



## Yesterday, Today, and Tomorrow...

*Jim Browne, Executive Director*

Was it really twelve years ago? This arose from a musing, that many of us had, over the idea of assembling the “players” from across Canada for a working session to explore mutual interests in counsellor regulation, including the “birth” of the Counselling Therapy profession. Twelve years ago George Bryce and this writer published a milestone article in *Insights*: “Birthing a Profession” that heralded the application to the Health Professions Council to establish counselling as a health profession under the Health Professions Act in British Columbia.

Indeed, the “players” assembled on two densely foggy days in November, in Vancouver, at Symposium 2005: Counsellor Regulation in Canada. They came from the BCACC Board of Directors, the CCA Board of Directors, the Task Group for Counsellor Regulation and its Working Committee on Competency Profile Development, from the provincial government and federal government, from Newfoundland and Labrador, Nova Scotia, Prince Edward Island, New Brunswick, Quebec and Ontario, Manitoba, Saskatchewan and from Alberta. We were at once, strangers, colleagues and friends, embracing a common interest; a common profession. It was an awesome experience... the beginning of a true pan-Canadian counsellor identity.

Special thanks to Bev Abbey, Glen Grigg, David Paterson (CCA President), George Bryce, and David Cane for being the catalysts to make Symposium 2005 happen. Special thanks also to Jan Rossley, Ministry of Health, Province of BC, and Bendan Walsh, Human Resources

and Skills Development Canada, for bringing some important light through the fog, on the BC government position on professional regulation, and on pan-Canadian labour mobility issues. Counsellor legislation initiatives in other provincial (and State) jurisdictions are very relevant to legislative activity in British Columbia.

*Tomorrow cont'd on page 2*

## The Intentional Therapist

*By Diane Payette, Editor*

This editorial will address the theme of intentionality and its place in the role of the counsellor's personal and professional life. Intentionality, originally a concept rooted in scholastic philosophy, was reintroduced in the late 19th century by Franz Brentano, a philosopher and psychologist. Brentano defined intentionality as more than a simple relationship between mental acts and events in the external world. As therapists, we know that a psychological act (thought) has a content of some sort (desires, wishes, dreams, hopes, visions) that is directed at an object (event or person). Brentano calls it ‘the intentional object’. In folk psychology, we might call it the object of desire when searching for one’s heart’s deepest desire. In researching this topic I found that much had been written from a theoretical viewpoint but little on the practical aspect. I was inspired initially by a remarkable article in *Alternative Therapies* written by Rothlyn P. Zahourek<sup>(1)</sup>. Her article presents “an integrative theory of intentionality in the context of healing that proposes definitions, forms, phases and a process of development”. In reading Zahourek’s theory, my interest leaned toward the potential function of intentionality in healing both in therapy and in daily living. From the article I selected the following definition written by G. Epstein in his article on *Mind-Body Medicine*<sup>(2)</sup>. Epstein describes intentionality as “a mental process of moving toward a desired result”. When intentionality is present within the therapist’s ways of being, it naturally manifests itself within the therapeutic process. It gives directive to the clinician and good therapy does include some elements of “directiveness”. This directiveness toward the object of desire is a joint venture in which both therapist and client look for, define, clarify and visualize the end goal, whether it be a particular

*Meditation cont'd on page 2*

### Contents

Nominations, Offices, and Elections 2006 .....	3
Annual General Meeting .....	3
Annual Awards Program .....	3
Sights on the Internet .....	4
A Book In Sight .....	4
From Logotherapy to Meaning- Centered Counselling .....	5
The Editors Interview .....	6
Discovering the Efficacy of Art Therapy .....	8
Mental Health Outreach in Cultural Context .....	10
Anger is Not the Problem .....	12
Effective Language in Practice Marketing .....	14
Association News	
From Your President .....	15
Executive Vice-President .....	15
Registrar .....	17
Committees .....	17
Regionals .....	22
Announcements .....	34
Calendar of Events .....	35
Membership Update .....	37
Who's Who? .....	38
Continuing Competency Questionnaire .....	39

*Tomorrow from page 1*

As a Reciprocal Associate member organization of the Canadian Counselling Association (CCA), we stepped into the national scene with attendance at the 2004 CCA National Conference, in Winnipeg, Manitoba. In 2005 we were represented again at the CCA National Conference, in St. John's, Newfoundland. In 2006 we will be represented by Bev Abbey, Glen Grigg and Diane Payette, at the CCA/ACA Conference in Montreal, Quebec.

The CCA/BCACC Conference 2007, will be of interest to RCCs, across the province. Being held in Vancouver, May 22nd to May 25th, 2007, "Connecting with Our Clients: Counselling in the 21st Century" will present a wonderful opportunity to experience a national conference that will include presenters such as Dr. Scott Miller and Dr. Irvin Yalom. Bev Abbey and Duncan Shields Co-Chair the Local Arrangements and Facilities Sub-Committee, with Jeff Fisher coordinating technology requirements. Glen Grigg is Co-Chairing the Programs Sub-Committee. Diane Payette is Chairing the Bilingual Sub-Committee. The Conference is being Co-Chaired by this writer and Bruce Bailey, a Director of the Canadian Counselling Association. Please be vigilant for the Call for Papers, and the Call for Conference Staffers, that will be forthcoming.

Members will also want to be vigilant for the start-up of registration for Conference 2007. The Coast Plaza Hotel and Suites at Stanley Park can accommodate a maximum of 600 participants for keynote sessions and we are looking at a field of conferees from across Canada, and probably the western United States.

The profession of counselling has emerged from yesterday, is strong today, and gaining strength as it grows into tomorrow. 🍀

*Meditation from page 1*

decision, a form of resolution or closure or, an expressed desire for on-going support.


One cannot talk about intentionality and directiveness without bringing in the concept of "creating movement". The Intentional Therapist imparts to the client the necessity of "bringing movement" in one's life as a first step to introduce the idea of intentionality. The expression of "bringing movement" is typically unfamiliar to most clients although their ability to do so (however hidden) is not. The Intentional Therapist holds a deep belief in the client's potential to bring movement, to change because The Intentional Therapist holds that same belief for him or herself and experiences the power of intentionality at a very personal level in daily living. Once again, the Intentional Therapist is already engaged in the psychological act of directing oneself towards the intentional object, as Brentano would put it.

In folk psychology the word intentionality is shortened to "intention" or "intent". Deepak Chopra, Wayne Dyer and others use the phrase "the power of intention" to speak of everyone's innate ability to intend desired outcomes, therefore utilizing an untapped inner power. In one of his short inspirational book, Chopra wrote: "I (referring to the letter in the alphabet) stands for the power of unbending intent or intention. It is to make an unchangeable decision from which it is impossible to go back. It is single-mindedness of purpose. It is a well-

defined purpose not countermanded by any other conflicting desires or interests."<sup>(3)</sup>

In a culture where everyone seems to be running around all the time, where people complain of having no time to stop and rest, how do we, as counsellors introduce to our clients how the absence of movement contributes to their daily problems or emotional distress? First we need on a personal level to live a life that invites or accepts movement. We cannot share what we do not know and we cannot embody what we are not experiencing. Second, as an Intentional Therapist, I direct my client to acknowledge and embrace the present discomfort (caused by habitual lack of movement). By embracing the discomfort, the client can begin to explore the path taken (or one might say "chosen") to get to that uncomfortable place of pain, sorrow and suffering. Embracing means placing one's arms

*Continued on page 27*



**The Narrative Project** 🍀

Presents

**Re-authoring the Relationship Story  
Through Narrative Mediation**  
with John Winslade, Ph.D.

A One Day Workshop:  
April 20<sup>th</sup> 2006 – 9:00 a.m. to 4:00 p.m.  
at The Granville Island Hotel  
1253 Johnston Street, Vancouver

Information and brochure available at:  
[www.thenarrativeproject.ca](http://www.thenarrativeproject.ca)

## Nominations, Offices, and Elections 2006

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

There are several, key, Board positions open for 2006. Under current Bylaws candidates will hold office for a term of two years (currently under review, with a proposal to go to 3-year terms). Interested candidates will be aware of the transitional times that the Association is moving through, and the many challenges before us. All Board positions are **very time and work intensive** and candidates **must** be able to make a sizeable time and energy commitment.

Successful candidates will assume office at the Association's Annual Business Meeting, March 24th, 2006.

**Board Positions Open:** Committee Chairs for Continuing Competency, Legislative Review, Registration, Ethics and Standards, Inquiry, and Discipline; Regional Vice-Presidents for Regions 2, 3, and 5.

The following positions continue for 2006: President – Bev Abbey, Executive Vice-President – Glen Grigg; Committee Chair: Member Services – Duncan Shields; Regional Vice-Presidents: Region 1 – Dale MacIntyre; Region 4 – John Fraser; Region 6 – Rob Riddle.

### Nominations and Elections Schedule

#### Call for Nominations

Winter 2006 *Insights*

**Deadline:** January 31, 2006

**Ballots** (if necessary)

Out: February 15, 2006

Deadline for Return: March 1, 2006

#### Report to Annual Business Meeting

March 24, 2006

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

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

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

**Friday, March 24th, 2006  
3:30 p.m. to 5:30 p.m.**

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

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

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

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

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

## Annual Awards Program

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

#### The Chair

#### Awards Program

**BC Association of Clinical Counsellors**

**#14 - 2544 Dunlevy Street**

**Victoria, BC V8R 5Z2**

Fax: (250) 595-2926

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

### AWARDS CATEGORIES

#### Volunteer Of The Year

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

#### Communications

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

#### Professional Care

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

#### President's Award

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

#### President's Award

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

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

**Deadline:** February 15<sup>th</sup>, 2006

Awards will be presented at the Annual General Meeting, March 24<sup>th</sup>, 2006, Coast Plaza Hotel & Suites at Stanley Park, 1733 Comox Street (near Denman), Vancouver, B.C. ☺

## Sights on the Internet

[www.mypeaceofmind.ca](http://www.mypeaceofmind.ca)

This interactive website offers information for the public to develop a new state of awareness in depression and anxiety. It is basically a guide to depression and chronic anxiety for those you may think that their emotional difficulties are related to a mood disorder or for those who have already been diagnosed. The beautifully designed brochure was available in the 2005 issue of Canadian Living magazine but the website is available to all at any time. Its content is available both in English and French. It offers an Anxiety Self-Quiz, and Depression Self-Quiz, important information about Body Clues and Tips to talk to Doctors. The whole presentation emphasizes that these problems are both common and treatable. The section about Body Clues is very well done and particularly helpful as many sufferers will experience physical symptoms before they realize the presence of a psychological problem. There is a graphic of a human body and the user can

click on any of the dots located on the body to learn more about what are some of the common physical symptoms often associated with depression and anxiety. There is an important section about talking to physicians, to be open and honest about the symptoms identified. As a clinician, it has been my experience that clients often do not know how to approach their physicians about emotional problems and not all physicians know which questions to ask the patient to come up with the correct diagnosis. The best advice for the patient is to fill out first one or both of the quizzes and bring to their medical appointment. Under the Treatment section. It first reminds the sufferer that both depression and anxiety disorders are treatable and suggests that the goal of treatment is to achieve remission, or virtual freedom from symptoms. The treatment options suggested are psychotherapy, talk therapy and medications. It correctly presents Cognitive

Behavior Therapy (CBT) and Interpersonal Therapy (IT) as today's two most common and effective forms of therapy and gives a brief explanation about each model. Without pushing the issue of medication, as many clients are hesitant to consider this option, it reminds the client that medication affects the level of brain chemicals associated with the symptoms of depression and anxiety. A very well designed website to recommend to your clients or to your sources of referral.

-reviewed by Diane Payette 🐾

## A Book In Sight



Francis Chalifour was born and raised in Quebec and now lives in Toronto, where he teaches social sciences to grades seven and eight. He is currently pursuing a Master's degree

in Education at the University of Ottawa, specializing in the influence of the mourning process on children's learning. Francis has been writing for most of his life. His first published work was the French novel *Zoom Papaye*, and he has contributed articles to *Maclean's*, *Le Devoir*, and *La Presse*. He has also hosted a radio program and worked for *Télévision française de l'Ontario*.

Chalifour has written this new novel, entitled *After*, which is about recovering from the suicide of a family member. *After* has been nominated for the Governor General's Literary Awards 2005. The book is a map of the year following the suicide of a family member. As fifteen-year-old Francis learns what it means to recover from tragedy. In the course of the months following his father's death, with the love of his mother, counselling, and the balm of time, Francis takes his first steps towards coming to terms with his family's tragedy. This autobiographical first novel is an acute analysis of the grieving process. Although it is steeped in Francis's sadness, it is ultimately a story of hope. Available at [www.tundrabooks.com](http://www.tundrabooks.com).

### More info about *After*

Category: Juvenile Fiction - Social Situations - Death & Dying; Juvenile Fiction - Family - Parents; Juvenile Fiction - Family  
Imprint: Tundra Books ISBN: 0-88776-705-2  
Format: Trade Paperback Age: 12 up  
Pub Date: October 2005  
Trim Size: 5-1/8 x 7-5/8 144 pages  
CDN Price: \$9.99

-reviewed by D. Payette 🐾

### Western Branch Canadian Psychoanalytic Society Annual Scientific Meeting

#### IMPEDIMENTS TO LOVE

Saturday, March 25, 2006  
Plaza 500 Hotel  
Vancouver, British Columbia

**James Grotstein, MD**  
**Rose Vasta, Ph.D.**

The Western Branch Canadian Psychoanalytic Society is pleased to present its Annual Scientific Meeting to interested clinicians. This year's conference: "*Impediments to Love*" will explore some of the factors that contribute to the inability to love or to sustain healthy and meaningful relationships. **Dr. Grotstein** will present what he views as the central obstacle to love: the individual's inability to be vulnerable in relationships. **Dr. Rose Vasta** will use clinical material to illustrate the factors that affect the psychotherapist's ability to deeply *know* and interpret the internal experience of the patient.

For further information contact Judith Setton-Markus, M.Ed.  
[jsettonmarkus@shaw.ca](mailto:jsettonmarkus@shaw.ca) or (604) 264-0002  
or visit [www.wbpcps.org](http://www.wbpcps.org)

To register contact Nancy Briones  
[nbriones@shaw.ca](mailto:nbriones@shaw.ca) or 604 875-4728

## From Logotherapy to Meaning-Centered Counselling

Paul T. P. Wong, Ph.D., C. Psych., Contributing Writer

Year 2005 marks the 100th birthday of Viktor Frankl, who continues to impact the world primarily through his autobiographical book "Man's Search for Meaning". His influence on psychology and psychotherapy is documented in Batthyany and Guttman (2005). This article briefly describes how logotherapy/existential analysis has been extended into meaning-centered counselling and therapy.

Logotherapy simply means therapy through meaning. Dr. Frankl considers logotherapy as a spiritually-oriented approach towards psychotherapy. "A psychotherapy which not only recognizes man's spirit, but actually starts from it may be termed logotherapy. In this connection, logos is intended to signify 'the spiritual' and beyond that 'the meaning'" (Frankl, 1986, xvii).

