of the nature of our profession as one that requires that we be at all times teachable through our own work, the feedback of our clients, and the guidance of our peers. If this has got you interested, please contact me, Bev Abbey (President), Glen Grigg (Executive Vice-President), or someone at Head Office right away!

Legislative Review

Glen Grigg

The work of the Legislative Review Committee has its second-last stop at the Delegate Council where changes to bylaws are ratified. On March 15th, the Council amended the formula by which delegates are chosen. Rather than have one delegate for each twenty-five members, we now have a bylaw that calls for two council delegates from each region, plus an additional delegate for each one hundred members in a region.

The council also went to work on behalf of the Inquiry Committee. When investigations

of complaints are complete, the Inquiry Committee had only three options out of which to act: either issue a citation calling a member before the Discipline Committee, enter into a consent agreement with the member aimed at reducing the risk of another similar complaint, or do nothing at all. In the case where the committee thought that change was needed, and the member in question disagreed, and yet the complaint was not of sufficient gravity to warrant a hearing, there were no options for the committee. A bylaw amendment passed by the Council has given the Inquiry Committee the option to issue an advisory statement in such circumstances.

Member Services

The complete text of Gerry Bocks' report begins on page 1.

have booked space for the following **shows for 2002/2003.**

- Career Fair, February 21st, 2002 (Seaquam Secondary, Delta)
- Put Kids First, February 22nd, 2002 - "Survivor Island"
- Solutions and Preventions of Crime and Bullying Rally, March 10th, 2002
- Fraser Valley Women's Show, May 4th, 2002
- Trauma, Dissociation and Attachment Conference, June 6th – 8th, 2002
- White Rock Women's Show, October 19th – 20th, 2002
- Surrey Women's Show, January 18th, 19th, 2003
- Victoria Health Show, January 18th, 19th, 2003.

Yellow Pages Advertising

We have again addressed the Yellow Pages advertising market and this year and we will be listed with a small informational ad in **all** Telus books across the province. Bell Mobility has withdrawn itself as a "Yellow Pages" advertising venue, and the display advertising in these books will not be renewed in 2002.

Fair Market Value for Counsellors

Our recommendations regarding "Fair Market Value" are now being called upon and

utilized as a benchmark of fees for the services of our members. Please refer to these as guidelines when establishing your fees.

Extended Health Benefits and Member Referral Program

We have continued developing relationships with extended health benefits contractors and EAP/EFAP programs. Last Fall, we hosted a BCACC booth at the Employee Assistance Professionals Association annual conference. This was the first time in eleven years that it was held in Vancouver, and we made the most of that opportunity. The Member Services Chair was recently invited to meet face-to-face with the team members from one of the largest human resources consulting firms in the world. Human Resources firms frequently act as EFAP research consultants to many large corporations. These consultants were very interested to hear about the BCACC public referral service, and we expect to turn this into some EFAP contracts for our members.

We have also ordered promotional magnets for distribution to the public at our trade shows as well as for keeping in view of our referral sources. If you would like to obtain a quantity of magnets, brochures or bookmarks for distribution to your current or potential referral sources these are available by request to Head Office. For large quantities, we will make these available at our cost, plus shipping and GST. Small quantities are available at no charge.

I trust that our members will consider the intensive work from behind the scenes that goes into developing these sources. The next time an EFAP provider calls to offer you a contract, or you get a call from a client wanting to see you for services, you may want to consider whether your information came from the BCACC website, Yellow Pages advertising, the shows that we have participated in, the BCACC referral lines, or some other initiative provided by your membership dollars and volunteer support.

Regarding the enhancement of the member referrals system, we have been tracking the

sources of the calls to the head office since mid-February 2001. The following figures are current from January 1st, 2002, to March 31st, 2002. 300 calls were received for referrals. The sources of the calls were as follows: approximately 61% were from the Yellow Pages, 5% from EAP's, 9% from Members, 1% from Mental Health Agencies, 1% from Medical Doctors' offices, 1.6% from counselling offices, and 21% from other sources (i.e. callers' friends, BCACC's website).

Regional Vice-Presidents and individual members can take the initiative to work with the Chair of Member Services to find ways in which to promote the interests of the members in their individual regions.

Over this reporting period, the Chair has worked in collaboration with numerous members to improve individual private practice marketing strategies, and continued to lobby and provide direction on behalf of individual clients and members to have RCC's covered by extended health benefits.

BCACC Website

John Gawthrop, as Web Manager, continues to develop ideas for our website, www.bc-counsellors.org. He continues to work on a members only Bulletin Board for the exchange of various ideas regarding marketing, practice development, ethics, and other topics which may be of interest to members.

In addition to the Private Practice Directory on the BCACC website, a new complete Membership Listing showing names, cities and directory phone numbers of all members is now available to members by password only. Members without access to the internet may request a hard copy of this directory from Head Office.

Media Contacts

As we are looking to develop our media exposure, we are developing a listing to be placed in SOURCES, a media magazine that journalists and broadcasters subscribe to that lists all of the "experts" in various fields of endeavour. As I know that we have many counsellors with specialized training and

Regional Reports

expertise, I am looking forward to seeing more of this utilized in a more public manner. There is also a planned link from the SOURCES website to the BCACC site for added exposure.

I am also very excited about the possibility of developing a regular television appearance of our members on prime time evening television with NOW TV, a local station, broadcasting in the Lower Mainland. This would obviously be of tremendous public exposure to our members and another first for the BCACC. As details of this opportunity are finalized, I will keep you posted.

Looking For ward

As I look forward to another great year working in partnership with our membership and the Board of Directors, the area of greatest need is the one for volunteers to take initiative and accomplish tasks that need to be done. With the help of the membership, I trust that we will accomplish ever more of the goals that have been set out in this report. I look forward to the time when the public will automatically associate “Registered Clinical Counsellor” with exceptional favour and brand recognition. My vision continues to be that the membership of the BC Association of Clinical Counsellors is the dominant supplier of clinical services in our marketplace. As before, our brand Association is **Registered Clinical Counsellors** and our theme is **People Helping People.** 🌱

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Call us at (800) 909-6303
Fax us at (250) 595-2926 or
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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.

In spite of economic events beyond our control, we still believe that life in Region 1 is good – in fact, the quality is among the best on the planet. Our membership continues to grow and prosper, and, as we continue to discover at our regional meetings, we have tremendous talent and experience among us. Here’s what’s been happening on the regional meeting front:

At our meeting last November, we had a presentation on therapeutic body awareness techniques by Fred Schleossinger of Nanaimo. Along with his presentation of the theoretical foundations of body awareness, he led us through some exercises. I’ve been to many regional meetings, but I’ve never seen such a mellow, reflective group as at the end of Fred’s presentation.

Our custom is that we don’t have a featured speaker or topic at our January meeting. Instead, those attending are encouraged to bring some question of concern to them in their practice for consideration by the members. Usually it’s an ethical question or dilemma. This time our discussion ranged from specific case problems to the role of “lay” counsellors in our communities. We also talked about some of the ethical dilemmas we encounter in the policies of third party contractors such as EAP providers and insurance companies.

Our March meeting featured a presentation on suicide prevention and “postvention” by Mary Dolen, who is in private practice in Port Alberni. Mary led us through a really interesting and informative evening. The discussion was thought-provoking and challenging. I know I learned a lot about this disturbing issue that will help me in my work.