Existential analysis, on the other hand, refers to the specific therapeutic process involved in making the client aware of their spirituality and capacity for meaning. "In as much as logotherapy makes him aware of the hidden logos of his existence, it is an analytical process" (Frankl, 1984, p.125). However, in Dr. Frankl's writing, the two terms are used either interchangeably or together as a unified name.

One of the prepositions of logotherapy is that the human spirit is our healthy core. The human spirit may be blocked by biological or psychological sickness, but it will remain intact; the spirit does not get sick, even when the psychobiological organism is injured. Although the focus is always on the quest for existential meaning, the main objective of existential analysis is to remove the blocks and free the human spirit to fulfill its tasks.

The human spirit is the most important resource in psychotherapy. According to Joseph B. Fabry (1994, p.18), the noetic dimension or the human spirit, is the "medicine chest" of logotherapy, which contains various inner resources, such as love, the will to meaning, purpose in life, creativity, conscience, the capacity for choice, sense of humour, commitment to tasks, ideals, imagination, responsibility, compassion, forgiveness.

Therefore, existential analysis focuses on activating the noetic dimension through a variety of therapeutic means, such as the appealing technique, modification of attitude, Socratic dialogue, paradoxical intention, and dereflection.

When existential analysis is effective, the clients will become more open and more accepting of themselves. They will also feel free to engage the world in a responsible and courageous manner. As a result, they are able to lead an authentic and meaningful life.

### The meaning of life

Frankl (1963) "The meaning of our existence is not invented by ourselves, but rather detected" (p. 157). He focuses on specific meanings for concrete situations. "What matters, therefore, is not the meaning of life in general, but rather the specific meaning of a person's life at a given moment" (p. 171).

How do we answer the existential question: "Is life as a whole meaningful or meaningless"? On the one hand, he avoids giving an abstract answer to such a generally existential question; on the other hand, he affirms the potential for meaningfulness for every human being in all situations. However, every meaning is unique to each person, and each one has to discover the meaning of each particular situation for oneself. The therapist can only challenge and guide the client to potential areas of meaning.

Frankl (1984) suggests three ways of finding meaning: creative, experiential, and attitudinal values:

"According to logotherapy, we can discover this meaning in life in three different ways: (1) by creating a work or doing a deed; (2) by experiencing something or encountering someone; and (3) by the attitude we take towards unavoidable suffering" (p. 133).

Attitudinal values are especially important in situations of unavoidable suffering. Frankl (1969) claims:

"This is why life never ceases to hold meaning, for even a person who is deprived of both creative and experiential values is still challenged by a meaning to fulfill, that is, by

the meaning inherent in the right, in an upright way of suffering" (p. 70).

### Existential frustration and noogenic neurosis

Existential frustration is a universal human experience, because the quest for existential meaning can be blocked by external circumstances as well as internal hindrances. When the will to meaning is frustrated, one may develop noogenic neurosis or existential vacuum. "Noogenic neuroses have their origin not in the psychological but rather in the 'noological' (from the Greek noos meaning mind) dimension of human existence" (Frankl, 1984, p.123). Logotherapy is specifically appropriate in dealing with existential neuroses.

### Existential vacuum

Existential vacuum refers to general sense of meaninglessness or emptiness, as evidenced by a state of boredom. It is a widespread phenomenon of the twentieth century, as a result of industrialization, the loss of traditional values, and dehumanization of individuals. Most people may experience existential vacuum without developing existential neurosis. Many people feel that life has no purpose, no challenge, no obligation and they try to fill their existential vacuum with material things, pleasure, sex, power, busy work, but they are misguided (Frankl, 1984). According to Frankl (1986), feelings of meaninglessness underlie "the mass neurotic triad of today, i.e., depression-addiction-aggression" (p. 298).

Existential vacuum is not a neurosis or disease. In fact, it may make us aware of our own emptiness and trigger a quest for meaning. The therapist can empower and challenge the clients to fill their inner emptiness. Logotherapy can supplement psychotherapy in psychogenic cases and somatogenic neurosis, because "by filling the existential vacuum, the patient will be prevented from suffering further relapses" (Frankl, 1984, p.130)

*Continued on page 27*

## The Editor's Interview

# The Work of Erika Hilliard, MSW, RSW

Erika Hilliard, a seasoned therapist with over thirty years of experience in mental health and psychiatry just got her first book published: *Living Fully with Shyness and Social Anxiety: A Comprehensive Guide to Gaining Social Confidence*. Erika's book has received praises in both Canada and the United States. We spent some time together talking about her work and her book.

***In the introduction of your book, you mention that you personally struggled with shyness. Was this the main reason you decided to write this book?***

Certainly, my direct experience of shyness and particularly, social anxiety, was critical in feeding my passion about writing this book, but was it the main reason? For me, there were several reasons. For one thing, I wanted to make a difference in the world; this is part of my sense of purpose in life. For another, a book was stirring inside me, its form still unclear and it wanted out. I knew it would not rest until I gave it form. I looked forward to the challenge of researching, learning, consolidating what I learned about social anxiety and about managing it and I wanted to share this learning in a way that would excite others just as I had been excited.

***How long did it take to write your book and how did you get it published?***

I love talking about this because it has been quite a journey. Nine years ago in my shyness group, a science fiction writer said to me: "If you really want to write a book, you should go the Surrey International Writers Conference." I did, and there I met an editor who was doing a workshop who had written a book having to do with writing a non-fiction proposal that beats the 99% rejection rate. So I took it. Still I was not writing for lack of time. The first year I did a lot of research, read about the topic, about 40 books, took notes, recognized gaps and did not like the organization of most books. Then I started writing. It took me a total of four and a half years and the result was a manuscript that was 700 pages long!

***Did I hear correctly: 700 pages?***

Yes... I knew it was too long, and I knew

that in this huge "tome", there was buried a good book. In 2004, I went to a workshop, and I met the same editor and brought her my manuscript. At the end of the day, I had a very brief interview with another agent, and when she saw the manuscript, her eyes popped out with excitement. She told me to write a proposal that she would take to New York to "shop the book" there. Two publishing companies made an offer and my next job was to reduce the book by half. I must tell you that I am excited about the fact that the book is already published in Germany and it will soon be translated for Sweden.

***Tell us about what you call "the normalcy of shyness".***

Consider that fifty per cent of the population say, they are currently shy and eighty per cent say they have been shy some time in their lives. So, certainly shyness is a common human experience.

***Is it then a natural personality trait?***

It can be. For me, people with normal shyness are a little sensitive and need a little time to take stalk of a new situation and new people. There's absolutely nothing wrong with this. We don't all have to be bold explorers charging into new territories. Elaine Aron, in her book, *The Highly Sensitive Person*, makes an excellent case for the value of this sensitivity. Sensitive people "pause and check" before they get involved in a situation. She says that bold risk-taking warlords needed their royal advisors who would pause and assess the details of a situation and then make recommendations on how to proceed.

***What other assets do sensitive people have?***

They listen well, they pick up nuances, and they can be very empathetic and because of these qualities, they can make excellent friends, communicators, teachers, diplomats, therapists and so on.

***Valuing sensitivity is kind of the opposite of what we see in society today, don't you think?***

Unfortunately, today's media is bombarded with bold, "in-your face" characters. People can get a skewed sense of what is normal.

They start believing that if they are shy, there must be something wrong with them. I repeat: there is nothing wrong with being shy. It is only when you start becoming shy about being shy that you run into trouble. And, of course, one needs to be concerned if shyness is so severe that it prevents you from pursuing your dreams and your interests, if it restricts you in your social life, in work or in play.

***What is the connection between shyness and social anxiety? In what way are they different and do all shy people eventually suffer from social anxiety?***

We know that shyness can be a normal personality trait. This type of shyness is not necessarily associated with social anxiety. However, there is the shyness that is fed by concern of being evaluated. Underlying this shyness is usually some form of social anxiety. Shyness is the behaviour that people use to cope with their social anxiety. For instance, they may avoid going to social events, seek safety by going with someone they know, or they may engage in a variety of nervous behaviours like blushing, giggling, going completely quiet, and so on.

***What is the importance of the absence of the lack of social skills in shyness?***

Research shows that most people with social anxiety tend to rate their social skills as far poorer than they actually are. But really, it's just that they lack confidence and tend to undervalue the skills that they do have. It's also true that there are people who haven't had the benefit of learning good social skills from an early age. They may have grown up in families that were isolated, and it was impossible to witness healthy human interactions whether with friends or strangers. They may have grown up in families that did not talk much, or if they did speak, the talk was destructive, not respectful and constructive. It makes sense that people with poor social skills get nervous in social situations. They're not sure how to behave, what to say and how to say it. The good news is that social skills are learnable. There are all kinds of resources available

*Continued on page 7*

*Continued from page 6*

about conversational skills, assertiveness skills and even social etiquette.

***I know that the shy clients I have worked with seemed to be quite "self-focused" when it came to interacting with others. It is as if they believe that they would become the centre of attraction in social interactions, but in a negative way. What have you found out about self-focus?***

One of the hallmarks of social anxiety is self-focus. "What do they think of me? How am I coming across? In an exercise in my social anxiety support group, I pair people up, and they take turns asking their partners questions. The instructions are:

- 1) focus on other, 2) draw the other person out by asking questions and, 3) focus on the answers. For some participants, this one exercise has been all it took for them to deal more effectively with their anxiety.

***There must be a component of psycho-education in the therapeutic approach to treat shyness and social phobia. How does that look like in therapy?***

I believe that experiential psycho-education, especially in a group setting, is the cornerstone of treatment when working with shyness and social anxiety. I've always believed that knowledge is power. Knowledge gives two things: reassurance and a sense of empowerment. In my class, I have a flip chart, and I give presentations about different aspects of social anxiety. The participants each receive a binder with complementary information, handouts and blank paper to take notes. I show a dramatic video during the third session in which a group of people successfully challenges their own inner negative voices. There is also an experiential component in each session starting with the warm-up at the beginning of the session so that people can have fun, then social skills building

through role-play and exposure exercise through goal-setting and follow-up between sessions.

***Give us an example.***

For example, they each name a goal, with or without my assistance such as eventually inviting two people home for dinner. In the meantime, there will be mini-goals such as making eye contacts with others, having a smiling face, etc. What is exciting for me as a therapist is when people come back and talk about how they fulfill their goals or not. It's very inspirational and sometimes we all get a good laugh.

***Do you find that shy people ask a lot of questions in a group setting?***

You would suspect that they are all very quiet but the walls brake down quite soon. They have telephone contacts amongst themselves; they phone at least two people in the group twice a week. That is part of their homework. There is a very low rate of absences

*Continued on page 32*

**British Columbia School of Professional Psychology  
406-1168 Hamilton Street, Vancouver, B.C. V6B 2S2  
(604) 682-1909 Fax (604) 682-8262 wilensky@interchange.ubc.ca**

The British Columbia School of Professional Psychology is presenting Basic Training in Eye Movement Desensitization and Reprocessing (EMDR). This course is approved by the Eye Movement Desensitization and Reprocessing International Association (EMDRIA) and will cover the material of Part One / Level I and Part Two/ Level II training.

#### **Objectives of Course**

Participants will learn to use EMDR appropriately and effectively in a variety of applications. Such use is based on understanding the theoretical basis of EMDR, safety issues, integration with a treatment plan, and supervised practice. Part One / Level I EMDR training is usually sufficient for work with uncomplicated Posttraumatic Stress Disorder in most clients. Part Two / Level II is necessary for working effectively with more complex cases, special populations and more severe, longstanding or complicated psychopathology.

**Instructor** Marshall Wilensky, Ph.D., R. Psych. EMDRIA Approved Instructor

**Format** Lecture, discussion, demonstration, video 18 hours.  
Supervised practice 15 hours

The course will be in two parts. Qualified applicants will have a minimum of Masters level training in a mental health discipline and must belong to a professional organization with a code of ethics, or be a Graduate student with appropriate supervision.

**Dates** Part One March 3 - 5, 2006  
Part Two September 15 - 17, 2006

**Times** Friday 6:30 pm - 9:30 pm  
Saturday and Sunday 9:00 a.m. - 4:30 p.m.

**Location** Pacific Coast Family Therapy, 3026 Arbutus Street  
(at 14th Avenue)

**Tuition** Full Course: \$1,300 (before February 6, 2006), \$1,400 after  
Cheque or money order payable to B.C.S.P.P.

**Approved for 5.0 Units of Continuing Education by Canadian Counselling Association  
For more information please contact Olivia Scalzo, Ph.D., R.Psych. (604) 251-7275 josal@smartt.com**

## Drawing a labyrinth: Discovering the efficacy of art therapy

Liina MacPherson, RCC, Registered Art Therapist, Contributing Writer

The following case study is a description of a part of a journey Mrs. M, a resident of a long-term care facility, undertook during a once a week art therapy Open Studio group that ran for nine months. The two artworks and the accompanying experiences describe spontaneous art productions before and after a therapeutic intervention.

### Antecedent Events

Mrs. M. was sixty eight years old at the time of the study. She had been a resident at the care facility for four years. Her husband of thirty years and herself entered the residence when her husband's health and her own deteriorated to the point where she was unable to care for either. She had adjusted well to this move and told this writer that she was "relieved" (words in quotation marks are direct quotes from Mrs. M.) to relocate. There were many pressures placed upon her that lessened when the two of them moved to the facility. In her medical history she reported being "very depressed" which in turn lead her to use "a lot" of antidepressants. Even as she settled on a new drug and found its effects well worth the side-effects she recognized that decreased motivation to actively engage in life was a daily battle. Mrs. M. remembers that she had "panic attacks" ever since she was "a young child."

"I remember coming back from Sunday school. Going home we had to go over a meadow. There was a large bull there and other kids teased it. The bull came chasing and I froze. It went after others but I froze. Others thought that I was a hero, but I knew the truth. I let them think what they wanted even though I knew that I was so afraid that I froze."

As a result of her newly acquired self-awareness she believed the trigger for her "panic attacks" was fear. It is only with a partial knowledge of all of the above and a recommendation from the recreation therapist that Mrs. M. entered the Open Studio art therapy group. This group was held every Monday night from six to seven thirty and encouraged the highly functioning residents

to engage in one of two activities. Participants had a choice to pursue a fine art project with which this writer would assist them when needed or use any of the art mediums available to participate in an art therapy exercise designed to increase self-awareness and expression.

At our first meeting prior to the first group session Mrs. M. shared a painting she had done many years ago. She told this writer that she was unable to concentrate and would like to attempt a painting of a landscape that would increase her ability to stay focused. The first night she chose to abandon that goal and from then on participated in the art interventions. During the first three weeks the residents engaged in warm-up exercises designed to familiarize them with each other and the available art mediums. On the fourth week the participants were challenged physiologically, cognitively, as well as psychologically by asking them to first construct and then walk a labyrinth. When a participant completed the construction of a labyrinth from a step by step pre-drawn example, she was to 'walk it' (trace the path with a pencil) with the non-dominant hand. Upon entry the individual was to contemplate, a) a question, b) with the intent of affirming her being, c) enter and allow body, mind, and spirit to be open to the unknown, or d) enter, working with contemplating fear and anger. After the journey the person was asked to reflect upon the experience and represent it in any way they felt appropriate using the available art mediums.

### Brief literature review

Literature on the use of drawing and then visually walking a labyrinth is sparse. It is generally suggested that a labyrinth is a sacred space with no obstructions (Artress, 1995; Sands, 2001; West, 2000). By walking this structure one moves towards the centre, a spiritual centre, as part of meditation and/or self-discovery. West sums up this clinical tool by stating that, the labyrinth fulfills six important contemporary needs: deepening spirituality;

inwardness and connection to soul; access to intuition and creativity; simplicity; for integrating of body and spirit; and intimacy and community.

### First artwork

Mrs. M. required very little guidance in completing the construction of the labyrinth. She chose a black piece of construction paper (12x18) and a white pencil. Next she took the pencil in her right hand (left being her dominant hand) and entered the labyrinth. Sitting next to her during this intervention this author watched her breathe regularly, but deeply. She seemed to be concentrating on the task and moved her hand slowly around the page. When she got to the centre of the labyrinth, she stopped for a moment and this writer observed her breathing becoming more rapid and her posture more rigid. As her hand shook slightly she said: "I am stuck." The therapist quietly told her that she could turn around. A moment later she began to trace her previous pencil line out of the labyrinth. At about half way out she seemed to lose which lines she was following and stopped. Watching her body language and gaze this author intervened after a brief moment and pointed with a finger to the line she was following. She continued all the way out of the labyrinth.

Her self-report post intervention was that she felt "quite good" moving through the labyrinth. As she was moving towards the centre she imagined herself "in a garden, in the bushes and not being able to see over them." At the center of the labyrinth she saw herself as "not be[ing] able to get out." She felt pain in her chest but suppressed it and "had more" pain, thinking: "I don't want anyone to see me like this." At the suggestion that she could turn around her first reaction was that she "was afraid to go back." She persisted and got out. She was "still upset when [this writer] asked [her] to draw another [picture]. [She] started scribbling and peace came over [her] and rose came out."

For the response image, Mrs. M. chose a black piece of construction paper (12x18) and

*Continued on page 9*

*Continued from page 8*

a white pencil. She began the image by drawing spiral shapes from large one's on the middle of the page to smaller and smaller towards the centre of the paper. After she had made many quick passes she picked up a red chalk pastel and began to develop the spiral. Mrs. M. rubbed the red pastel to blend it around and around in a spiral movement. As a last addition she picked up a light green chalk pastel and added large leaves on both bottom sides of the red object.

When questioned about the experience Mrs. M. reported feeling engrossed in the activity. She was imagining "such beautiful bushes, wasn't in the room. I was in the bushes." "This was the first time that I did something that I was afraid to do and I got out," she said. Mrs. M. shared that a sense of relief from "the panic" came right of way, which was unusual, but concluded that it "must have felt good." The "labyrinth was a big thing" and she will "never forget it." This experience taught her that, "you can get out of a panic attack without dying." The two pieces of artwork are now symbols for her, that she "just panicked and [she is] over it."

## Second artwork

Six months following the first artwork the Open Studio group was instructed to pick a single color and draw with the non-dominant hand a scribble to which a neighbor was invited to add something or highlight any part of it that for her held an image. After this endeavor each participant was asked to draw a response image to the previous experience. Mrs. M. engaged compliantly in the process. When it came time to draw the response she drew a spiral from the outside in with the light green pencil she had used for the first part of the task. She then chose an orange pencil and after a moment's hesitation entered the self-generated labyrinth. Her breathing appeared relaxed as she moved her hand slowly. When she came to the centre she stopped, picked up her pencil and without any of the previous physiological reactions stopped the art making

process. During the discussion she shared with everyone that she did not have "a panic attack" walking the labyrinth.

In an interview one year later she had no recall of this image or having spontaneously re-created an experience, which for her had been significant. However, at this interview she pointed out that, two months after the second artwork she had chosen to recreate the labyrinth and walk it at a private session weeks before the end of the internship.

## Discussion

As part of the art therapy process in the creative act the psychological issue is re-experienced, resolved and integrated to become part of the person (BC Art Therapy Association). The above case demonstrates the power of the process and the created image. Mrs. M. experienced "panic attacks" and re-experienced a "panic attack" as a result of an art therapy intervention. (The diagnostic words used to describe her experience were hers and not this author's.) She resolved the fear that she believed lead her to have "panic attacks." The experience became integrated as part of her persona during the first time she drew the labyrinth. The following two times she first tested herself to see if six months later she would still have the same reaction and subsequently, wished to share with this author the complete resolution of this experience. Mrs. M. reports that during the past years she has not experienced "panic attacks." She has experienced instances in which she was stressed, such as her husband's diagnosis of the flu, where she may have become anxious. Her newly acquired self-awareness and working through the above process has brought her to a place where she recognized what was going on and now acts to prevent a "panic attack." The creative activity and the accompanying experience helped Mrs. M. not only resolve a long standing issue but also offered this writer an example of a spontaneous art production before and after a therapeutic intervention, suggestive of a qualitative study looking at the efficacy of art therapy and the labyrinth. It is the

recommendation of this author that the utility of the labyrinth as a clinical tool for increasing self-awareness and understanding be studied more closely.

## References

- Artress, L. (1995). *Walking a Sacred Path: Rediscovering the Labyrinth as a Spiritual Tool*. Riverhead Books: N.Y.
- Sands, H. R. (2001). *The Healing Labyrinth*. Barron's: N.Y.
- West, M.G. (2000). *Exploring the Labyrinth: A Guide for Healing and Spiritual Growth*. Broadway Books: N.Y.

## About the Author

Liina MacPherson is a therapist specializing in working with the geriatric populations. Founder and Director of the Aita Therapy Centre in North Vancouver, she consults, lectures and practices in Long-Term Care Facilities. The Aita Centre is one of its kind, providing expressive arts therapies to older adults and their caregivers. She can be reached at [info@AitaCentre.com](mailto:info@AitaCentre.com) or (604) 671-5672. 🐾

## Special Thanks

**Thanks to Erika Hilliard for the Editor's Interview, and to our contributing writers for this issue: Comfort Adewusa Ero, Paul Kivel, Liina MacPherson and Dr. Paul Wong. Your contributions make *Insights* look good!**

**To receive the Contributing Writers Guidelines, contact the Editor at [dipayette@shaw.ca](mailto:dipayette@shaw.ca)**

## Mental Health Outreach in Cultural Context

Comfort Adewusa Ero, B.A., M. Ed. Special Contributor

In October of 2005 an important Symposium was held at the Simon University Harbour Centre on Immigrant and Refugee Mental Health. The Symposium, which I could not attend, focused on Families in Transition, Their Strengths and Challenges. The Symposium had several objectives one of which was to inspire and educate participants through storytelling and so the Keynote Speaker was actually a Storyteller: Comfort Adewusa Ero who presently works at the Multicultural Family Centre in Vancouver as a Cross-Cultural Facilitator and as the Coordinator of the African children and youth programs. The use of stories and performing Arts in Africa has been well researched. The story that Comfort shared with the audience was entitled FIT (Families in Transition) in a Life Long Journey. It followed a family in transition wading through tough challenges, causing the family a lot of pain and depression. The family finally finds a voice to sing again by drawing inspiration and strength

from, as well as building a new foundation on their roots in their new homeland. Because the presentation was in the form of a dramatized and interactive storytelling session, the reading of this piece will require more concentration and effort from the reading than a usual article. You won't hear the singing and the music when it is indicated in the text and you won't see the actions of the various characters, but I believe that with a little bit of imagination, this very special piece will be a worthwhile experience.

### The Story: Fit in a Life – Long Journey

This story of a family in transition is a story of all immigrants. Each one can identify with some or all parts of the story.

Putting our experience in a story or in a song will trigger healing in our traumatized lives.

The same goes for channeling our energy into helping those in need.

For this immigrant family like many others, the journey from one homeland to go and settle in another is a life – long journey. Many obstacles and challenges need to be surmounted or confronted. Giving up hope will only lead to a total physical and mental defeat and stress. This will drag you and your family into an area outside of this world. Taking what is valuable from the immigrant's two worlds, synthesizing them, will create a beauty and a spirit that will propel you on, in the course of a life – long journey.

My name is Noruwa Lokoja.

I grew up in an African village among parents, aunties, uncles, grand-parents and cousins all living within the same household. My childhood was very happy and peaceful.

As little children, we used to delight in making little adventures of collecting fruits and nuts in the surrounding forests around the

*Continued on page 11*

## C A P I L A N O C O L L E G E



### Bring music into your practice

Music is a powerful healing tool that stimulates imagery, accesses creativity and refreshes the soul. Find out how you can use music in your clinical practice at an introductory workshop on the Bonny Method of Guided Imagery and Music (GIM). Musical skills are not required.

Taught by Liz Moffitt, MA, MTA, RCC Primary Trainer, GIM

*Liz is a Gestalt therapist, music therapist and instructor in Capilano College's Bachelor of Music Therapy program. She is the only certified primary GIM trainer in Canada.*

#### Guided Imagery and Music Workshop

Capilano College  
Friday, April 28, 2006  
10 a.m. to 3 p.m.

#### For More Information

Contact Liz Moffitt  
604.986.1911, ext. 2306  
lmoffitt@capcollege.bc.ca  
www.capcollege.bc.ca/programs/gim



Capilano College, Guided Imagery and Music Program  
2055 Purcell Way, North Vancouver, BC V7J 3H5

G R E A T T E A C H I N G . G R E A T P R O G R A M S . G R E A T F U T U R E .

*Continued from page 10*

village. In fact, we also knew the names of all the trees and herbs; we could imitate the sound of animals and birds by day or by night.

What I particularly cherished were the tales and games we used to enact by moonlight and at festival times.

We used to compete with each other in storytelling and folksongs.

Tohio! Hia hia, hia hia, kpo o!

Then it was time to go to the city. I went to read and read in the city until the community said stop! After that, I got married to Deki Lokoja, my kinsman who was a very successful medical practitioner. He was very popular among the people for his medical expertise and his general kindness and demeanor. We lived in harmony and had two sons and one daughter.

One morning, without warning, from out of the blues, a military coup was staged. The martial music and military orders took over the air waves.

*(Martial Music)*

Shortly after that, war broke out. We hardly knew what was happening and we had no time to escape. There was confusion everywhere. Some people in army uniform visited our house and accused us of supporting the rebels. We vehemently denied this and told them we did not know what the war was all about. For an answer, they hit my husband and he fell. My sons tried to escape but they were seized and taken away.

I tried to stop them and they hit me on the head and that was the last thing I remembered.

I woke up and found myself in a makeshift hospital bed in a refugee camp in a forest area. The camp was full of sick, distraught, hungry and angry people. Luckily, I was reunited with my daughter and husband through the Red Cross. I never heard of my two sons again ... even until today! Whenever I see boys of their age, a thudding sound goes into my head and my heart. At other times I experience a black out.

*Thudding sound...*

Thanks to the wonderful Red Cross, we soon found ourselves in Canada! No more

harrowing refugee life. No more uncertainty. No more fear of war threatening the foundation of our existence.

We arrived in Vancouver just before the Halloween. We saw skeletons displayed on neighbors' windows, skeletons and bleeding skulls in shop aisles...

*Halloween mask*

We did not know what was happening and we were scared. In the night of the Halloween proper, there were firecrackers.

*Sounds of Fire crackers*

Noruya: What was that?

Deki: Quick, let's hide! War has trailed us to Canada! Those are soldiers shooting!

Narration: Our fear was indescribable as we all three of us laid down on our bathroom floor. Quickly, our mental state in African war zone came floating back. Our facial expressions changed and unintelligible sound came from our lips. We waited and waited and expected the worst but somehow, no soldier booted his way into our home. Soon the shooting sound died off but we could not sleep until the following morning. My husband called a friend and asked:

Deki: Hello did you hear the shootings last night? Did you see the soldiers?

Friend: Which shootings? And which soldiers are you talking about?

Deki: Last night, there were shootings close to our house

Friend: (laughs) those were fire crackers... children playing with firecrackers!

Deki: Ah! We were so scared!

Friend: Relax friend. Not to worry. You are now in Canada.

After this incident, we were happy and we gloated in our new found freedom until we tried to get integrated into the system. We started to look for an apartment to rent.

Deki: Hello I am interested in renting your apartment. We are three – My daughter, my wife and I.

Landlady: Come and have a look at the apartment

Noruya: Oh madam your house is very beautiful. Can we come inside?

Landlady: Oh no! Not yet! Hm... *(To herself:*

*Visible minorities.)* Where exactly are you from?

Deki: Africa! The beautiful and wonderful continent!

Landlady: Sorry the apartment has been taken!

Narrator: My daughter who was quick to imitate the accent here and access the computer, decided to stand in for us in our search for a house. We were invited to come and have a look at another apartment and make a down payment.

*(Action)*

Daughter: Hello we are here to have a look at the apartment

Landlady: (Stares and says) Ehm er... sorry someone else has just taken it.

Narrator: Fortunately, the Vancouver Immigrant and Multicultural Centre offered to help us secure an accommodation. The war in Africa was brutal but the way we were stared at and addressed as visible minorities made us feel very little and helpless. We could no longer walk tall. We went about hunching our backs.

Next we started to look for job. With our education and experience, we thought that it will be a piece of cake to get into the work force but we were mistaken.

J-P: Any Canadian experience? Any computer skills? Where is your accent from?

Narrator: These questions haunted my husband and I so much that we had nightmares.

My husband was particularly bitter but we were determined to get a job. We went to a job-finding class. There, we were schooled on how to behave at interviews.

Job club worker: When you go for an interview, remember, always maintain eye contact. Try to speak in a lighter accent. Do not use perfume because people are allergic to it. Dress in a professional way etc. etc.

Narration: We went to one interview after another with no success. My husband gave a feedback of one particular interview he had.

He over-stared, over laughed and his

*Continued on page 30*

## Anger is Not the Problem

Adapted from *Men's Work: How to Stop the Violence that Tears Our Lives Apart*

By Paul Kivel

When we look at men's lives and the effects of our actions on those around us, it can look like anger is the problem. But anger is not the problem, violence is.

It is a tragedy that we have been trained to turn pain into anger and anger into violence. We need to harness, work with, and use our misdirected violence and self-destructive anger to rebuild our lives and change our communities.

Anger does not have to be destructive. It can be a guide to injustice, a clue to powerlessness. Anger can excite, mobilize, and bring us together. It is a touchstone of our deepest sense of truth and rightness. It lets us know when we're getting ripped off or when we've compromised too much. Anger can be the force behind revolution, consciousness-raising, pride, and community building.

We have been taught to fear anger because we associate it with violence. It is

scary. Therefore, when we feel angry ourselves, we get scared. We might stop it, stuff it, laugh it off, or pretend it doesn't matter. We like to think of ourselves as nice guys. We want people to like us. We often say yes to requests when we really want to say no. We often say no to our needs when we really should say yes. The result is that we are constantly building up anger and resentment because we are taking care of others and not ourselves—our needs are not getting met.

Most of the time we pretend to ourselves and to those around us that we are not really angry. But there comes a time when we can't take anymore. Then the anger explodes out of us in loud and frightening ways. After the explosion we are so scared that we clamp down again, try harder not to get angry, and begin another cycle. The power and strength of our anger are frightening because we don't have models of men who:

- get angry without becoming abusive or violent;
- can express a range of feelings, including anger;
- communicate their wants and needs effectively in non-threatening ways.