Our next meeting is scheduled for Thursday, May 16th at the Sand Pebbles Restaurant in

Qualicum Beach, from 7:00 to 9:30 p.m.. Our guest speaker will be Mehdi Naimi, an art therapist who works in Parksville. Mehdi will lead us in a presentation and discussion about the practice of art therapy. Of course, everyone is welcome.

At the time of this writing, we are preparing to take part in the Family Health and Wellness Fair in Qualicum Beach. Personally, I’ve never taken part in one, so this is a learning experience for me. Our Member Services committee has everything we need to make a good impression at these public gatherings, so if any Region 1 members know about an event coming up in your community, give me a call and I’ll help you make the arrangements. If you’re in private practice, it’s a great networking opportunity. (Somebody asked me recently for some tips on starting and expanding a private practice, and what came to mind immediately was, “Be in the right place at the right time”.)

In March a small group of us met over lunch to discuss regional business - mostly meeting topics and presenter possibilities for the near future. Mentioning that meeting allows me to remind you who the people are in leadership positions in our region. The Delegate Council Representatives are Marie-Josée Piché in Powell River, Susan Warner in Parksville, and Lynn Gervais who lives in Parksville and works in Nanaimo. Susan Butler from Nanoose Bay helps out with the telephone tree and developing professional development evenings. If you have any questions or concerns about life in the BCACC, or Region 1 in particular, I encourage you to approach one of them.

I also want to acknowledge the work of Cindy Fisher, who over the past few years has provided valuable volunteer service for Region 1 and the BCACC. Regionally, she has worked on the telephone tree, and helped develop our professional development evenings. At the provincial level, she served as a member of the BCACC’s standing committee on Continuing Education and Professional Development. Cindy is still hard at work in her private practice in Nanaimo and Parksville, but has decided to allow other members to fulfill the much-needed volunteer duties. Thanks Cindy.

Finally, if you need to contact me, my phone numbers are (250) 724-1001 (home), (250) 723-9392 (Port Alberni office), and (250) 951-2090 (Parksville office). E-mail dale@island.net.

S. Vancouver Island Report Bonnie Jean Devine, 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.

After I told David Reagan I was interested in allowing my name to stand for nomination as Regional VP, I waited for other names to come forward. It was with mixed feelings I heard the news that there were none. So I am your new Regional VP, "elected by acclamation". Now that a few weeks have passed and I have had the opportunity to attend the Annual Meeting, the Delegate Council Meeting and the Board Meeting I am delighted that no one else volunteered. I thoroughly enjoyed my time at these meetings. I also enjoyed talking with the people at these meetings. They were all professional, interesting and sincerely committed to the counselling profession and to our professional association. I left there feeling very optimistic about the counselling profession in BC and about the future of BCACC. I am proud to be your representative at the provincial level.

Some of the 'old-timers' in this region will remember that I was the Regional VP back in 1990-1991, and the Chairperson of the Personnel Committee. At that time, my motivation to be on the board came from my desire to see Master Level Counsellors in BC have recognition, regulation, and a professional association. Those were the very early 'start-up' days. What a difference for me to attend the 2002 meetings! How we have grown! The policies and procedures that are now in place, and the bylaws and structure of the Association, are amazing. It is awesome to see how far the Association has come in the past decade. I look forward to the honour of being part of that continuing growth for the next two years.

I see my role as facilitating communication between the board of BCACC and the members in Region 2 in both directions! I will let you know what is happening at the provincial level through emails or phone calls, reports in this newsletter, and through announcements at our general regional meetings and I hope you will contact me with issues, concerns, or even compliments, you would like passed on to the board. I see our Association being there to speak for us as counsellors, to protect and advance our profession in this province, as well as being there to protect the public. I also see Region 2 as taking a leading role in shaping the future of the Association.

Our January meeting/workshop was very well attended, and Ron Kurtz and Donna Martin did an excellent job of presenting on The Hakomi Method. Unfortunately, our February meeting/workshop had to be cancelled at the last moment due to a family emergency for the presenter. We will re-schedule Brenda Lucas again in the fall to do her workshop on Taking Care of Ourselves - Burnout and Fatigue. At the time of writing, I am looking forward to our April 23rd workshop on Sex Therapy and Transgender Issues with Julian Young presenting. Bev Abbey our president will be attending this meeting as part of her tour of all the regions. All meetings/workshops are from 7:00-9:00 pm at the University of Victoria Faculty Club.

We are now scheduling speakers for the '02-'03 season. So if you'd like to suggest a speaker or offer to do a workshop yourself please contact me as soon as possible. I am also looking for volunteers to help with activities in this region. Everything from phoning members with news bulletins to operating tables at Health Fairs, and many other tasks that are necessary for us to have a vital presence in our region. I would love to hear from members outside of Greater Victoria who are interested in organizing events in their locales. Please contact me if you are interested in being more involved. And lastly, please give me your ideas on what you'd like to see happening in our region

I can be reached by e-mail at bjd@sbaw.ca or by phone at (250) 360-0809.

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.

It is exciting to see the progress that is taking place within the Association and within our Region. 2001 ended on a positive note in our Region, and I am confident that 2002 will be an even more exciting and eventful year for our Region and for the Association as a whole. Regarding our numbers, the Association continues to grow, as does our Region. At this writing I am anticipating there being 90 members in Region 3. That number may diminish somewhat as members resign and/or retire. As you are all aware, this is somewhat of an exceptional year in that we started a new year end (Jan. 1 - Dec. 31) while at the same time we had our fees paid until the end of March - the old year end. So we will not know the actual numbers until at least a month later. If you would like to know more specifics, please do not hesitate to contact this writer.

It is important to highlight at least two major changes within our Association that affect us directly in the Regions:

- At the last Delegate Council Meeting it was decided by those present that the term "Delegate Council Representative" (DC Rep) would only apply to those Representatives attending the Annual (and other specially called) Meetings.
- Every Region would have at least two DC Reps and then the number would increase to three for up to 100 members in the Region, and one per hundred above that. (See the Legislative Review Report for more details.)

A suggestion for all based on what we have done here in Kelowna: I invited a Coach to

come in (at no cost to us) to give a brief presentation and provide us with guidance in using inspirational art cards in our counselling. The same could be done in any community, be it a Coach or any other professional in a related field or another RCC to do something similar for about an hour. We're doing this during the lunch hour the end of March, April, and May. Please contact your Local Rep if you would like to present and/or if you would like them to organize a mini Professional Development meeting like this.

Interested in Regional meetings? We hope so. Again this year we have decided to have the regular four Regional meetings in the four parts of our Region: north, central, and south Okanagan, and the Kootenays - more specifically:

Vernon - end of September

Kelowna –beginning of October (with attached workshop)

Penticton - May 31st, with BCACC President Bev Abbey present.

Creston - June 1st (with attached workshop: Coaching and the Use of Inspirational Art Cards in Counselling)

Dates, topics, speakers, places, and times will be posted on the website. News for our Region is at <http://www.bc-counsellors.org/reg3meet.htm>. Please contact me for any relevant additions, e.g. professional/educational meeting dates and times, etc. The website is continually being updated.

Reminders

- Prompted by the response to the terrorist attack on September 11th, our Association has been called upon to create a roster of trained and willing RCCs to respond in crisis situations. If you consider yourself eligible, please contact Aina at head office.
- Do you have a little extra time, and would you like to be involved more with the BCACC? There are at least two committees eager to hear from you: contact this writer.
- There is a first class BCACC booth available for mall displays and/or Exhibitions/Shows. It's a great way to promote not only the BCACC in your community, but your own

business – if you happen to be in private practice. Contact me for details.