We can become models of men who do these things.

As men we have two crucial tasks before us in order to use anger powerfully and not abusively. The first is to separate anger from the many other feelings we were never allowed to express. We need to acknowledge, feel,

and express the love, caring, sadness, hurt, dismay, affection, gentleness, and hope we carry with us. As we separate these feelings from the anger, the second task becomes understanding where our anger comes from, what we can do about it, and how we can express it in positive ways.

We have been taught to expect women to take care of us, to nurture and support us in the ways our mothers were supposed to. It is easy to blame women and to project our anger onto them. We might feel they've caused our pain and hurt. Women, we must recognize, don't have this kind of power in our lives. Not blaming them, and not blaming ourselves as well, are part of dealing with anger and recognizing where its roots lie.

Another part is learning to express and talk through anger with the people around us. This means staying connected when we're angry instead of walking away, getting busy, withdrawing, or distracting attention away from the issues that divide us. We must also learn to listen as well as speak to each other. And speaking here means from the heart and mind. We must learn to compromise, give and take, and look for inclusive, more complex solutions. Patience, respect, courage, empathy, perseverance, and commitment are some of the virtues we need to develop for this to work.

Expressing anger fully, directly, and in a non-threatening way is not easy. We need to know when to blow off steam, walk away, ask for a time-out. A good time-out might be to say to your partner, "I'm too angry to continue. I'm going to take a thirty minute time-out to walk or talk with a friend so I can come back and continue talking with you without resorting to violence." Then use the time-out to relax or distract yourself or think about the interaction, but not to feed or build your anger. Doing something physical or being alone is necessary before we can continue talking. We also need to distinguish feelings of anger from physical restlessness, tension, or the

*Continued on page 13*

### NEW! Certificate Program in Solution-Focused Counselling

Earn Certification as a **Solution-Focused Practitioner** or as a **Solution-Focused Therapist** with the Canadian Council of Professional Certification (CCPC). Solution Talk™ gives you 60 hours of classroom instruction and supervision towards your certification. You do not need to be part of the Certificate program in order to register for a workshop of your choice. We are very proud to offer:

- Level 1 • Level 2 • SF Groups
  - SFC with Children and Teens
  - SFC with Couples and Families
- SFC with Grief, Loss, and Chronic Illness
  - Summer Intensive: Levels 1 & 2

**Continuing Education Hours:** Earn 10 hours per workshop. Solution Talk™ is an approved provider of continuing education by the ASWB, the CCA and the CCPC.

Go to [www.solutiontalk.ab.ca](http://www.solutiontalk.ab.ca) for the 2005-2006 workshop schedule in Alberta, British Columbia and Ontario.

Call us about ON-SITE TRAINING, supervision services, and the Certificate program.



Toll-Free: 1-866-30-4-Talk  
E-Mail: [soltalk@telusplanet.net](mailto:soltalk@telusplanet.net)

*Continued from page 12*

need for sexual affection and expression. Sometimes dancing, playing sports, or shouting is all we need to do to get over our anger. Other times we may need to hold someone or be held, to touch and talk intimately.

These are skills we can learn and bring to our everyday lives. When we can clear away our other needs, stay with our anger without resorting to violence or blame, and express a full range of feelings, then we can move on to deal with the causes of our anger. This involves identifying the deeper sociopolitical problems that need community attention. Through concerted effort we can find ways to work cooperatively for change. Poor working conditions and low pay, lack of support for parenting, poor housing, poor educational systems, racial and sexual violence in our own past and in our

communities, female and male role expectations—these are some of the things that cause pain, despair, anger, and violence. We can develop skills for working with others to eliminate the institutional sources of our anger.

Social change is slow, and the lack of response to our efforts can itself produce more anger and frustration. But if we focus on the work that we can do, we can turn that frustration into determination, that despair into hope. Everywhere in our society people guided by their anger are making changes in their own lives and in their communities.

As men we can use our anger to guide us in constructing a more just society. Or we can continue to use it to destroy ourselves and those around us.

We each have that choice to make.

We need to remember that anger is not the cause of violence.

## About the Author

**Paul Kivel** is a trainer, activist, writer, and violence prevention educator. For the last 27 years he has worked with boys, young men, and adults in schools and universities, government agencies, and youth recreation and leadership programs, and with juvenile corrections on issues of violence prevention, program development, and community building. He is the author of several books, including *Boys Will Be Men*, *Helping Teens Stop Violence*, *Uprooting Racism*, and *You Call This a Democracy?* as well as *the Men's Work and Young Men's Work* curricula.

Paul will be delivering a one day course entitled "*Working with Boys and Men to Stop Violence and Build Community*" at the Justice Institute of BC on January 20, 2006.

For more info, contact Caroline White at (604) 528-5620 or [carolineew@jibc.bc.ca](mailto:carolineew@jibc.bc.ca) or visit [www.jibc.bc.ca/clcl](http://www.jibc.bc.ca/clcl). ☺



### The Hakomi Institute of BC

#### COMPREHENSIVE TRAINING IN HAKOMI BODY-CENTRED PSYCHOTHERAPY and RE-CREATION OF THE SELF (RC-S)

**1<sup>st</sup> year – Twelve 3-day weekends  
March 2006 to March 2007, Vancouver BC**

These approaches and techniques focus on four fundamental therapeutic orientations: that the defining aspect of our lives is the quality of experiences that we have; that these experiences can be known, evaluated, evolved and chosen through the application of self-awareness known as Mindfulness; that the ultimate source of wisdom and change is within the client; and that *all* aspects of the client's world - physical, emotional, spiritual and cognitive - are necessary arenas for exploration. Hakomi and RC-S offers clients a commitment to safety and wholeness, the skills to study carefully the nature of present experience, and the opportunity to move beyond habitual and limiting experiences into more fulfilling and self-supportive ones.

2 introductory workshops and/or approval from Trainer are pre-requisites for the Comprehensive Professional Training.

Workshop costs \$235.40 (incl gst) early registration (2 weeks prior to workshop) and \$262.15 (incl gst) afterwards

**For more information or to register, please contact Rae Bilash at (250) 361-2045**

**Visit our website [www.hakomibc.ca](http://www.hakomibc.ca)**

Introductory Workshops:

#### TALL GLASS OF NOURISHMENT IN A DRY LAND

##### Exploring Personhood using the Hakomi and RC-S Approaches

- with Glen Timms and Magi Cooper

January 28-29, Victoria, BC

Nourishing your spirit is just as important as nourishing your body. In this workshop we will explore habitual ways that we resist getting support. Through experiential exercises you will have the opportunity to become more aware and open to access the support that is available in your life.

#### EMBRACING RESISTANCE

##### The Hakomi Method and 'Stuck' Client Situations

Professional skills workshop with Beth Falch-Nielsen & Bob Morrissey  
February 4-5, Vancouver, BC

Hakomi believes there are no resistant clients, only stuck therapists. "Supporting the defences", making friends with resistance, helping clients study the barriers that were created over time and creating the safety needed for those defences to relax, lay down their weapons and shields and invite you in are an integral part of this therapy.

Hakomi works in a very precise and gentle way, giving nothing to resist against. This workshop will introduce you to skills for working with this challenging area of your practice.

Best Practices Marketing Series

# Effective Language in Practice Marketing

Gerry Bock, MA, CTS, RCC

One of the greatest challenges I have found common to almost all clinicians is the ability to craft effective language in promotional materials. To better understand and define some of the ways in which language can be more effective in promoting your private practice, consider the following definitions and tools. (This article is a short excerpt from the full practice marketing program).

All methods of communication marketing described in this article are effective and potentially useful in specific applications.

1. *Language of Information* – In this type of marketing, it is assumed that you are providing services not available elsewhere to an audience that needed your services. This is the “Here I Am” marketing sign or promotional brochure. This language is used only to inform with no need for explanations.

2. *Language of Competition* – This is language that is used when your purpose is to create desire for your services in an area of more diverse choices available to consumers and prospective clients. The essential message in this market is “*This is why I am better than another service provider*” or “*This is why you should choose me*”.

3. *Language of Connection* – As more and more clinical practices become diversified, specialized and highly personal in nature, the individual passions of each clinician become more and more important. Connection language moves away from competing entirely and focuses on the individual talents, gifts and passions of a specific clinician.

This language is authentic, heartfelt and describes inherently valuable services and offerings. It is a method of creating language that allows our audience to be attracted to who we are and the value of what we have to offer to the quality of their lives.

Connection language creates a warm and positive feeling that is easy to relate to as the prospective client is gently encouraged to think beyond the product or services being offered to the inherent *message* behind the offering.

### Exercise:

To be able to more easily analyze the marketing language that you are currently using, consider examples of each of the following types of marketing language:

1. Informational Language – Facts with no real personal connection
2. Competition – Why I am better (or cheaper) than my competitor
3. Manipulative – Creates psychological pressure to purchase something
4. Results Oriented – Quantifiable, obvious benefits and outcomes for a product or service
5. Connection – Shares a compelling picture of something that you are likely to find desirable

### Template for Creating a Practice Benefits Statement (Exercise):

In order to begin the process of drafting a foundational benefits statement for your own marketing program, complete the following descriptive statement about your practice by filling in the blanks:

The true nature and spirit of my work is to give to \_\_\_\_\_ (who is your target audience) the feeling of \_\_\_\_\_ that comes from \_\_\_\_\_ (having a specific type of outcome).

Once you have completed this draft statement, ask yourself the following questions about what you have written:

1. Does the statement you have created get you excited and light your soul on fire regarding your practice?
2. Are you speaking to a theme and a passion that has been present most of your life and is something you are intimately familiar with?
3. Are you writing in a safe and practical way, or writing in the “expected” way instead of using language and expressions that make you come distinctly alive and create excitement about your work?

4. Are you writing what you really think, or are you overly concerned about how it will sound to others reading it as you are writing?

This paragraph description about yourself and your services is a tool which will allow you to become more aware and express *possibilities* about your work with your clients using your inherent passions.

### Bridging Between Your Audience and Your Own Point of View:

It is common for clinicians to become so immersed in the complexities and joy of the work, that remembering to put this into language that clients can easily understand, can become an afterthought. The result is that others simply do not “get” what you are trying to express and your message is not heard or understood.

Another common mistake is to leave your own unique strengths and personality completely out of the promotional writing. This is a mistake because it prevents your clients from understanding or “getting” who you are and connecting with you.

To discover more about the process of using connection language effectively in your practice marketing program, please contact Gerry Bock, MA, RCC by e-mail [gerry@bock.ca](mailto:gerry@bock.ca) or by telephone (604) 574-6555. 🐾

**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.**

## A Word From Your President

*Bev Abbey*

New Year Greetings to all. As we enter 2006, we can take a moment to review, acknowledge and appreciate our past year's performance as well as identify the goals for the current year.

The Board has been very active. We are very fortunate that the Directors and Staff bring such a high level of commitment and competency to advancing the Mission of our professional Association. It is an honour and a pleasure to work with them.

We are also appreciative of the many members who volunteer their time and talent to the many projects that help define our Association. The Board and I personally extend our gratitude to you, for your willingness to give to your community, and for your leadership in promoting BCACC. It has been said that inspiring others is best done by leading and thereby setting an example. You do so. Your efforts are shown in the growth of our Association, in the continuous branding and opportunities that we receive as you represent BCACC. We thank you.

Symposium 2005 on Counsellor Regulation in Canada, was acknowledged as being the right event to be held and sponsored at the right time by the right Associations. Participants from across Canada came into the Symposium with both personal and provincial goals, and, two days later, the fabric changed, and we were in unison. The results were overwhelming; that, as a country, we should continue to be supportive of the provincial endeavours, and to stay abreast of the current direction that each province is taking to attain the much desired and necessary regulated status that is our shared goal. Credits and much appreciation for the concept and success of this event goes to the Symposium Coordinator, Jim Browne.

Looking back we note the awesome, inspiring Competency Profile Development that was achieved by the Working Committee of the Task Group for Counsellor Regulation, under the leadership of Dr. David Cane, and, coordinated by Jim Browne. This work not only defines the profession of Counselling Therapy, but in addition, clearly identifies a series of competencies that would be required for entry level registration to the profession. This team contributed many hundreds of hours and so much talent and commitment to the process that words alone are insufficient to honour them in an appreciative manner. We are well supported, educated and encouraged by George Bryce. Regional meetings and those who were present were able to send comments and concerns to the Working Committee through their Vice-President. The Competency Profile is currently proceeding through a validation phase with the cooperation of professional counsellor practitioners in British Columbia, and across Canada.

Our Chair of Member Services responded to an invitation from the CMHA North West Branch (North and West Vancouver) for assistance in creating an opportunity to offer counselling to under-served members in this community. We were honoured to be the chosen Association for their project. This initiative is now under review in two other areas of Greater Vancouver Regional District.

The Region 2 Third Party Billing Committee, under the leadership of John Hayashi, has made recommendations to the Chair, Member Services, on the contracting of a consultant to develop a marketing plan with insurance brokers and companies. We expect that this will be coordinated by the review and revision of the displays and visual

*Continued on page 16*

## Executive Vice-President's Report

*Glen Grigg*

A key role for the Executive Vice-President is to chair the Regulatory Panel composed of the chairs of the standing committees devoted to public protection work. These are the chairs of Registration, Inquiry, and Discipline. In addition, the Registrar serves as a consultant to this panel. As almost all members know, BCACC has been working assiduously to demonstrate the accountability of our profession by providing public protection through our Association, while at the same time keeping open a dialogue with government about the importance of creating broader, more accountable mechanisms of public safety that are only possible through a legislatively empowered professional college.

There are hopeful signs of creating a college, not the least of which is that the National Symposium on Counsellor Regulation was such an amazing success. At that conference, BCACC together with the Canadian Counselling Association was able to bring together representatives from across the country, and, crucially, representatives of the federal government (who represent the federal-provincial agreement on internal trade) as well as representatives of the provincial government. The provincial message was that creation of a college will move ahead, albeit on a slower timetable than we would prefer, and the federal message was that professional regulation needs to be built on a platform of nationally shared competency criteria so that professionals can move their work from jurisdiction to jurisdiction with a minimum of impediments while continuing to meet the full standards of public protection.

The upshot of this progress is that moving professional regulation away from

*Continued on page 16*

*Continued from page 15*

materials that represent our Association to the public and that will be used across the province to heighten the RCC branding of BCACC through showcasing our professional services at health and trade shows.

Two Regions have changed their approach to offering continuing competency programs. In lieu of 4 meetings annually, two or three one day training events were offered in 2005. This approach has met with resounding success, as the members are positively supporting the programs.

Other Regions are creatively meeting throughout their Regions, bringing relevant professional information and Board updates to their members. Our thanks to the continuous commitment of these Directors.

Although there has always been an open invitation to attend any Regional meeting, you may also have noticed that more of this has occurred this year. There has been a concerted effort on behalf of the Regional Vice-Presidents, to open their meetings and welcome members from other Regions, and members are responding well to this opportunity.

The Regulatory Panel, comprised of the Registration, Inquiry, and Discipline Committees, and coordinated by our Executive Vice-President, continued to clarify their processes to assure that when the public and the membership contact us their requests are received with the highest standards of competence and respect.

### **As we look into 2006, our direction is clear:**

We maintain our Mission, including our counsellor regulation initiative, and providing professional information to the government in order to encourage them to designate a College of Counselling Therapists.

A plan for the review and revision of our Strategic Plan is under discussion. As it has been 10 years since our first developed plan, we want to assure that our short term

and long term strategies are consistent with the desires of our members, and in the right professional context for the times.

BCACC is Co-hosting the CCA 2007 Conference in Vancouver, and those of us, who sit on the Steering Committee, are excited about the progress that has been made. We are well on our way to offering an exciting Conference May 2007.

Our Chair of Legislative Review is anticipating a review and update of our Bylaws.

Your Directors are committed to working with you, and on your behalf, to assure that your Association needs are met. Should you have any questions, or concerns, our Staff in Victoria and our Executive Director, Jim Browne, are available and will respond to you, as quickly as possible.

As busy as our Staff are in the Victoria Office, they always have time to respond to your requests. Thanks to our Staff, for all that you do on our behalf, and we appreciate the courtesy and care that you bring while attending to our needs. 🐾

---

## **The Web Corner**

[www.bc-counsellors.org](http://www.bc-counsellors.org)

*Kirstin Dolby*

The 2006 renewal packages have been sent out and we have asked the members about the possibility to complete future renewals online, which may be available with our new Membership Manager software.

BCACC has now installed the new software; so keep an eye out for changes to our online referral list and BCACC forms.

We ask for your patience during the transition period and will keep you posted about these changes through email/fax broadcasts and the Web Corner. 🐾

*Continued from page 15*

BCACC's Board table will require not just unifying the profession within BC—something our Task Group on Counsellor Regulation has substantially achieved—but also building a national consensus on a competency-based definition of professional counselling. This is going to take some time. And in the interim, BCACC will continue to be a regulator of counselling.

In light of these developments, I have recommended to the Board that we need to have a strategic plan for the next decade in general, and for the next five years in detail, so that we can continue to provide the best in professional regulation within the limits of our jurisdiction as a provincially incorporated society. The key question in this strategic planning is whether we should continue our current policy of being a “shadow college”, following the form and procedures of a college under the Health Professions Act, or whether we should be looking at other, arguably more progressive, forms of professional accountability. A cornerstone of traditional regulation models is the identification of persons who have broken rules or violated codes, and requiring those people to demonstrate that they have taken steps to change themselves and their behaviours. An alternative frame of reference, and one that I recommend, involves focusing regulation on harms experienced by clients and the restoration of those harms, and prevention of those harms in the future. Along with this idea goes the notion of apology for mistakes made, and mediation where conflict resolution is needed.

The Board has put aside a day of retreat to precede the June Board meeting to consider the question of strategic planning in general, and the possible adoption of restorative justice as a guiding principle for such a plan. As always, input from all members is welcome and valued. 🐾

## Office of the Registrar

Angela Burns

### General Administration

Renewals are well underway and we are looking forward to another year of growth and development here at head office.

A snapshot of the Association on November 28, 2005: **Total members:** 1588; Active: 1463; Inactive: 98; Student rate: 26; Honorary: 1

0 (out of province)	41		
1	115	2	221
3	130	4	689
5	316	6	76

### Criteria Equivalence

BCACC has a fast track for regulated professionals from jurisdictions whose criteria for membership meet or exceed ours. Janice Graham from the Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists became a member July 26, 2005. Stacy Benoche, a Chartered Member with the College of Alberta Psychologists became a member October 27, 2005.

### Inquiry

Since January 1<sup>st</sup>, 2005 we have received 4 complaints. We have closed 6 cases.

### Deceased

Patricia A. Berry, January 1930 – July 2005; member since March 1990 and resident of White Rock, Region 5.

Norman Sutherland, April 1955 – July 2005; member since November 2002 and resident of Nanaimo, Region 1. 🐾

**Are You Moving Soon?**

**Let Us Know!**

**Call us at (800) 909-6303**

**Fax us at (250) 595-2926**

**or e-mail**

**hoffice@bc-counsellors.org**

**Thank You For Helping Us**

**Stay In Touch**

## Committee Reports

### Continuing Competency

Dianne Symonds, Chair

The Committee continues to work to develop a continuing competency process for our members. At our last meeting, we invited representatives from the other Task Group for Counsellor Regulation Associations to give us feedback about the process. That feedback indicated others were in agreement with the general direction of the proposal and yielded some helpful suggestions about specific details. We will meet in January to decide how to introduce this program to our members. Stay tuned for more details in *Insights*.

### Discipline

Joanell Clarke, Chair

There have been no Discipline issues or Appeals since the last report. The Inquiry Committee continues to do an excellent job so that issues are dealt with in a timely manner and have not required further referral to the Discipline Committee.

### Ethics and Standards

Edward Epp, Chair

Members: Lee McLeod, Jessica Easton, Fiona Macleod

The Ethics and Standards Committee is responsible for monitoring the existing

**Code of Ethical Conduct** and **Standards of Clinical Practice for Registered Clinical Counsellors** and making recommendations to the Board of Directors for amendments and adjustments, as necessary.

This article includes a report on the last year's work by the Ethics Committee and by The Custody and Access task group. The projects include a completed, re-edited ethical code and a reviewed and re-edited standard on custody and access report writing. The Board decided to move acceptance of the ethical code to its next meeting.

Due to the sudden passing of family therapist/theorist Steve De Shazer, there is mention in the ethics committee submission of his major contributions to our field.

### Summary of review and re-write of Code of Ethical Conduct

*Of course, as Wittgenstein would point out, this is something we already know but the traditional world-view (inevitably based in large part on traditional philosophy and psychology) confuses us and gives us the urge to want to dig deeper and see what lies behind and beneath: to understand the essence of "better" or "anger." We automatically forget the context of everyday life and are puzzled. .... Wittgenstein's way of describing things reminds us to observe what is going on and reminds us to look at everyday life + including language as it is actually used + as the home of our concepts and descriptions. It is these descriptions of everyday life that replace the explanations and theories of traditional philosophy and psychology.*

Steve de Shazer: died Sept 14, 2005

[http://www.brief-therapy.org/steve\\_thoughts.htm](http://www.brief-therapy.org/steve_thoughts.htm)

Since I was asked to make a summary of our committee's presentation of the edited code of ethics to the BCACC Board, I decided that I would like to draw connections between the untimely passing of contemporary therapist and thinker, Steve de Shazer, who passed away on September 14, and our writing process. I would like to commemorate his work and draw some inferences to our own writing journey.

Wittgenstein's philosophical thinking inspired de Shazer as he developed his own 'post-modern' work. There is in de Shazer's thinking and writing a brevity and clear-thinking worth emulating. His work was radical for its preparedness to disengage with psychological traditions for the superior goal of evolving a therapy guided by the everyday words of the client. We have endeavoured in our own writing exercise, to listen and to learn from each other, and to choose the most salient words and phrases that emerged in the conversations we shared. Each of us brought a unique training and sensitivity to this process.

There are more connections with the work of de Shazer: his focus on "what works",

emphasis on “solution-talk” over “problem-orientation”, confidence that the client, in an environment of encouragement and confidence, will most likely recognize forgotten resources. These are qualities that I believe our committee valued and nurtured during our endeavour.

From another perspective, as Lee recently reminded me, we have not really “radically changed” the earlier BCACC ethical code. What we have done is read all major ethical codes including those of APA and Canadian Counselling Association. We used these documents as a check alongside our own. To our code we added “four basic principles” of ethics at the beginning of the document, and then, thoroughly, line by line, word by word, organized and unified the code. We expect the process of refinement to carry on for a short time. Following approval by the Board, we look forward to reviewing the existing Standards under the aegis of this refined code.

**Custody & Access Task Group:**

Jan Sommer, Fiona Macleod, Donna Brown, Kathleen Reay, Edward Epp

We met regularly throughout the summer via conference call following our face to face meeting last May on Vancouver Island. The last phone conference call, on Sunday, 18th September, included George Bryce, to review with him the adjustments we made to his draft document. This was presented to the Board for review and acceptance at the October meeting.

**Some recommendations**

The committee recommends a separate page on the BCACC website for “custody and access” issues. In addition to listing already existing documents on the website (ie: a 2002 document co-written by George Bryce and colleague) we would like to add recent research from Donna Brown, a “*questionnaire for judges and lawyers of what they value in reports*”. As more papers and relevant insights become available they could be added to this location. This should be a rich resource for BCACC members.

**Inquiry**

*Shirley Halliday, Chair*

We have arrived at the fifth and final article in this series of five reports from the Inquiry Committee. By now you know, that the focus in this article is the fifth principle contained in the statements of ethical principles of the BCACC. **Integrity** is the central aspect of the principle involved here. The main principle itself states:

Counsellors aspire to embody the qualities of professional integrity, i.e., honesty, fairness and trustworthiness.

There are eight (8) statements that elucidate this principle: (each of these will be listed out as 5.1, 5.2, etc., respectively in the summary grid below).

5.1 In situations where ethical obligations are more stringent than legal ones, the counsellor aspires to meet ethical obligations.

5.2 Counsellors recognize their duty to cooperate fully if required by an ethics investigation brought by their professional affiliation.

5.3 When information is possessed that raises doubt as to the ethical behaviour of a professional colleague, the counsellor consults the colleague in question. If doubts persist and no action is taken by the colleague, the counsellor reports the situation to appropriate authorities.

5.4 The counsellor accurately presents and implies her/his professional

qualifications, experiences and knowledge, and corrects any misrepresentations or misunderstandings arising thereof, or of which s/he becomes aware.

5.5 Counsellors recognize that objectivity, professional judgment and client needs may be compromised by the existence of dual relationships with clients, and take steps to avoid or terminate such relationships by referral to appropriate alternatives.

5.6 Counsellors who are engaged in a work setting that calls for any variation from these standards make the variation known and either arrange for an ethically appropriate compromise or are prepared to seek other employment.

5.7 Counsellors respect the counsellor-client relationships of their colleagues, and do not provide professional services to someone already in a counselling relationship with another counsellor or therapist without first consulting the colleague in question.

5.8 In establishing fees for professional counselling services in private practice, the counsellor considers prevailing fee structures for other counsellors of similar qualifications in the community, as well as the financial means of the clients. Where the fee structure is inappropriate for a client, the counsellor refers the client to comparable services of acceptable cost.

The grid summarizes an analysis of cases during the time period between April 1997 and January 1, 2004. Of course, the focus of this

Summary of data from complaint cases between April 1997 and January 2004 where the principle concerned the principal of dealing with integrity.		
Main Ethical Principle	Supporting principle involved	Number of occurrences (frequency)
Integrity	5.1	9
	5.2	1
	5.3	2
	5.4	0
	5.4	4
	5.5	18
	5.6	0
	5.7	1
	5.8	4

grid concerns only cases that involved the fifth ethical principle described above (Integrity) and its supporting statements. The number of occurrences was 39.

As you can see from the table the majority of complaints regarding this principle have been concerned with boundary issues, particularly as they have involved the complex and complicated matter of dual relationships. This area as we all know can be like a minefield and fraught with difficulties.

Again, let's fill these numbers out to some degree in terms of examples of allegations that have been part of complaints reviewed by the Inquiry Committee. Again, as is the usual practice in this series of article/reports, identifying data has been altered so that the issues involved in the allegation is what can be focused on.

In one complaint situation, an RCC was providing group and individual therapy to a client. The RCC terminated the individual therapy part with the client after a few sessions when both the client and the RCC acknowledged there was a mutual attraction happening. The client also left the group therapy situation at this time (once the acknowledgement of an attraction was articulated). The RCC pursued a romantic relationship with the client. The RCC acknowledged this fact to the other members of the therapy group, as well as to the clinical supervisor with whom the RCC was working.

In another complaint, an allegation focused on how an RCC was involved with a custody and access matter. The RCC wrote a letter at the request of legal counsel for one of the parties in a legal conflict. The letter contained opinions about the parental abilities of one of the parents in the legal case, and also contained recommendations about custody arrangements. The issue underlying the complaint was that the RCC had not interviewed all relevant parties, verified legal custody arrangements or outlined the RCC's qualifications in providing—"an expert opinion".

Yet another complaint came to the

attention of BCACC when an RCC offered a weekend personal growth type of workshop, in which, the RCC arranged for staff persons to impersonate new attendees to the workshop. This was done to monitor individual attendee progress throughout the weekend. Staff persons would meet after hours with the RCC to update each other and to consult about effective ways of helping people "open up". The existence of this arrangement was divulged to the larger group of attendees at the end of the weekend workshop.

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

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

#### **Allegation 1**

Finding one's self in the soup of strong feelings of attraction with a client is certainly a challenging situation for all involved. Edelwich and Brodsky, in their classic 1991 text, "*Sexual Dilemmas for the Helping Professional*" (Brunner-Mazel), advise the following:

#### **DO**

- acknowledge your own feelings
- separate your personal feelings from dealings with the client
- confide in your supervisor, peers or therapist
- set limits while giving the client a safe arena for self-expression
- confront the issue straightforwardly
- explore the client's behavior as a therapeutic issue

#### **DON'T**

- make the client's problems your own
- give your problems to the client
- be outright rejecting

- be drawn into answering questions or giving the client double messages
- refer the client elsewhere so as to avoid the issue

#### **Allegation 2**

On the surface of this allegation the strategies to prevent a complaint seem self evident: the RCC needs to gather data (information) from all relevant parties involved in the process of doing his/her assessment of the situation; as part of this assessment it may be necessary to verify legal arrangements that has been determined by the court by viewing the original, or a copy of the original, order from the court; and an item to be included in a written report is a description of the RCC's qualifications and training for doing such a report or letter. When one is in a busy practice and meets with a request/demand to provide information to assist a client, even when such a request comes from legal counsel of the client, regardless of the time constraints that might be involved and the source of the request, the RCC does not need to panic or to even comply, without a subpoena.

#### **Allegation 3**

Intentional use of deception in providing counselling services must be justified beyond reproach. For example, the RCC must be able to demonstrate that the negative aspects of such a policy — in this case the suspension of informed consent — are outweighed by the benefits for clients that would result. This would, in our view, be perhaps a very difficult task. In the complainant's view, the RCC's decision to use deception, after a unilateral weighing of both options, smacks of paternalism anyway.

### **The BCACC's Inquiry Committee – A Guide for Members**

Please find enclosed in this issue of *Insights* the new Inquiry Committee brochure. The purpose of the brochure is to educate members about how this Regulatory Committee operates. This brochure has become part of the welcome package that is distributed to new members.

## Legislative Review

### *Glen Grigg, Chair*

The Legislative Review Committee has begun a “read through” of the bylaws, preparing for the changes needed when BCACC transfers its public protection functions to a college under provincial legislation. Legal counsel, George Bryce, tells us that when such a change comes about our bylaws will need to be amended so that we are not claiming jurisdictions and powers that belong to a college.