Please do not hesitate to contact your Local Reps or this writer at any time. We look forward to answering questions (or directing you to those who can) and to encouraging you as a member. Our phone numbers are:

Kootenays West: Bob Ewashen (250) 866-5590; Darlene Mathews (250) 417-3320

South Okanagan: Janet White (250) 770-3121; Patricia Gregory (250) 770-0804

Central Okanagan: John Langston (250) 767-6773

North Okanagan: Kevin Ward (250) 835-2347; Margie Laughlin (250) 545-5748

Sam Reimer (250) 868-2338 or toll-free

(866) 868-2338, or e-mail rca-sams@shaw.ca

Vancouver Region Report Nancy Downes, VPP

Region 4 - Vancouver: 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.

So, it's springtime in Vancouver again! Daily habits take me to Vancouver's City Square where many mature chestnut trees thrive and offer themselves as a home to birds, squirrels, and other life not always visible to our eyes. It's been a joy to witness our famous ravens gather bits of string, paper, foil, and "whatevers" and then knit these individual pieces into a whole nest, preparing for the FUTURE. And so, Region 4 continues to offer the process of knitting together members in our professional community.

The Biannual Potluck for new members was hosted on January 27th, 2002, a beautiful snowy evening. However, the roads were quite hazardous. Seventy-nine new members were invited for this event, twenty responded affirmatively, but only seven members and the writer were able to attend. We enjoyed sharing our professional interests and personal histories.

The Counsellors' Cafe is up and running again. New member Kate Talmage came up with this suggestion last summer where by

seven members have committed to meeting bimonthly to discuss their professional work. In February, Lydia Rozental, RCC, presented an overview on EMDR, "The Good, The Bad, and The Ugly". May 2002, Tom Schroeder, RCC, will focus on his work with Compulsive Sexual Behaviors.

On Tuesday, February 19th, 2002, Regional Meeting, we had the pleasure of listening to Elin Horton, who spoke about ADHD. Elin supplied us with a comprehensive overview and healthy ideas about coping with ADHD.

On March 6th, Coffee and Conversation presented by Juliet Austin, M.A., who spoke on Coaching. This meeting was held in the North Vancouver area, North Shore Neighborhood House, thanks to the efforts of John Christopherson, RCC, and Jerry Arthur-Wong, of the Continuing Education Committee. Over twenty members attended, including President Bev Abbey.

The Association's Delegate Council Meeting was held on March 15th, and long time DC Rep and Continuing Education Leader Jerry Arthur-Wong was honoured with the Volunteer of the Year Award. Thanks again Jerry!

And now, returning to my opening thoughts about Spring and new life, these thoughts were meant to share our Region's process and to underscore our activities in becoming a viable support network and more and more visible to each other. Can you see yourself participating as a volunteer in these activities? If so, please contact me, as I welcome meeting and working with new volunteers.

The writer works as a Clinical Counsellor at the BC Cancer Agency.

Fraser Valley Report Jim Weibelzahl, VP

Region 5 - Fraser Valley: This region is composed of Surrey, Delta, White Rock, Langley, Clearbrook, Agassiz, Mission, Chilliwack, Abbotsford, and Maple Ridge, and all smaller communities within these boundaries including Hope.

Greetings from the Fraser Region. The last few months have been subdued with little

contact by the membership. Perhaps it has been for all of us an important time to process the terrible events of September, the consequences of those despicable acts that rocked us and the continuing troubles in the world.

We were fortunate to be able to arrange for a regional meeting at the last moment on March 25th, 2002. Thanks to the persistence of DCR Pauline Carey, mother-daughter presenters Lois Campbell, MA, and Debbie Clelland, MA, and the work of our telephone tree and head office, about a dozen members were treated to a presentation titled "Mothers, Daughters and Personality: Parent-Child". Lois and Debbie have been facilitating Mother-Daughter workshops for 10 years. They use the Myers-Briggs Type Indicator to look at how personality affects this relationship. Those present were able to examine this very important relationship through candid and open dialogue. Lois and Debbie published an article in the Winter 2002, Volume 13, #3 issue of *Insights*. Their article appears on page 10.

We have planned an informative and exciting schedule of events of interest to the membership. On May 27th, 2002, members will be treated to a presentation by a forensic psychologist who specializes in the field of child custody and access. For our September 30th meeting, we are planning a presentation on bereavement based on wellness principles which are applicable to grieving children, youth and adults. During the summer, I expect that we will have an opportunity to meet on a less formal basis for a regional bar-b-cue at my home in Langley. Please canvass our website for more information on these events.

I am pleased to spotlight one of our members and her contribution to the field. Lynette Walker, MA will be a panelist at the "World Conference on Breast Cancer" June 4th-8th in Victoria, BC. A previous VP for the Fraser Region, Lynette is a Jungian-oriented therapist and has been in private practice for almost 20 years in Langley. Her conference presentation is titled: "Breast Cancer and The Creative Process" which flows from her

personal experience with this disease in 1988-1989, and her forthcoming book on this topic entitled Mothering, Breast Cancer, and Selfhood (Trafford Publishing, Victoria). She did not intend to write a book when she began documenting her personal psychological process ten years ago. However, as she proceeded, new questions begged exploration. Like an archaeologist of the psyche, Lynette has gone in search of artifacts preceding and giving rise to the disease process. She views breast cancer as a perfect metaphor for a mothering function that is excessive and out of control, consuming the healthy life of the individual woman. She explores the nature of mothering and being a mother as a means of understanding the lack of sufficient self-nurture. This takes her into the territory of her mother's life. It takes her into the struggle for Selfhood. While I am personally unable to hear Lynette's presentation, I encourage the membership to consider attending this important conference. I, for one, will be looking forward to reading her book.

Wellness shows in Fort Langley, Abbotsford, and elsewhere are providing excellent opportunities within and outside of the Region for clinicians to promote their services. If you have an idea or are aware of an opportunity for BCACC to display our booth, contact me, and I'll help you make the necessary arrangements for the display.

As always, the Association can use your help. If you are sponsoring a cluster group or an informal opportunity for clinical counsellors to get together for support and dialogue, I would be pleased to hear about it. Others may want to attend. If you have some time to spare, there are always important committees to which you can apply your creative energy, and I would be pleased to talk to you about these opportunities. Feel free to give me a telephone call, or call one of our Delegate Council Reps noted in Who's Who at the back of Insights. Of course, if you are new to the Association, or have just moved into our Region, a warm welcome to you!

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 has been quite quiet since the last Board Meeting. The first edition of Northern Notes since I became Region 6 VP was mailed out in January. I have not received any comments or replies back on some issues raised in it. Brian Joyce, a DCR in Prince George, reported that they had an encouraging first meeting in February with members in Prince George. Brian and Edward Epp enjoyed a breakfast meeting while they were in Vancouver in March to attend the DC/AGM meetings. As Edward is now the Chair of the Ethics and Standards Committee, he can no longer be a DCR. Region 6 needs another DCR to join Greg Scriver in Kamloops and Brian Joyce in Prince George. If anyone is interested in becoming a DCR, please contact me at anika@direct.ca or phone me at (250) 374-7634. 🐾

Just Call 1 - 800...

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

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

Professional Liability: Claims Reporting- What, How & When to Report a Claim

Brad Ackles, Contributing Writer

As discussed in the previous article on “claims-made” policies, you have an obligation to make your Professional Liability insurer (Encon) aware of any circumstance which could reasonably give rise to a claim.