Looking ahead to a time when BCACC represents primarily the interests of its members opens up many possibilities. Right now, we restrict membership only to those who are qualified to practice so as to be accountable to the public for each person on our membership roles. When we are concerned only with membership matters, we will have the option to open up our membership to students, to associates, and even to paraprofessionals if we so choose. As well, it is possible that an association, working in partnership with a college, could have a stronger role to play in continuing competency work. When the potential for conflict between member interests and public interests is no longer a concern, we can also be even more vocal in our advocacy for the value of our services. Consequently, the committee is working in advance to have a bylaw framework that will allow for all these possibilities.

## Member Services

### *Duncan Shields, Chair*

*“We make a living by what we get; we make life by what we give” – Anon.*

Volunteers are the backbone of our Association. They staff our booths at tradeshow, edit this publication, act as Board members, Delegate Council Representatives and Regional Council Representatives, provide specialty advice on extended health insurance initiatives, EAP work, ethics and practice standards, and provide our members with countless opportunities for professional development. These dedicated individuals recognize that what our Association has to

offer the membership comes first and from the members themselves.

And what benefit do our members derive from the Association? There are many benefits, such as group liability insurance, networking and training opportunities. By far the biggest benefit to our members comes through the steady growth of a positive professional profile, both in our province and across Canada. Each year, the RCC designation opens more employment doors for our members, becomes more identifiable as a recognition of best practices and, as our extended health insurance task group has discovered, more and more insurers are recognizing our qualifications as well.

This has been neither a short nor an easy road. For instance, rounds of presentations were made to health insurers ten years ago, but insurers were not responsive at that time. It is only by building on the foundations created by earlier volunteers, and through the sustained effort of many additional waves of volunteers, that we have brought our profession to the verge of a tipping point – a point where the RCC designation becomes a well-accepted and recognized professional qualification and brand.

Certainly, some of the changes required to improve our professional status will happen only with slow changes to laws and public policy. Those changes are coming. At the recent Symposium on Counsellor Regulation, Jan Rossley of the BC Ministry of Health, noted that Counselling Therapists are on the roster for regulation after 2006. But we don't need to wait. There are steps you can take to foster both your and the Association's success today.

### **Simply put – give back to your community.**

Whether by volunteering at the Association level or through community-based organizations, faith groups, sports and cultural organizations, or simply by asking your clients to bring an item for your local food bank each time they come for a session, there are many ways you can demonstrate your care for the communities that sustain you and your practice.

Each time a Registered Clinical Counsellor

demonstrates their commitment, and the relevance and the benefits of their services in their community, they increase their professional profile and the prestige of our Association as a whole. Your success contributes to the success of us all.

The initiatives listed below reflect the efforts of just a few of our members who are making connections and contributions in ways that help everyone. Their actions help improve not just the quality of their own lives, but also the conditions for the rest of us.

Great opportunities to help seldom come, but small ones surround us every day.

### **1. Counselling under-served populations.**

This past Fall, the North Shore branch of the Canadian Mental Health Association (CMHA) partnered with the BCACC and our RCC members to provide services to people in the community who cannot afford counselling, do not have access to mental health services, or do not qualify for extended health insurance or third party coverage such as ICBC, WCB or EAPs. Martha Dionne, the program facilitator, wrote the following message to our members:

To the BCACC,

Thanks to the valuable support received from the B.C. Association of Clinical Counsellors, the Canadian Mental Health Association, North & West Vancouver Branch has been able to offer short-term, confidential, one-to-one counselling to adults living on the North Shore.

With the voluntary participation of six Clinical Counsellors we've been able to serve 18 clients since the project commencement in October of this year. Clients, whom otherwise wouldn't be receiving counselling at this time, are finding an opportunity to explore their concerns and learn how to manage their problems more effectively, with the professional help of a Registered Clinical Counsellor.

This pilot project will be continuing, by March 2006 we expect to serve another 18 clients with the support of 6 more BCACC

members. With other agencies and CMHA branches expressing interest in providing a similar service, we look forward to sharing our experience and finding ways to continue this exciting initiative.

On behalf of our clients and team, we would like to thank the BCACC and its members for giving us the opportunity to serve our community better by participating with us in this brief-counselling project for this under-served client group.

Sincerely,

Martha Dionne

Program Facilitator

Canadian Mental Health Association

North & West Vancouver Branch

Our Association's involvement in this project has been listed in the North Shore news on a weekly basis this Fall and the CMHA has distributed hundreds of flyers promoting our Association and our members work.

## 2. Extended Health Insurance Pilot Project

Region #2's Third Party Billing Committee identified the need for strategic education efforts in order to expand coverage of RCC services under extended health insurance plans across BC. This committee has worked tirelessly to move this agenda forward for our membership.

At the recent National Symposium on Counsellor Regulation, representatives of this committee met with Barbara MacCallum (Executive Director) and Dr. Pat Donihee (Third party billing consultant) of the Canadian Counselling Association (CCA). They have begun an initiative that closely resembles the work that our committee has already completed. The CCA has agreed to share their information and progress on Third Party Billing, and on recommendation from George Bryce and Jim Browne, we are going to examine the possibility of benefits to our membership from collaborating in a national strategy.

CCA has also identified an insurance consultant who assisted Occupational Therapists in another province gain recognition from major insurance companies. This

consultant has provided them with a list of recommended activities to complete and will, if contracted, contact and set up appointments with Insurers, will train presenters and accompany them to do presentations, and will follow up with insurers afterwards. We are investigating the possibility of collaborating or hiring our own insurance industry contractor to assist our internal consultant prepare presentations and material for both employers and insurers.

I hope and expect that we will be in the position to carry this work forward in the New Year and possibly to hire an internal contractor to take the lead in this initiative in February.

## 3. Trade Show Program

– Allison Bates, Provincial Trade Show Coordinator.

We have been very busy over the past year spreading the word about the BCACC and the invaluable services we all offer. Thanks to the many volunteers that donate their time in coordinating and staffing our booth at the shows we attend each year. In order to make that job a little easier, we have been looking into purchasing a new booth that will replace the one we use for most of our events. The new booth will be much lighter, easier to assemble and to transport. We are also looking at updating our booth graphics to give a fresher, more professional look for the BCACC. Here is a list of the shows we attended over 2005 and some of the ones we will be represented at in 2006.

### 2005

**January 29-30** - Victoria Health Show - Victoria

**February 4-6** - Wellness Show - Vancouver

**May 14, 15** - West Coast Families Expo - Vancouver

**June 10-11** - Police Crime Victims Services Conference - Vancouver

**June 8-19** - BC Human Resources Management Expo - Vancouver

**September 8** - Salmon Arm Fair - Salmon Arm

**September 24-25** - BC Women's Show - Victoria

**October 1** - UBC Palliative Care Conference - Vancouver

**October 29-30** - Vancouver Health Show - Vancouver

### 2006

**January 21-22** - Victoria Health Show - Victoria

**February 3, 4, 5** - Wellness Show - Vancouver

**April 19-21** - BC Human Resources Management Expo - Victoria

**April 29-30** - West Coast Families Expo - Vancouver

## 4. Other Initiatives

### Marketing Resource Guide

Gerry Bock and our Employee Assistance Program Advisor, Claire Sutton, have generously agreed to each prepare a chapter in a marketing resource guide for our membership. This idea, first brought forward by Gerry Bock several years ago, will be available free to our membership when complete. It is planned that this resource will include sections on marketing techniques, information on EAP work, practice standards and professional guidelines for advertising and marketing, and a selected readings list.

### Logo Therapy

There has been a feedback from several quarters that our logo does not reflect our Association as it is today. As many of you already know, we are in the process of replacing our booths and will be hiring a professional graphic designer to create a fresher, more professional look for the BCACC. We will also be updating the look and content of our brochures and other marketing materials, letterhead, and our website. In this process we will also be considering a new logo that better reflects us as a profession in the 21st Century. These graphic decisions will occur with consultation with the membership and I hope and expect that we will be examining logo options by the middle of January.

### Directory Listings

We have renewed ads in the Vancouver Law Directory and the Vancouver Island Medical Directory for 2006. We are also in the process of renewing our yellow pages advertising and updating these ads to better promote the RCC designation.

## Regional Reports

Thank you again, to all our volunteers who make these initiatives happen, and who so generously contribute to the success of the rest of us.

### Registration Committee

*Kathy Lauriente, Chair*

Boy, it's been a Fall. A BUSY Fall and that seems to be true for pretty much everyone I talk to these days. I'm scrambling to keep all the balls in the air and that includes writing this report so I'm afraid there won't be great philosophical musings this go round. Short, sweet and to the point so I can get this off to Michèle and not cause her too much grief! It seems I'm always under the wire and she's always so forgiving!

The Registration Committee is no exception when it comes to busy-ness and we're continuing to see consistently large numbers of applications at our quarterly meetings. We remain impressed by the vast and interesting experience of the applicants and are excited to see our membership growing so well.

The Committee continues to identify areas of our application and adjudication process that requires refining and, as we work through these challenges, we're finding we're enjoying a greater degree of efficiency and consistency. In the end, this investment of time and energy is making the committee work more enjoyable and straight forward which is always a good thing! I remain impressed, on an ongoing basis, by the commitment, thoughtfulness, creativity and humour of the committee members - Mario Testani, Chuck Montalbetti, Helen Huang, Joan Campbell and Sam Reimer - and our Registrar, Angela Burns. What a team!

I think I'll leave it there for this issue. On behalf of the Registration Committee, I'd like to extend Best Wishes to all our BCACC members this holiday season and many blessings for all traditions being celebrated at this time of year. 🍷

### North Coastal 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.

#### **First, let's look back on 2005**

We hosted our first Member Orientation Workshop last spring in Qualicum Beach. We changed the pattern of our Regional meetings (we had been meeting only on Thursday evenings exclusively in Qualicum Beach) introducing a couple of Saturday afternoon meetings in Courtenay and Nanaimo which were both very well-attended.

Some dedicated volunteers in Region One had to step down from their responsibilities this past year, while others stepped up to give of their time to the Association: Mary Dolen (Port Alberni) agreed to sit on the Continuing Competency Committee. Lee McLeod (Port Hardy) left Region One for Alberta, he represented us on the Ethics and Standards Committee. Lynn McCaw (Parksville) had to resign as a Delegate Council Representative, and Susan Butler (Nanaimo) took Lynn's place. Brien Dolan (Campbell River) joined the Regional Council as a Local Council Representative. And finally, Irene Champagne (Parksville) stepped down as Regional Marketing Coordinator. We are pleased to have Faye Schwab (Parksville) join our Regional Council and take on the job of Marketing Coordinator.

I'd like to say a bit more about Faye's position as Regional Marketing Coordinator. An important part of the position is to act as a facilitator for the Region's presence at trade and wellness shows. The BCACC has portable booths and other public relations materials that are at the members' disposal throughout the province. If there is a trade show or other event happening in your community that you think would be appropriate for the BCACC to be part of, we encourage you to contact Faye. She can help organize to have the booth and

other materials sent to you.

#### **Coming up in 2006**

Region One is hosting a Member Orientation Workshop on Saturday, February 25<sup>th</sup> in Nanaimo.

On Saturday, April 8, our Region and Edgewood, an addictions treatment center in Nanaimo, will be hosting a one-day workshop exclusively for BCACC members on the nature of addiction, the treatment process and the assessment of addiction in private practice. At this writing, we are hoping to offer this workshop at no cost to members.

We will continue to alternate our Regional meetings between Nanaimo, Qualicum Beach and Courtenay on Thursday evenings and Saturday afternoons. Watch for the Regional newsletters by e-mail and fax for more details.

#### **Region One Regional Council**

Mari-Josée Piché (Powell River)

Susan Warner (Parksville)

Susan Butler (Nanaimo)

Monika Grünberg (Courtenay)

Brien Dolan (Campbell River)

Faye Schwab (Parksville) - Regional Marketing Coordinator

Please contact me if you have any questions, comments or suggestions.

Dale MacIntyre: (250) 713-3370 or e-mail at [dmmacintyre@shaw.ca](mailto:dmmacintyre@shaw.ca)

### S. Vancouver Island John Hayashi, VP

**Region 2 - Southern Vancouver Island:** All regions of the Island south of and including Chemainus, and the Gulf Islands south of but not including Gabriola Island.

The Regional Council is currently trying to recruit new members in order to maintain its level of enthusiasm and add to its numbers. Regional Council member Michelle Morand put together an invitation for new members but to date we have had no respondents. The current Regional Council is anticipating some change as my term as Regional VP is ending in March and I will not be running for another term. A broadcast e-mail outlining the VP position will be sent out to Region 2 members.

If anyone is interested in becoming VP or requires more information about the position, please contact me.

Our Regional Council continues to work on the task of addressing third party billing issues; Jan Sommer, Michelle Morand and I also sit on the Extended Health Billing Task Group. This task group also benefits from the expertise of the Member Services Chair, Duncan Shields and Continuing Competency Chair, Dianne Symonds. This committee has been looking at ways to move into the action phase of addressing extended health billing. We have come to the conclusion that it is necessary to hire a consultant who can meet with insurance company representatives, employers or others who can directly have influence in having our members added to health benefit packages. In addition to hiring a consultant, the committee has highlighted the necessity of BCACC promotional material being updated. The work on extended health billing issues continues and it is hoped that a consultant will be hired in the New Year.

The Regional meeting on November 29th focused on PTSD treatment and trauma response during critical incidents. The meeting did not feature a guest speaker but instead invited members to share their experience with each other and to review what has worked, not worked and to discuss some of the challenges faced when providing trauma response/treatment. The next Regional meeting is scheduled for Saturday, February 4th from 10:00 a.m. until 12:00 p.m. This Regional meeting will focus on the topic of Crystal Meth treatment.

Debbra Greig continues to organize the BCACC marketing booth and coordinating volunteers to staff it. Debbra will arrange to have our booth at the January Victoria Health Show. The health show takes place at the Victoria Conference Centre and is very well attended.

Mérodie Dupuis has been trying to organize meetings in the Duncan/Chemainus area. Her group took about a 4 month break during the summer months. This VP has noted that the

Duncan/Chemainus group appears to come together when there has been a guest presenter, but without a presenter it has had difficulty meeting.

Regional Council members remain Debbra Greig, Eli Chambers, Michelle Morand, Mérodie Dupuis and Jan Sommer. They have been extremely active in many projects this year. They are to be congratulated for their accomplishments and their contribution to BCACC members and the Association as a whole!

### Interior South 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.**

One of the most significant BCACC activities in our Region since the last *Insights* Report was the Regional Meeting in Kelowna. It was exceptional for the following reasons:

- Our President Bev Abbey joined us and provided a most interesting and valuable overview of what has been and is taking place within our Association.
- There were a number of members joining us from other Regions; e.g., Gerry Bock from Surrey and Rob Riddle from Kamloops.
- Rob was able to share insights and information on a deeper level regarding two agenda points of third-party billing and EAPs, and the Draft proposal for mandatory continuing competency.
- There were more members from outside of Kelowna than from the hosting city.
- The Regional meeting had a full agenda and the two hours seemed to pass very quickly; the educative component was continued the following day at the Coast Capri Hotel; Gerry Bock gave a presentation titled "Extreme Marketing - The Private Practice Makeover" from 8:30 a.m.–12:30 p.m.