“Claims-Made” policies are designed for application to claims first made and reported during the policy period. As outlined under Part V (Conditions), item 9 (Notice of Claim) of the policy, written notice must be provided as soon as practicable and prior to the expiry date or termination of the policy.

For BCACC members, the Professional Liability coverage expires April 1st of each year. Prior to renewal, each participating member receives an application asking them to declare if they are “aware of any facts, circumstances or situations that may reasonably give rise to a claim”. If answered “yes”, details must be provided and reported so that the claim can be attached to the appropriate policy period.

Even though policies can appear to be “renewals”, the Insurers who underwrite each policy may vary from one policy period to the next. Prompt notification will ensure the attachment of the claim to the correct policy period. *More importantly, failure to meet these conditions may be considered late notice or absence of notice and could forfeit your rights under the policy.*

Here are some guidelines to follow for claims reporting

What should you report?

There are a number of different situations that may give rise to a claim and should be reported immediately. Some are more obvious than others. Most Professional Liability insurers use the test of what is “reasonable” to determine if you are meeting the claims reporting conditions of the policy. Would it have been “reasonable” for you to recognize a circumstance which could give rise to a claim?

- If a suit is brought, a copy of the Statement of Claim, summons or other legal process
- If no suit but a demand letter from a clients’ solicitor, a copy of the letter, the details surrounding receipt of the letter, and a copy of your reply if one was sent
- Any written notice with allegations of professional malpractice
- Any written notice with a requirement for you to reply under the BCACC disciplinary process
- Any verbal complaints or oral threats from clients
- *Any circumstance you become aware of where a third party may hold you responsible for your actions.*

Your report should contain copies of all written documents as well as names of potential claimants, the specific date and nature of the alleged wrongful act, the alleged injury or damage, and the details of how you became aware of the circumstances.

How to Report


The policy requires written notice be given to our insurer, Encon. This condition of the policy can be met by sending a fax or letter directly to our program administrator, The Mitchell & Abbott Group.

When should you report?

The policy requires that you

report “as soon as practicable after being made aware of a claim”. Prompt notification is required and essential in order to provide members with early advice and to ensure that their rights & interests are properly protected. Delay in notification could prejudice the insurer’s position and impair their ability to defend you.

We do hope this article has provided you with some valuable information and guidelines for reporting claims. If you are unsure as to whether a matter should be reported to the insurer (Encon), please call us for advice and consultation on a *confidential* basis. As your broker/program administrator, we are here to help you.

Brad Ackles is the Vice-President of the The Mitchell & Abbott Group, and he can be reached by telephone at (800) 461-9462 or e-mail: BAckles@mitchellabbottgrp.com 

Rosa A. Vasta, Ph.D., RCC

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Victoria, BC

An Evening with Elin Horton on Attention Deficit Hyperactive Disorder

Jerry Arthur-Wong, Contributing Writer

A group of about thirty colleagues attended a Region 4 meeting on February 19th to hear Elin Horton talk about Attention Deficit Hyperactive Disorder. Elin, M.Ed. candidate, is an educator and group facilitator who works with attention-disordered individuals. She herself is attention-disordered, and so are her children. Thus, she brought a unique combination of personal, parental, and professional perspectives to the nature of attention disorders and the resulting issues faced by families and professionals.

Attention-disordered individuals show signs of inattention and distractibility, hyperactivity, and impulsivity. They may also experience mood swings and ultra-sensitivity to external stimuli. For a long time, and even now, these individuals have been misunderstood (mostly their behaviours

have been interpreted incorrectly), maligned (they are stereotyped in negative ways), and mistreated (treatment may not fit their needs).

In assessing them, one undertakes a functional analysis of their behaviour. This comprises information about the antecedents of their behaviour (for example, nutrition, sleep, time of day), the actual behaviour, and the consequences of the behaviour. Thus, merely looking at behaviour is insufficient.

Once a child has been assessed, parents may be faced with the awareness and acceptance of their own attention-disordered problem. As well, the use of medication may be a major decision for the family.

Elin concluded her presentation by giving a number of strategies to help and support these individuals. The use of physical activity, particularly gross motor movement such as

walking, helps reset attention. Hollowell and Ratey, workers in this area, have developed a coaching model to support them. The model is non-judgmental, uses directions and reminders, and keeps individuals focused and positive. They use the acronym *HOPE*: Help (ask them for the kind of help needed), Obligations (ask about specific obligations), Plan (define and revisit goals), Encouragement (be affirming and enthusiastic).

A copy of Elin Horton's informative handout may be borrowed from our library. Ask for "Three Perspectives on Attention Disorders: Personal, Parental, and Professional" by Elin Horton. 🐾

Continued from page 9

weeks after quitting medication. Nevertheless, there was an emphasis on the fact that anxiety disorders are very treatable especially when CBT is combined with medication, which is the approach taken at the Anxiety Disorder Clinic at UBC.

Although all the presentations were interesting, I will not make a synopsis here of each one (i.e. Dr. Clark on Children and Anxiety, and Dr. Greg Passey on Post-traumatic Stress Disorder). I will just mention some comments made by Dr. Peter McLean on the economic impact of untreated anxiety disorders. Dr. McLean suggested that there are serious financial costs if anxiety disorders are not treated and that both direct and indirect costs can be identified. The main direct cost is in time on the health services of the Medical Care system. One study suggested that anxiety sufferers are three to seven times more likely to visit a physician, and that they are six times more prone to being hospitalized. The indirect costs are felt mostly in the workplace. It was found that anxiety disorders as a mental illness were the most costly to employers in terms of performance loss and sick leave. One study suggested that absenteeism (up to 44 days per year) because of anxiety symptoms was particularly costly to employers.

If you are interested in knowing more about The Anxiety Disorders Association of BC, and perhaps in becoming a member, visit their outstanding website at www.anxiety.com, or call (604) 681-3400. You can also subscribe to their newsletter STRIDES by writing to: ADA-BC, 4438 West 10th Avenue, Suite #119, Vancouver, BC V6R 4R8 or e-mail Debra Harding or Dennis Wiberg at stridesbc@botmail.com. 🐾

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Interview cont'd from page 7

side. This information works with our conscious understanding so that both sides can be seen, and a resolution can come about. This is what Jung calls holding the tension of the opposite until a "third" (or the solution) can come about.

You know my next question: what if your client does not remember dreams?

This is where artwork, fantasies, daydreams and active imagination are useful in giving information about the unconscious.

C.G. Jung's theory of personality is known as the theory of Types. Do you use it with your clients?

So far, our conversation has focused on the unconscious. Jung's work on the Psychology of types is the only work he did regarding the conscious aspect of Psyche. I do work with typology. We probably know it best by the Myers-Briggs test, which is a test that identifies one's typology. We all have all of the functions operating within us but one is definitely dominant and one is far more unconscious. The four functions are thinking, feeling, intuition, and sensation. In analysis, I try to speak to the individual in their dominant function. For example, if someone has a dominant function of sensation, this would indicate that this person relates best to the world through facts. Therefore, I would ask this individual fact-based questions to describe a problem because it would be easiest for that individual to answer those types of questions. I would not ask questions from the most unconscious function which would be intuition.

Is the point of analysis to develop all four functions?

Yes, however, our most unconscious function will always remain the least developed and the most difficult to access. It is even though one might be always difficult to access. I also want to mention that the other way I use typology is as tool to analyse dreams. Asking questions from the four functions really helps to gather a lot of information about dreams images.

What negative stereotypes exist about analytical psychology?

The New Age movement is often confused

with Jungian psychology. The two approaches are similar in their respect for the spiritual and symbolic aspects of life and the importance of dreams. Where they differ is in the New Age movement's attempts to exclude the dark side, or the negative side, of life. Jung found it essential to include the light and the dark aspects of life in the wholeness of one's psychology. Another impression is that Jungian analysis takes so long... we live a society that mainly wants to feel good and in order to make permanent personality

*"Dreams are the psyche's way
of creating a psychological
balance".*

changes the ego has to see itself in a significantly different way and this takes time to do. You cannot do it quickly- it would be too overwhelming. In the process of the ego seeing itself in a new way, one will experience suffering. In an analysis, one can often feel worse before feeling better. The outcome, however, is a much broader personality for the subject which includes both positive and negative aspects of one's character and a sense of wholeness.

Are Jungian Analysts "purists", meaning they do not use "non-Jungian concepts" in their clinical work?

Not at all. Jungian analysts usually embrace a number of therapeutic interventions and are open to using other aspects of therapy if it helps the individual. For example, bodywork, psychodrama, the use of medication where necessary, and behavioural interventions are utilized where it is appropriate.

What is the greatest contribution of analytic psychology to the mental health field

in general, and to the practice of clinical counselling more specifically?

I see several contributions. Jung's discovery of the Collective Unconscious is an extremely important one. A great contribution to clinical work, I believe, is his concept of shadow and projection. If people can come to truly understand and take responsibility of their strengths and short comings, and not project them onto other people, not only does their personality expand and diversify, but one also develops more compassion for others. When we are aware of our faults and strengths we can appreciate them more in others without felling envy or anger. This understanding has implications not just for individual growth, but societal change as well. Understanding shadow and projection helps us to see that each of us is our own worst enemy and also our greatest healer. Several of Jung's terms have entered our day to day language. The common use of the words introversion, extraversion, archetype, shadow, and projection, for example show that Jung's psychology has been integrated, to a certain degree into the collective consciousness.

Are there "current trends" in Jungian psychology?

Jung's basic concepts have certainly developed over the years. Work on his concept of anima and animus has expanded greatly. There has been much work done on sexuality, homosexuality and transgender issues. Many Jungians are focusing on bodywork, realizing its

Interview cont'd on page 24

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Interview cont'd from page 23

importance in the healing process. The projective arts, sandplay therapy and art therapy are included now. In the realm of theory, physics research has been found to support some of Jung's concepts. For example, the discovery that light is both a particle and a wave supports Jung's concept of the archetype which behaves both as a structure at times, and as a dynamism or a process at others. Jungians are also invested in the research about early infancy development. **What is the general process of an Analysis?**

An analysis is very much like an initiation process or what Jung calls the "night sea journey". This means that when starting an analysis one - figuratively speaking - has to leave his or her community and look at him or herself as an individual. They have to questions all the "shoulds" they were raised with, the "shoulds" of their own community. You can see how this can become quite a lonely journey during an analysis. There are difficult phases where there is grieving and suffering. One has to differentiate between sincere suffering which has to do with growth and meaning, and neurotic suffering which is simply self-defeating behaviour. It's not ok just to suffer, it has to have meaning. As your reflect more inward, you encounter your shadow, which is all of the positive and the negative within your psyche. Then you have to sort out the complexes that you run into. When one comes to terms with who they really are, you

and others realize that you've changed. Sometimes friendships and relationships change as a result and this can be difficult. An individual also has to remain related to the community.

Isn't that one of the challenge of individuation?

Yes, one challenge of individuation is to live one's truth with integrity while also respecting and allowing others to have a different viewpoint.

Why would an individual choose such a lengthy therapeutic journey when solution-focused short-term counselling and now personal coaching are available?

I don't believe that there is one right therapy. I believe in a "best" therapy for the problem at hand and the best approach for the personality of the individual. So solution-focused therapies are excellent for dealing with a life issue so people can return to their daily living in a highly functioning way. Whereas if you have someone who has been highly traumatized in their life or someone who has reached a point where life is meaningless, they will have to do a lot of reflecting about their values, family or origin issues, and beliefs and that requires time to do that type of reflection. Isn't it interesting how people find the right therapy for their needs?

I have noticed that. Catherine, thank you so very much for sharing with us your knowledge and passion about Jung and analytical psychology . I hope this will make

our readers curious and learn more.

I hope so too.

Suggested Readings

Jung, C.G. Memories, Dreams and Reflections

Jung, C.G. Man and his Symbols

Singer, June. Boundaries of the Soul: The Practice of Jung's Psychology

Edinger, Edward. Ego and Archetype

Whitmont, Edward. The Symbolic Quest: Basic Concepts of Analytical Psychology

Samuels, Andrew. Jung and the Post Jungians

Mattoon, Mary Ann. Understanding Dreams

The Journal of Analytical Psychology, published on behalf of the Society for Analytical Psychology (Editors: Jean Knox and Joseph Cambray), can be accessed online at <http://www.ingenta.com/journals/browse/bpl/joap>

To read an interesting article entitled "Jung and Analysis: Yesterday, Today, and Tomorrow" A Report on the C.G. Jung Foundation of the New York Conference, written by Dolores E. Brien, Editor of The Round Table Review, visit <http://www.cgjungpage.org/articles/nyrep.html>

Also, the valuable C.G. Jung Page has been relocated: cgjung.com has moved to cgjungpage.org

Catherine Ellis and Shirley Halliday (Jungian Analyst) run a Jungian Dreamwork Training Program. For information, call Catherine Ellis at (250) 386-5435 or Shirley Halliday at (604) 879-4583. 🐾

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Member Services

BCACC Members are now able to publicize their own Pro-D events on our website free of charge.

Contact Head Office with your event information at hoffice@bc-counsellors.org

Counsel cont'd from page 12

as predicting the future is a notoriously difficult task for anyone. In a malpractice action against the counsellor, the quality and thoroughness of an assessment of a client's risk to third parties would be a primary determinant rather than whether or not the prediction was accurate. "[A] competent but incorrect finding will not lead to legal liability."¹⁰ However, in a situation where a client seriously harms or kills a third party and that harm could have been avoided by the counsellor's actions or warning, a counsellor's failure to consider or document these types of factors could result in a finding of liability.

Concluding comments

Recent trends in Canadian common law suggest that a legal duty to protect or warn exists within our common law. In summary, in certain situations a counsellor will have to breach the duty of confidentiality owed to clients so as to prevent an imminent risk of serious physical or psychological harm, or death, to an identifiable person or group.

This article tries to provide counsellors with guidance for those, hopefully rare, situations when they have to make this difficult decision (other than in relation to suspected child abuse when the statutory duty to report takes precedence). Rather than make this difficult decision in isolation, however, a counsellor may want to discuss these questions with a peer if not also involve a psychiatrist. A consultation with a lawyer may also be well worth the investment.

Notes

- 1 Tarasoff v. Regents of the University of California, 551 P. (2d) 334, 131 Cal. Rpts. 14 (U.S. Cal. 1976)
- 2 *Ibid.*, Cal. Rpts. at 340.
- 3 It is not clear whether the counsellor's duty under the Tarasoff principles should be extended to a duty to inform the authorities in cases where the client is threatening serious harm or death only to himself. For the purpose of this article, I will not consider this extension of the general duty.
- 4 In a commercial lawsuit - that may be applicable

by analogy in the health care context - the Supreme Court of Canada identified that there is a duty to warn third parties if one is aware of a danger that is directed toward them; Rivtow Marine Ltd. v. Washington Iron Works, [1974] S.C.R. 1189, (1973), 40 D.L.R. (3d) 530 (S.C.C.).