It was clear from the feedback we received that everyone was delighted with the presentation and the practical information gained. A number of participants stated that this was the first time that BCACC had done anything worthwhile for them. Many said they wished they could have more training, but due to time and financial constraints it was not possible. Anyone wishing to contact Gerry can reach him via e-mail at [gerry@bock.ca](mailto:gerry@bock.ca)

Other points to mention:

Suzan Milburn (in Vernon) has graciously accepted an invitation to be assisting the Regional Council in the northern Okanagan. Thank you Suzan and welcome to the group!

This past October we were invited to set up our booth at the National Depression Screening Day in Kelowna – this was a first. It was a great opportunity to be promoting our Association in the community. In 2005 we were active in attending numerous trade fairs (3 in Kelowna, beginning with the Woman's Fair in February, the Health Fair in March, another trade show on April 15, a Fall Fair in Salmon Arm in September); via our presence and using either the medium-sized or portable booth we had occasion to offer education to the public about counselling in general and Registered Clinical Counsellors in particular. These events have been well attended by the public and a number of counsellors have manned the booth. Included in this group of counsellors are (in Kelowna): Deanne Leung, Helga Illig, Alice Jenson, Regina Case, Gail Clark, Gayle Faigan, Sam Reimer, Leora Splett, and Kevin Ward (at the Salmon Arm Fall Fair). Response to the booth was enthusiastic and other participants were delighted that we were displaying our booth in this venue. This is an excellent method of meeting the public and removing some of the mystic surrounding counselling as well as providing a method of educating the public about the Association's goal of quality counselling using well trained reputable counsellors.

If you are aware of suitable Trade Fairs or the like in your area that you think it would be suitable to have our booth, please contact

either Leora Splett or myself.

Undoubtedly THE highlight of the year for our Association was the first ever National Symposium for Counsellor Certification; This was a joint effort of the BCACC and the CCA (Canadian Counselling Association). All the provinces were represented and there were other important representatives. I will refrain from more detail here because there is a full report by other contributors in this *Insights*. Please read all about it!

As usual, be expecting 4 Regional meetings in 2006. We apologize that the one spoken of for September 2005 in the Shushwap did not materialize. Hopefully something similar can be realized next Fall. Watch for details about meetings in our Region at our own web site: <http://www.bc-counsellors.org/reg3meet.htm>. We continue to plan more informal networking meetings throughout the Region spread out over the year.

A geographical breakdown of RCCs in our Region (as of the end of November 2005) totals 130 in 36 locations:

Armstrong	1	Lake Country	2
Blind Bay	1	Lumby	1
Burton	1	Naramata	4
Castlegar	3	Nelson	10
Christian Lake	1	New Denver	1
Cranbrook	5	Okanagan Centre	1
Crawford Bay	1	Osoyoos	1
Crescent Valley	1	Peachland	2
Creston	3	Penticton	12
Eagle Bay	1	Princeton	1
Fairmont Hot Springs	1	Proctor	1
Fernie	1	Rossland	2
Fruitvale	1	Salmon Arm	3
Golden	1	Slocan	2
Grand Forks	4	Summerland	2
Grindrod	1	Vernon	18
Invermere	1	Westbank	1
Kelowna	1	Winfield	2
	37		

I have moved my office (as of October 1/05) after 10 years at the same address (even though there were five moves within the same building...) to be closer to home and my wife.

You can now find me at 200 – 595 K.L.O. Rd., Kelowna, BC V1Y 8E7

I remain optimistic and enthusiastic regarding contributions we (as the Regional Council and the assistants) are making and undertaking for the profession and for our Association in this part of the province.

Trust 2006 will be a year of health and prosperity, fruitful counselling with lots of healing, and that each of you will be enjoying life to the fullest in every aspect of your life. Wishing you and yours all the best!

As usual, please feel free to contact this writer or any of the Regional Council Reps if you have any questions, comments or suggestions. Here is who and where we are:

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

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

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

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

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

Sam Reimer (Kelowna): (250) 868-2338; [sams@silke.net](mailto:sams@silke.net)

### Lower Mainland Northwest John Fraser, VP

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

#### Region 4 Regional Council Representatives

Effective Sunday September 18<sup>th</sup> 2005, Bev Behrman resigned as a Regional Council Representative. Lida Izadi, Betty Rainford, Eva Merriam, and Elaine Roth have joined as new Regional Council Representatives effective July 11<sup>th</sup> 2005, September 9<sup>th</sup> 2005, September 10<sup>th</sup> 2005, and September 17<sup>th</sup> 2005, respectively. The rest of the Regional Council consists of, John Fraser (Region 4 Vice-President), Allison

Bates, Diana Romer, Geoffrey Ayi-Bonte, Georgeanna Drew, Jerry Arthur-Wong, Jennifer Scott, Jo-Anne Kates, Marilyn Beloff, Nancy Downes, and Sara Kammerzell. This brings the total number of Regional Council Representatives for Region 4 to 15.

With the restructuring of how Region 4 offers continuing education events, it is anticipated that there will be approximately 2 to 3 Regional Council meetings per year. The purpose of these meetings will be to facilitate Regional Council team building as well as to manage regional operations. Region 4 has been allocated up to 18 Regional Council Reps so if you are interested in becoming a Regional Council Rep or would like further information regarding this volunteer position please feel free to contact John Fraser at (604) 602-0890 (office), (604) 648-9976 (fax) or at [johnfsi@telus.net](mailto:johnfsi@telus.net) (e-mail).

**EMOTIONALLY FOCUSED THERAPY**  
Presenter: Yolanda von Hockauf, M. Ed., R.M.F.T.

Region 4 is pleased to sponsor this professional development activity, which will be held on Saturday April 22nd, from 9AM to 4PM. This is a free workshop and is open to all Region 4 members. Members from other regions are welcome to attend, space permitting. To register for this workshop contact John Fraser at (604) 602-0890 or e-mail [johnfsi@telus.net](mailto:johnfsi@telus.net) (e-mail preferred). In your message please leave your name, your region (Region 4, 5, etc.) and your phone number or return e-mail address. If you are not a Region 4 member you will be contacted to confirm if there is space available for you to be able to attend. The location of this workshop will be announced in the near future. For further information regarding this workshop see the insert provided with this copy of *Insights*. The registration deadline for this event is Saturday April 8<sup>th</sup>.

#### Counsellors' Café

If you are interested in participating in an upcoming Café please contact Diana Romer to register. There is a limit on the number of people who can attend the Café so registration is required. Diana can be reached by e-mail at

*deromer@sbaw.ca* or by calling (604) 290-6407. The Cafés will be held at the residence of Nancy Downes. The address of this location will be provided when you register. Cafés start at 7pm and finish at 9pm. **Please arrive on time, as late arrivals can be disruptive to the presentations.**

Following is a schedule of upcoming cafés:

**Thursday, January 16, 2006:  
Introduction To Focusing**

Ever wonder why some patients are able to heal and grow while in psychotherapy, while others seem stuck, even while gaining a wealth of insight into themselves and their issues? Eugene Gendlin invested 15 years of research into this question and discovered that the key to healing is not the modality or the therapist's skill, but the client's own inner process. People who are able to listen to their bodies' complex, subtle way of moving through issues experience inner shifts that are forward-moving and lasting. Gendlin identified the process, which he calls Focusing, then broke it down into steps, which can be replicated and taught. In this brief introduction to Focusing, Leslie Ellis will outline the steps of Focusing, provide examples from her practice of the ways in which Focusing can facilitate growth and healing, and will also provide the group with an experience of Focusing.

Leslie Ellis, MA, RCC, is a certified instructor with the international Focusing Institute. She has taught focusing workshops, and has used focusing in her private practice for the past ten years. She earned her Masters in Counselling Psychology at Pacifica Graduate Institute, one of North America's foremost Jungian-oriented graduate schools, and is particularly interested in integrating focusing with dreamwork, active imagination and other Jungian-oriented practices. She is a professional writer, and psychotherapist with a private practice in Deep Cove, and also works part-time as a counsellor at Family Services of the North Shore. She can be reached at (604) 787-6430.

**Thursday February 23, 2006: Calming The Body, Calming The Mind**

Lydia Rozental, M.A., RCC will address the

non-calming context of our lives and how it contributes to disconnection from our bodies, minds and spirits, individually and collectively. She will briefly discuss the research done in areas of physical, emotional, mental and spiritual health when attention is being paid to challenging the notions of "fastness", "efficiency", independence rather than interdependence. She will propose some experiential ways, which can help to re-connect with the fragmented, disjointed parts.

Lydia Rozental will be teaching this topic as a course for UBC Continuing Ed in the Spring. She has been working in the field of mental health for over 25 years and has worked extensively in Israel and South Africa and in a variety of settings from the government (army, hospitals, mental health clinics) to the non-profit (sexual abuse counselling and supervision, providing consultation to therapists working with high risk families). In her private practice she works with individuals, couples, group counselling. Lydia also provides supervision for clinicians individually and in groups, and for post-secondary institutions (teaching, providing supervision for practicum students and advises on theses. Lydia is a practitioner of hatha yoga, EMDR, and is moving ever closer to a holistic, integrative approach to life and practice

**Thursday March 30, 2006: Life Coaching**

The North Star method designed by Martha Beck et al at Harvard & Columbia. It has as its basis Acceptance & Commitment Therapy. The difference between this method and most others is that it begins with examination & dissolution of faulty belief systems, then goes into the work of planning & putting goals into action.

Presented by Ellen Besso

**Fraser Valley  
Pauline Carey, VP**

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

We are indeed living in exciting times, as counsellors and BCACC members! The most exciting event which has happened in the past few months is the National Symposium on Counsellor Regulation, which certainly led me to feel great hope and confidence that we as professional counsellors will, within the next couple of years, achieve not only statutory regulation, but also build on the great relationships we have with other counsellor associations, such as the Canadian Counsellors Association.

**Regional Meetings**

All members (from any Region) are invited to attend our Regional meetings, which are held on the last Monday of the month in February, May, September and November. The venue is the Sunrise Banquet Centre, on the corner of Highway 10 and 188<sup>th</sup> Avenue in Surrey. A reminder of the dates and speakers will be sent to members in Regions 4 and 5, a few weeks before each event.

September 26<sup>th</sup>: Region Four member Sara Kammerzell specializes in Trauma counselling. Her presentation was very well received by all who attended.

November 28<sup>th</sup>: Region Five member Simon Beck spoke to us on Non-Violent Communication (NVC). Due to the weather forecast of heavy snow in the Fraser Valley, attendance was lower than usual. However the small group present enjoyed an excellent presentation and came away with some really useful tools.

**February 27<sup>th</sup> 2006:** Brian Grimes is a master TIR practitioner and trainer. Traumatic Incident Reduction (TIR) is already practised by several dozen RCCs throughout BC, with excellent results. TIR is a therapy which is extremely effective for permanently resolving the effects of trauma, in a relatively short time. It also yields excellent results with all other negative emotional baggage, from anger to depression. If you are interested in really expanding your professional horizons and expertise, don't miss this exciting introductory presentation on TIR.

**May 29<sup>th</sup> 2006.** David Granirer is a

counsellor and stand-up comic. His presentation is called

“I’m OK but you need professional help”, and entertains while teaching the use of humour to help clients and as a form of self-care. David runs a course called Stand Up for Mental Health, in which mental health consumers turn their problems into comedy, and then perform their acts at conferences, treatment centres, psych wards, and for various mental health organizations. Join us for an evening of education and entertainment.

Since my last *Insights* report, we have welcomed three new members to our Regional Council. They are Pauline Fitzgerald (Abbotsford), Muzaffar Syed (Surrey), and Cliff Holloway (Abbotsford). We are delighted to have Pauline, Muzaffar and Cliff working with us.

Debbie Clelland is somewhat inactive on our council at the moment, as she has added PhD studies to her already busy schedule of private practice and raising a young family.

Muzaffar Syed is currently in Pakistan, helping deal with the aftermath of the earthquake. We wish him well in his work there, and look forward to his safe return.

We now have RCRs from most areas of Region Five. It would however be great to have another member from Delta, Langley and Maple Ridge/Mission. Please let me know if you would be interested in joining a dynamic and fun team.

2005 has been a year of many losses in Region Five. In August, well-known and long-standing member Patricia Berry died, and is sadly missed. And during the course of 2005, no fewer than three Regional Council Members lost their mothers – and we lost a well-loved Regional Councillor as well. This was Lois Campbell, who died in March, the mother of RCR Debbie Clelland. In May, Gerry Bock’s mother died after a long illness. And in October, my own mother died tragically in a fire in South Africa.

I would like to take this opportunity to express my deep gratitude for the love and support I have received from all my BCACC colleagues during my time of loss. For me the experience has in fact turned out to be one of transformation and growth, and this has, I believe been due to the love and care I have received from my family, friends and colleagues, as well as the exceptional counselling I have had from Brian Grimes. This was my first ever experience as a client, and I cannot enthuse enough about how uplifting and healing it has been. My only regret is that our current registration policies preclude our accepting Brian as a member! Thank you all so much for your support and caring.

Please feel free to contact me or any member of the Regional Council, if you have any concerns or questions.

Gordon Auld (Abbotsford):  
*gmauldcounts@sbaw.ca*; (604) 859-2364

Charlaine Avery (Langley): *cavery@telus.net*;  
(604) 724-7763 (w), (604) 514-0763 (h)

Gerry Bock (Cloverdale): *gerry@bock.ca*;  
(604) 574-6555

Debbie Clelland (Mission and Maple Ridge):  
*d-j@telus.net*; (604) 826-3366 (w),  
(604) 463-2086

Patricia Dubberley (Surrey): (604) 930-0286

Pauline Fitzgerald (Abbotsford):  
*connectionscounts@yahoo.ca*;  
(604) 850-8685 (w); (604) 824-8680

Cliff Holloway (Abbotsford):  
*cliffholloway@sbaw.ca*; (604) 859-5783

Elizabeth Morris (Chilliwack): (604) 793-9846  
Muzaffar Syed (Surrey): *syedma@yahoo.com*;  
(604) 897-2062 (w); (604) 930-2062.

Pauline Carey (Vice-President):  
*Pauline.carey@dccnet.com*; (604) 507-8055  
(w); (604) 572-6771 (h); (604) 315-1750  
(cell)

## Interior North 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.**

One of our northern Regional Council Representatives, Barb Ingram, has decided not to continue in her position so we are in the process of looking for a replacement. Thanks to Barb for her participation in the first Regional Council in Region 6.

On August 19<sup>th</sup>, I attended a Region 3 meeting in Kelowna with Sam Reimer, Bev Abbey and members from Region 3. The next day I attended a workshop with Gerry Bock on marketing a private practice. The workshop was well attended by members from Region 3 and 6. Possibly more joint meetings could be held between Kamloops and Kelowna.

On November 5<sup>th</sup>, I attended the first Region 6 Member Orientation Workshop in Prince George. Our previous attempt at this in June was cancelled so we were pleased to be able to proceed with this one. Though still not well attended, it was a worthwhile session for those present. Thanks to Brian Joyce for organizing this event and to John Gawthrop for his expert presentation and facilitation. We hope to have the next Region 6 Member Orientation Workshop in Kamloops in November 2006.