- 5 "There can be no doubt that psychological harm may often be more pervasive and permanent in its effect than any physical harm." R. v. McCraw, [1991] 3 S.C.R. 72 (S.C.C.) at 81.
- 6 Smith v. Jones [1999] 8 W.W.R. 364 at 384 (S.C.C.).
- 7 There does not have to be 100% guarantee that the threat will be carried out. There need only be a "strong possibility" that it may take place.
- 8 Borum, R. & M Reddy, "Assessing Violence Risk in Tarasoff Situations: A Fact-Based Model of Inquiry", 19:3 Behavioral Science and the Law at 375 at 381 (2001).
- 9 As reflected in the Tarasoff principles themselves, giving a warning is but one example of how a counsellor may have to act on the duty to protect.
- 10 Indeed, as noted by Ferris, L.E. et al "Defining the Physician's Duty to Warn..." 158 Canadian Medical Journal 1473 at 1476 (1998).

Further readings

The following are useful articles for more details regarding the Canadian and US perspectives on the duty to warn:

- Borum, R. & M Reddy, "Assessing Violence Risk in Tarasoff Situations : A Fact-Based Model of Inquiry", 19:3 Behavioral Science and the Law at 375-386 (2001);
- Coughlan, S.G. "Patients' Secrets and Threats to Third Parties: Where to Draw the Line", 15:4 Health Law in Canada at 91-96 (1995);
- Ferris, L.E. et al, "Risk Assessment for Acute Violence to Third Parties", 42 Canadian Journal of Psychiatry at 1051-1060 (1997);
- Ferris, L.E. "In the Public Interest: Disclosing Confidential Patient Information for the Health or Safety of Others", 18:4 Health Law

in Canada at 119-126 (1998);

- Ferris, L.E. et al "Defining the Physician's Duty to Warn..." 158 Canadian Medical Journal 1473 at 1476 (1998);
- Gutheil, T.G. "Moral Justification for Tarasoff-Type Warnings and Breach of Confidentiality: A Clinician's Perspective", 19:3 Behavioral Science and the Law at 345-354 (2001);
- Sestito, J. "The Duty to Warn Third Parties and AIDS in Canada", 16:3 Health Law in Canada at 83-97 (1996);
- Walcott, D.M. et al "Current Analysis of the Tarasoff Duty: an Evolution toward the Limitation of the Duty to Protect", 19:3 Behavioral Science and the Law at 325-343 (2001).

Post script/Disclaimer

This column is intended to help clinical counsellors gain a better understanding of legal issues that are relevant to their practice. It is not meant to be a substitute for independent legal advice. If you have a particular concern about an issue that you are facing in your practice, you should seek specific advice from your lawyer. The BCACC cannot provide legal advice and assumes no responsibility for the content of this column.

What other legal issues concern you?

Send your question and any pertinent background information in confidence to: The Counsellor's Counsel c/o BCACC Head Office. 🍷

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Disposal of Continuing Education Documents From Members' Files in Head Office

The Board of Directors discussed what should and should not be retained in members' files at Head Office to help us deal with the massive accumulation of paper over time. It was decided that since Continuing Education is not mandatory, the files could be thinned out by disposing of CE documentation. All official transcripts from universities will be retained. Certificates of Continuing Education credits from workshops and training will be disposed of on September 1, 2002. If you wish to have your documents returned, please contact Head Office before August 31, 2002. 🐼

Did You Know This?

NEW on www.bc-counsellors.org Membership Listing

In addition to the Private Practice Directory on the BCACC website, a new complete Membership Listing showing Names, Cities, and Directory Phone Numbers of all members is now available to members by password only. Members without access to the internet may request a hard copy of this directory from Head Office.

BCACC Brochures, Bookmarks, Fridge Magnets Are Now Available To Members

BCACC brochures, bookmarks, and fridge magnets, which are distributed to the public from our BCACC displays, are now available to the membership. If you would like to obtain a quantity of magnets,

brochures or bookmarks for distribution to your current or potential referral sources, these are available by request to Head Office. For large quantities, we will make these available at our cost, plus shipping and GST. Small quantities are available at no charge.

Marketing Your Practice

The Chair of Member Services is developing a "Private Practice Resource Handbook" that will be available exclusively to our members by request to head office. This Handbook will be available once it has been approved by the Board of Directors at the June meeting. I hope this will be helpful in successfully marketing and developing your private practice. 🐼

Travelling Display Booth

The BCACC Display Booth is booked to appear at the following shows for 2002/2003:

- Trauma, Dissociation and Attachment Conference, June 6th - 8th, 2002
- White Rock Women's Show, October 19th - 20th, 2002
- Surrey Women's Show, January 18th & 19th, 2003
- Victoria Health Show, January 18th & 19th, 2003

**Contact Gerry Bock for
opportunities
to be behind the booth!**

Calendar of Events

Provincial, National & International

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

May

24: Way of the Dream: Interview with C.G. Jung (video). Sponsored by the C.G. Jung Society of Vancouver. In Vancouver, at the Space Centre on Chestnut Street at 7:30 pm. E-mail Shirley Halliday sballiday@telus.net

29: Advanced Assessment and Treatment of Complicated Attention Deficit Disorders. Featured Speaker: Thomas E. Brown, Ph.D. In Vancouver. For further information please, contact: Karen R. Cohen, Ph.D., C.Psych. Tel: (613) 237-2144, ext. 44 Toll Free: (888) 472-0657, ext. 44

31: CANSTART: A New Canadian Program for the Prevention of Early School Failure Featured Speaker: Marvin L. Simner, Ph.D. In Vancouver. For further information, please contact: Karen R. Cohen Ph.D., C.Psych. Tel: (613) 237-2144, ext. 44. Toll Free: (888) 472-0657 ext. 44

June

2: How Effective are you as a Therapist? Featured Speaker: Paul Clement Ph.D., ABPP. In Vancouver. For further information, please contact: Karen R. Cohen, Ph.D., C.Psych. Tel: (613) 237-2144, ext. 44 Toll Free: (888) 472-0657 ext. 44

2-5: The Third Bi-Annual Children, Families, and Communities Conference: Enhancing Health and Well-Being. In Prince George. For information contact Children, Families, Communities 2002 by fax at (250) 964-1007

July

23-27: Sand Play, A Healing Journey For All Ages. Presenter: Marie José Dhaese Ph.D., RCC, ATR, CET, RPT-S. Sponsored by the Centre for Expressive Therapies. CEU: 30

credits towards APT registration. On Hornby Island, BC. For further information and registration visit www.centreforexpressivetherapy.com or e-mail mariejose@telus.net or call: (250) 335-1829

26: Healing the Hardware of the Soul: A Mental Health Practitioner's Guide to Understanding and Treating the Brain in Clinical Practice. Presenter: Daniel Amen, M.D. Sponsored by the IAHB's Masters of Psychotherapy Workshop Series. In Seattle, Washington. To register or for additional information, call (800) 258-8411

2-5: Solution Focused Counselling Intensive. Presenter: Nancy McConkey, MSW. In Alberta. Presented by Solution Talk. Contact Information: (403) 216-TALK(8255) or e-mail soltalk@telusplanet.net. Visit us at www.solutiontalk.ab.ca

10-14: The Tenth Biennial Conference of the North American Personal Construct Network (NAPCN): The Future of Constructivist Psychology: Changing Worlds, Inspiring New Practices. Conference Chairs: Dr. Marla J. Arvay (UBC) and Dr. Marie Hoskins (UVIC) In Vancouver, at the University of British Columbia. Contact information: tel: (604) 822-1050

August

6-10: Expressive Therapies In The Playroom. Presenter: Marie José Dhaese, Ph.D., RCC, ATR, CET, RPT-S. Sponsored by the Centre for Expressive Therapies. CEU: 30 credits towards APT registration. On Hornby Island, BC. For further information and registration, visit www.centreforexpressivetherapy.com or e-mail mariejose@telus.net or call: (250) 335-1829

21-24: Expressive Therapies for Transference/Counter-transference and Self-Care Issues. Presenter: Marie José Dhaese Ph.D., RCC, ATR, CET, RPT-S. Sponsored by the Centre for Expressive Therapies. CEU: 24 credits towards APT registration. On Hornby Island, BC. For further information and registration visit www.centreforexpressivetherapy.com or e-mail mariejose@telus.net or call: (250) 335-1829 ☺

BCACC Regional Calendar

This Summer will be a quiet season for meetings. For the Regions not listed below and for ongoing updates, please visit our website at www.bc-counsellors.org.

Region 3

May 31: Penticton with BCACC President Bev Abbey present.

June 1: Creston (with attached workshop: Coaching and the Use of Inspirational Art Cards in Counselling)

For further information, contact your VP.

Region 4

July 28: New Members Potluck. Come out and meet your colleagues.

September 17: Collaborative Separation and Divorce.

November 21: Speaker: Jim Browne, BCACC Executive Director

All meetings at the Marriott Residence Inn at 1234 Hornby, 7:30-9:30pm.

Region 5

May 27: Members will be treated to a presentation by a forensic psychologist who specializes in the field of child custody and access. For further information, contact your VP. ☺

Erratum

Insights , Winter 2002 (vol.13, no.3)

In the *Editor's Interview* (p.6) the following sentence was incomplete: "He (Ross A. Laird) has been a member of BCACC since November of 1992."

Sights on the Internet (p.5): The correct address should have been www.ctsn-rcst.ca

Membership Update (From November 14, 2001 to April 10, 2002)

Angela Burns, Registrar

Please join me in welcoming the following new members who have joined us since November 14, 2002.

1888	Guggenheimer	Sally	Abbotsford
1878	Nonis	Irene	Anmore
1910	Testani	Mario	Burnaby
1919	Foster	Lori	Campbell River
1863	Ossinger	Nancy	Chilliwack
1875	Lauriente	Kathy	Christina Lake
1810	Hajebian	Hamid	Coquitlam
1839	Vido	Heather	Delta
1835	Williamson	Bonnie	Duncan
1901	Baker	Joyce	Edmonton
1913	Garcia	Francisco	Kamloops
1906	Miller	Merry	Kelowna
1847	Wallace	Lynn	Kelowna
1887	Forster	Brenda	Kelowna
1883	Shupe	Jody	Ladysmith
1827	Youngren	Bruce	Ladysmith
1818	Schwanke	Rosemary	Langley
1911	Kim	Mira	Langley
1882	Wallin	Sandra	Maple Ridge
1914	Gibot	R. Helen	Merritt
1859	Caron	Ghislaine	Mill Bay
1851	Keats	Patrice A.	North Vancouver
1861	Badenhorst	Lizelle	North Vancouver
1916	Rattan	Moh	Parksville
1876	Smith	Tammy	Penticton
1862	Rutter	Bronwen	Port Alberni
1900	Hofmann	Marion	Prince George
1877	Stasiuk	Julie	Qualicum Beach
1912	Butler	Janice	Quesnel
1865	Nelken	Heather	Richmond
1920	Ferris	Fay	Richmond
1855	Prasad	Ron	Surrey
1917	Syed	Muzaffar	Surrey
1884	Harrison	Scott	Surrey
1881	Arnold	Jill	Surrey
1535	Ateah	Carol	Surrey
1925	Neilson	Rae	Surrey
1849	Amrhein	Wendy Judith	Tofino
1895	Griffin	Linda	Trail
1864	Fleming	Jan	Vancouver
1897	Kordyback	Emi	Vancouver
1858	Pedersen	Kathryn	Vancouver
1922	Galbraith	Wendy	Vancouver
1811	Hotz	Trevor	Vancouver
1850	Vorobieva	Katia	Vancouver
1856	Hoek	Margaretha	Vancouver
1836	Racine	Catherine	Vancouver
1846	Bartlett	Susan	Vancouver
1770	Roomy	Amy	Vancouver
1904	Gaetz	Lara	Vancouver
1857	Lumley	Heather	Vancouver
1886	Bagnall	Charlynn	Vancouver
1874	Plattor	Candace	Vancouver
1860	Wong	Pablee	Vancouver
1577	Craigie	Sheila	Vancouver
1936	Kam	Mary	Vancouver
1843	McLean	Anne Marie	Vancouver
1848	Bourcet	Jane	Vernon
1854	Sikal	Pam	Vernon
1908	Quail	Judi	Victoria
1898	Saunders	Jan	Victoria
1871	Pritchard	Jennifer	Victoria
1880	Sleeman	Heather	Victoria
1899	Embree	Jayne	Victoria
1872	McBride	Joanna	Victoria

1896	Kates	Jo-Anne	West Vancouver
1909	Lansky	Pamela	West Vancouver
1842	Karim	Sareeta	West Vancouver
1889	Reay	Kathleen	White Rock
1870	Lacasse	Janine	Williams Lake

The following people have been reinstated as members since November 14, 2001.

188	Devine	Bonnie Jean	Victoria
1423	Cullinane	Debra	West Vancouver
716	Reardon	Catherine	West Vancouver

The following members have changed status since November 14, 2001.

Inactive to Active			
1293	Isaak	Lorraine	Abbotsford
536	Melnechuk	Christina	North Vancouver
569	Bragan	James	Port Clements
11	Sutherland	Caroline	West Vancouver

Professional Student to Active

571	Douglas	Gerry	Abbotsford
604	Richardson	Bev	Vancouver

Regular to Inactive

1030	Boehm*	Irene	Burnaby
411	Fraser	Ena	Kamloops
749	Frank	Ralph	Nanaimo
570	Panchy*	Merilee	Saanichton
142	Wiebe	Henry	Tofield, AB
1384	Heaslip	Wayne	Vancouver
1451	Lapointe	Richard	Vancouver
973	Dent	Mimi	Vancouver
1093	Kehoe	Pat	Vancouver
1868	Marx-Zatzick	Francine	Vancouver
1828	Irlam	Lorraine	Vancouver
1224	Kappe	Karen	Vancouver
860	Friedinger	Anne	Victoria
451	Tuley	Lee	Victoria

Regular to Professional Student

1011	Friesen	Heather	Abbotsford
1295	Reeves	Jocelyn	Coquitlam
892	Grigg	Glen	North Vancouver
266	Kerr	Judith	Queen Charlotte City
19	Cohen	Avraham	Vancouver
1416	Buote	Denise	Vancouver

The following members have resigned/retired since January 1, 2002

1094	Ayotte	Gerry	Abbotsford
1364	Jackson	Jamie	Calgary
1409	Antrim	Larry	Delta
904	Bertoia	Judith	Delta
348	Cheung	Ida	Hong Kong
1407	Domene	José	Langley
1299	Berning	Jean	Nanaimo
1104	Whittal-Jones	Jane	Nanaimo
1417	Kastelic	Kathryn	North Vancouver
1499	Wahl	Jenny	North Vancouver
766	Boersma	Frederic	Sechelt
1019	Miller	Carol	St. Albert
523	Christian	Lynne	Summerland
66	Fine	Kiara	Toronto
858	Schroeder	Laurie	Vancouver
1799	Chappell	Dianne	Vancouver
220	Sen	Chandra	Vancouver
667	Teixeira	Bryan	Victoria
677	Hancock	Richard	West Vancouver
731	Perrin	Terre	Westbank
1508	Turi	Ann	Williams Lake
Retired			
65	Myers	Carol	100 Mile House

Announcements

Looking for a social service in the Lower Mainland?

The Red Book is now online at <http://www2.vpl.vancouver.bc.ca/DBs/Redbook/htmlPgs/home/html>

The site features a user-friendly search engine and comprehensive and up-to-date listings of programs which will assist you in finding appropriate resources.

VAST Quarterly by e-mail!

This great publication is from the Vancouver Association for the Survivors of Torture. VAST was founded in 1986 as a community of concern to encourage and promote the well-being of people who have survived torture and political violence... a most timely topic. E-mail us at care@vast-vancouver.ca

Griefworks BC

The second phase for the Griefworks BC website and resources is to develop a cross-cultural component. If you provide counselling services in any other language than English, please contact Kay Johnson, Director, with the pertinent information. Call (604) 875-2741. Visit us at www.griefworksbc.com

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.

Insurance Information

The Mitchell and Abbott Group of Hamilton, Ontario is BCACC's Broker of Record for Professional Liability Insurance (Errors & Omissions) and Office Contents/Premises Liability Insurance for Members of BCACC. For information, contact Brad Ackles or Bridgette Pretto toll free at (800) 461-9462, phone (905) 385-6383 or fax (905) 385-7905.

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

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

From The Resource Centre

A full list of Resource Library materials was included with the Winter 2002 edition of *Insights*. You can also find the complete list of available materials on our website at www.bc-counsellors.org/reslib.btm. Currently, there are no additions to the library.

If you wish to request materials, please contact Aina at Head Office. Phone her at (800) 909-6303 extension 0, or send an e-mail to hoffice@bc-counsellors.org. The books, pamphlets, and videos can be borrowed for one month, with extensions arranged if needed. Copies of documents are given to R.C.C.s to have on hand as reference material.

The library is comprised of donations, so if you have any items you would like to share with your fellow R.C.C.s, please contact Head Office to make arrangements. ☎

Attention Advertisers!

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

For those interested in advertising Fall events & programs, the next deadline for submissions is: July 18, 2002

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Advertising Policy

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

Advertisements

Prices/sizes listed include typesetting/layout.

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

Inserts (8.5 x 11.0 only)

1250 copies required \$ 130.00

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

Deadlines

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

Ads/Inserts
July 18 / 02

Articles/Reports
July 25 / 02

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

Requests for information should be directed to Diane Payette, *Insights* Editor, Tel: (604) 983-6694, Fax: (604) 983-2694, e-mail diane@radiant.net

WHO'S WHO?

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

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BCACC Head Office

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

Internet Site: www.bc-counsellors.org

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

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

Registrar: Angela Burns
Deputy Registrar: John Gawthrop
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BCACC Surrey Office

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

Tel: (604) 535-8011 Fax: (604) 535-6261 e-mail jim_browne@telus.net

Insights Editor Diane Payette Tel: (604) 983-6694 Fax: (604) 983-2694 e-mail diane@radiant.net

Continuing Education Questionnaire

Circle True or False to indicate your response to each of the following questions. Once completed, mail this questionnaire to: BCACC Head Office c/o CE Questionnaire, #14, 2544 Dunlevy Street, Victoria, BC. V8R 5Z2. You can also go to our website and complete the questionnaire and e-mail it into the Head Office. The CE questionnaire should be posted on www.bc-counsellors.org by June 20th.

- 1) In Jim Browne's article on Designation Regulation, the letter sent to the Honourable Sindi Hawkins, Minister of Health Planning, reiterated the value of establishing a College of Counselling Therapists. T F
- 2) In The Editor's Interview with Catherine Ellis explains how both Freud and Jung viewed libido as exclusively sexual energy. T F
- 3) Catherine Ellis, Jungian Analyst, explains that when we have a problem, it usually means that there is a conflict between our conscious and unconscious attitudes. T F
- 4) According to Beth Falch-Nielsen, Hakomi is the study of people's psychological organization. T F
- 5) At the 3rd Annual Public Information Program of the Anxiety Disorder Association of British Columbia, the expert members of the panel all recommended CBT and pharmacology as the treatments of choice for anxiety disorders. T F
- 6) George K. Bryce, BCACC Legal Counsel, informs us that a breach of the counsellor's duty of confidentiality to the client can be justified if it is necessary to protect the health and safety of someone who may likely be harmed by the client even if those third parties are not specifically named. T F
- 7) BCACC President, Bev Abbey reminds us that our logo "Sowelu" is the celtic rune symbol representing "wholeness". T F
- 8) Jerry Arthur-Wong writes that according to Elin Horton, merely looking at a person's behavior is insufficient; one must undertake a functional analysis of their behavior. T F
- 9) According to our Registrar, Angela Burns, the total number of members on April 10th, 2002, is 1198. T F
- 10) In Jim Weibelzahl's report, there is a special mention of one of BCACC member, Lynette Walker, who will be a panellist at the "World Conference on Breast Cancer" on June 4th. T F

Name _____

Membership # _____

Notice

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

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Thank You Contributing Writers!

Insights' Editor would like to thank this issue's team of contributing writers: Brad Ackles, Jerry Arthur-Wong, Beth Falch-Nielsen, and our interviewee Catherine Elis.

Insights welcomes articles of interest to the membership. To receive the Contributing Writers Guidelines, contact the Editor at diane@radiant.net

In Memoriam

Liann Hartley, a member of BCACC since 1996, passed away on May 3rd.

Liann resided in Victoria and will be missed by friends and colleagues.

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

You can now receive Continuing Education Credits for reading *Insights* and correctly answering a questionnaire contained in each issue. We will have this questionnaire posted on our website by June 20, 2002. You may complete it on the website and email it to the head office or mail it into 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.

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The **Fraser Health Authority** is the merger of three Health Regions: Simon Fraser, South Fraser and the Fraser Valley encompassing the communities of Burnaby, New Westminster, Belcarra, Coquitlam, Port Coquitlam, Port Moody, Pitt Meadows, Maple Ridge, Delta, Langley, Surrey, White Rock, Mission, Aldergrove, Abbotsford, Chilliwack, Agassiz/Harrison, and Hope.

The **Fraser Health Authority** provides a wide range of quality health services including hospital care, mental health, continuing care and public health. We are a value-driven organization committed to improving the health of our residents by ensuring that their health service needs are being met.

While our people are the most important element of the **Fraser Health Authority**, we also recognize that providing the right tools and technology are two critical components of today's modern healthcare. For these reasons, and many more, we invite you to consider joining our dynamic team.

To apply, send your resume and the names and contact information of 3 references, in confidence, to: **Human Resources, Fraser Health Authority, Simon Fraser Service Area, 33 Blackberry Drive, New Westminster, BC V3L 5S9. Fax: 604-517-8652.**

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