On Friday, November 25<sup>th</sup>, we had our Fall BCACC Regional meeting in Kamloops. I was pleased to be able to share with about six members present (the other three unable to make it because of our first major snowfall!) the discussions at the National Symposium on Regulation that I had attended earlier in the week in Vancouver. Members were encouraged to find out about the exciting developments right across Canada and the enthusiasm from all attending the Symposium to further action on regulation of counselling in Canada. We also discussed research relative to the efficacy of CISD sessions which many of us do regularly. We will pursue this topic in more depth at subsequent meetings.

Finally, I would like to welcome all the new members (about 5) to Region 6 since my last report. 🍷

*Continued from page 2*

around what has been created. Embracing is a movement in itself and is often the foundation for change, decision-making and healing. Embracing is also the opposite of denying and self-deception. And finally, embracing allows the client to build a therapeutic alliance with themselves, with their own issue. One could say that this is the defining moment when the client becomes The Intentional Client!

The third step is for both counsellor and client, within a common state of intentionality to formulate a desired outcome that will be an outer expression of the True Inner Self. This is a joint process of discovery with The Intentional Therapist bringing in some elements of directiveness as mentioned earlier. Fourth, the experienced counsellor needs to develop a comprehensive repertoire of actions and movements in relationship to desired outcome. The client might be confused, but The

Intentional Therapist is not! Here the therapist has the seemingly natural ability to inspire the client to perform the action that will create movement. Fifth and finally, The Intentional Therapist constantly yet gently reminds the client, keep him or her aware that he or she is fulfilling is moving, however slow, towards the object of desire while experiencing the movement.

A final word on this brief meditation on Intentionality: there are many who believe that in the healing process, it is an absolute necessity for the healer to be actively intentional in his or her life if the client is to benefit from therapy. At this junction in my life, I am not certain that this is true as there have been many instances where clients have successfully created movements in their lives while I did not in mine. Now in regards to this issue of *Insights*, my intention was that you the reader be once again inspired to intend more healing as a clinician through the variety of articles and professional development opportunities presented in this edition. Am I succeeding in inspiring you in such way? You tell me.

### References

- (1) Intentionality Forms the Matrix of Healing: A Theory. Rothlyn P. Zahourek. *Alternative Therapies*. Nov-Dec. 2004, Vol.10. No. 6, pp. 40-49.
- (2) Epstein G. Mind-Body medicine and biological medicine: An unbridgeable gap. *Advances: The Journal of Mind-Body Health*. 1996; 12 (3): 16-18.
- (3) Chopra, Deepak. *Creating Affluence: Wealth Consciousness in the Field of All Possibilities*. Amber-Allen Publishing and New World Library. 1993. 🍀

*Continued from page 5*

### Suffering and tragic triad

Frankl (1984): "If there is a meaning in life at all, then there must be a meaning in suffering. Suffering is an ineradicable part of life, even as fate and death" (p. 88)

Suffering is not a necessary condition for meaning, but suffering tends to trigger the quest for meaning. Frankl (1967) observes that the Homo Sapiens is concerned with success, while the Homo Patiens (the suffering human being) is more concerned about meaning. Frankl (1963, 1984, 1986) has observed through his own experience and his observation of prisoners and clients that people are willing to endure any suffering, if they are convinced that this suffering has meaning. However, suffering without meaning leads to despair.

Logotherapists do not ask for the reason for suffering, but guide their clients towards the realization of concrete meanings, and choose the right attitudes. Often, logotherapists appeal to their clients to stake a heroic stand towards suffering, but suggesting that unavoidable suffering gives them the opportunity to bear witness to the human potential and dignity. Frank (1986):

"Whenever one is confronted with an inescapable, unavoidable situation, whenever one has to face a fate that cannot be changed, e.g., an incurable disease, just then is one given a last chance to actualize the highest value, to fulfill the deepest meaning, the true meaning of suffering." (p. 178).

Search for meaning is more likely to be occasioned by three negative facets of human existence: pain, guilt, and death. Pain refers to human suffering, guilt to the awareness of our fallibility, and death to our awareness of the transitoriness of life (Frankl, 1967, 1984). These negative experiences make us more aware of our needs for meaning and spiritual aspiration. Neuroses are more likely to originate from our attempt to obscure the reality of pain, guilt, and death as existential facts (Frankl, 1967, 1984).

*Continued on page 28*

## Offering Supervision

AAMFT supervisor-in-training, 20 years experience as a marriage and family therapist, specializing in sexual and relationship therapy.

Fee for individual supervision is \$75 per hour (\$65 per hour when contracting for at least nine months of supervision); supervision is being supervised by Dr. John Banmen.

For more details, contact Dr. Bianca Rucker at (604) 731-4466 (office located at Broadway & Cambie in Vancouver) or via website [www.biancarucker.com](http://www.biancarucker.com).

*Continued from page 27*

Logotherapy provides an answer to the tragic triad through attitudinal values and tragic optimism (Frankl, 1984):

“I speak of a tragic optimism, that is, an optimism in the face of tragedy and in view of the human potential which at its best always allows for: (1) turning suffering in to a human achievement and accomplishment; (2) deriving from guilt the opportunity to change oneself for the better; and (3) deriving from life’s transitoriness an incentive to take responsible action” (p. 162)

The above is usually accomplished through constructively confronting the negative views and directly appealing to the defiant power of the human spirit.

### **Assessment of logotherapy**

Logotherapy is unique in that it emphasizes the spiritual dimension of human existence as the source of meaning, hope, dignity, uniqueness, and freedom. The importance of spirituality in healing has gained widespread acceptance in today’s therapeutic community, but Frankl was the first one to make spirituality the cornerstone of his approach to psychotherapy.

Frankl can also be credited as the father of positive existential psychology and positive psychotherapy (Wong, in press). Rather than focusing on what is wrong with us, Frankl focuses on what is right with us and what is good about life, in spite of the horrors he has endured. He emphasizes our capacity to respond to our meaning-potentials: through our affirmative and optimistic responses to events, we can transcend negative forces and live meaningful lives whatever our circumstances.

Logotherapy emphasizes the importance of attitude towards human existence, because our worldviews and life-orientation may have far more influence on how we live our lives than our cognitions and behaviours in specific situations. Because of its general holistic orientation, logotherapy can be applied to a

wide variety of disciplines, ranging from medicine, counselling, pastoral care, education, and management. It can also be employed in all areas of our lives so that we can fulfill our potentials.

However, there are three limitations. Firstly, logotherapy is often referred to by logotherapists as the Franklian philosophy. It is indeed a philosophy of life, and a very powerful one. As an existential-phenomenological philosophy, it is difficult to be subjected to empirical test, although the general ideas of logotherapy have inspired many empirical studies.

Secondly, Viktor Frankl intended logotherapy as an adjunct to whatever therapy one practices. It offers several logotherapeutic techniques to treat existential neurosis, but it does not provide a comprehensive system of counselling or psychotherapy.

Thirdly, many Frankl “loyalists” are opposed to any extension of logotherapy. Furthermore, some even have a “guild” mentality – they try to ban others from making any reference to logotherapy without having taken a set of courses offered by them. They are “more catholic than the Pope” in their rigid and dogmatic approach to logotherapy. Their entrenched legalistic attitude has actually done more harm than good in terms of advancing Frankl’s ideals around the globe. In fact, Viktor Frankl has always intended logotherapy for the betterment of humanity, rather than a “clinical specialty” for the career benefits of a few psychotherapists.

In the true spirit of Viktor Frankl, Joseph Fabry was also progressive and forward looking (Wong, 1999b). He was largely responsible for introducing logotherapy to North America, and the founder of Viktor Frankl Institute of Logotherapy and founding editor of the International Forum of Logotherapy. It was through his unflinching support and encouragement that I was able to develop the integrative meaning-centred counselling (MCC) (Wong, 1999a, 1999b)

### **Meaning-Centered Counselling**

In the past 10 years, I have elaborated and extended Frankl’s classic logotherapy by introducing new constructs and skills that are consistent with the basic tenets of logotherapy (Wong, 1997, 1998c, 1999a). Meaning-centered counselling focuses on both the transformation of cognitive meanings as well as the discovery of new meaning and purposes in life. As an integrative existential therapy, it incorporates cognitive-behavioural therapy and narrative therapy with logotherapy.

There is a consensus that no existing school of psychotherapy is capable of addressing the psychological, mental health needs of all clients in all situations. There is also some agreement that a technically eclectic approach is not an ideal alternative, because it reduces psychotherapy to a bag of tricks without the benefit of an overarching theory to guide case conceptualization and treatment plan. Thus, the integrative approach of MCC seems most promising, because it integrates the various schools of psychotherapy around a set of related, compatible key constructs.

For the MCC, the key construct is meaning, which is central to understanding culture and society (Wong & Wong, 2005); physical and mental health (Wong & Fry, 1998); spirituality and religion (Wong, 1998b). Related constructs include cognitive reframing, existential and spiritual coping, attribution, stress appraisal, life review, self-actualization, organizational and cultural transformation.

There is also an increasing demand for evidence-based therapy. I have stressed that a meaning-centered approach facilitates research and can draw from a vast literature on the vital role of meaning in many domains of life. The following publications report research findings related to the MCC (Wong, 1991, 1995, 1998a, 2005a, b).

The International Network on Personal Meaning (INPM) ([www.meaning.ca](http://www.meaning.ca)) was inspired by Frankl’s ideals. Since its inception in March 1998, the mission of INPM is very clear. Initially, the mission was “to promote

*Continued on page 29*

*Continued from page 28*

health, spirituality, and peace through meaning". In its recent expanded version, the mission statement is:

INPM is dedicated to advancing the health, spirituality, peace, and human fulfillment through research, education, and services with a focus on the universal human quest for meaning.

INPM believes that high quality scientific research on positive psychology of meaning in major life domains can contribute significantly to the well-being of individuals and communities. INPM also believes in the power of publication, education, and counselling/consultation in personal and societal transformation. Therefore, the objectives and activities of INPM are all related to the Mission Statement.

We have organized three successful International Conferences on Personal Meaning, published a monthly popular Positive Living E-Zine, and launched the International Journal of Existential Psychology and Psychotherapy ([www.existentialpsychology.org](http://www.existentialpsychology.org)). The Meaning Conference 2006 focuses on Addiction, Meaning and Spirituality. Invited speakers included Alan Marlatt, Earnest Kurtz, Stanton Peele and many other leaders in the addiction field.

In the past few years, the meaning-centered approach has appealed not only to psychologists and counsellors, but also to medical doctors, occupational therapists, group facilitators, and management educators. Asia seems particularly interested in this approach, because of its emphasis on what really matters – what makes life meaningful and fulfilling in spite of difficult circumstances. I will write another article on MCC for *Insights* in the near future. Meanwhile, I will be giving a free one-day workshop on Meaning Centered Counselling on Saturday, January 28, 2006 at Trinity Western University. If you are interested, please contact Dr. Lilian Wong at [liliancj@shaw.ca](mailto:liliancj@shaw.ca)

## References

- Fabry, J. (1994). *The pursuit of meaning* (New revised edition). Abilene, Texas: Institute of Logotherapy Press.
- Frankl, V. E. (1963). *Man's search for meaning: An introduction to logotherapy*. New York: Pocket Books.
- Frankl, V. E. (1967). *Psychotherapy and existentialism: Selected papers on logotherapy*. New York: Washington Square Press/Pocket Books
- Frankl, V. E. (1969). *The will to meaning: Foundations and applications of logotherapy*. New York and Cleveland: The World Publishing Co.
- Frankl, V. E. (1984). *Man's search for meaning* (Revised and updated). New York: Washington Square Press/Pocket Books.
- Frankl, V. E. (1986). *The doctor and the soul: From psychotherapy to logotherapy* (Revised and expanded). New York: Vintage Books.
- Wong, P.T.P. (1991). Existential vs. causal attributions. In S. Zelen (Ed.) *Extensions and new models of attribution theory* (pp. 84 -125). New York: Springer-Verlag Publishers.
- Wong, P. T. P. (1995). The adaptive processes of reminiscence. In B. Haight & J.D. Webster (Eds). *Reminiscence: Theory, research methods, and applications* (pp.23-35). Washington, DC: Taylor & Francis.
- Wong, P. T. P. (1997). *Meaning-centered counselling: A cognitive-behavioural approach to logotherapy*. The International Forum for Logotherapy, 20, 85-94.
- Wong, P. T. P. (1998a). Implicit theories of meaningful life and the development of the Personal Meaning Profile (PMP). In P.T.P. Wong & P. Fry (Eds.) *The human quest for meaning: A handbook of psychological research and clinical applications* (pp. 111-140). Mahwah, NJ: Lawrence Erlbaum Associates, Inc., Publishers.
- Wong, P. T. P. (1998b). Spirituality, meaning, and successful aging. In P.T.P Wong & P. Fry (Eds). *The human quest for meaning: A handbook of psychological research and clinical applications* (pp. 359-394). Mahwah, NJ: Lawrence Erlbaum Associates, Inc., Publishers.
- Wong, P. T. P. (1998c). *Meaning-centered counselling*. In P.T.P Wong & P. Fry (Eds). *The human quest for meaning: A handbook of psychological research and clinical applications* (pp. 395-435). Mahwah, NJ: Lawrence Erlbaum Associates, Inc., Publishers.
- Wong, P. T. P. (1999a). Towards an integrative model of meaning-centered counselling and therapy. The International Forum for Logotherapy, 22, 47-55.
- Wong, P. T. P. (1999b). Joe Fabry - a visionary storyteller. Available on-line at <http://www.meaning.twu.ca/joefabry.htm>.
- Wong, P. T. P. (2005a). Viktor Frankl: Prophet of hope for the 21st century. In A. Batthyany & J. Levinson (Eds.), *Anthology of Viktor Frankl's Logotherapy*. Phoenix, AZ: Zeig, Tucker & Theisen Inc.
- Wong, P. T. P. (2005b). Existential and humanistic theories. In J. C. Thomas & D. L. Segal (Eds.), *Comprehensive Handbook of Personality and Psychopathology*. Hoboken, NJ: John Wiley & Sons, Inc.
- Wong, P. T. P., & Fry, P. S. (Eds.) (1998). *The human quest for meaning: A handbook of psychological research and clinical applications*. Mahwah, NJ: Lawrence Erlbaum Associates, Inc. Publishers.
- Wong, P. T. P., & Wong, L. C. J. (2005). *The handbook of multicultural perspectives on stress and coping*. New York, NY: Springer. 📖

## From The Resource Centre

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

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

*Continued from page 11*

nervousness made his accent even heavier. The interview questions soon shifted to: “which animals used to come to his house in Africa?”

He laughed and, like we used to do in Africa, he touched his interviewer to encourage her to laugh with him. This met with a very cold stare and he was scared.

You can all imagine and decide the outcome of that interview.

Our energy level went low. Distress reigned in our house. Returning home each day, the house became very silent unlike what we used to have way back in Africa when the house was bubbling with laughter and happiness. The very biting –cold weather did not improve our situation. The winter froze our voices and our spirits.

I on my part eventually got a cleaning job in a janitorial company that subcontracted from another company. The wage was very small but going to the job each day was all that I needed to revive my drooping spirit.

My husband on the other hand, got no job. The medical establishment would not recognize his medical license despite all the medals and awards he had had in his practice back home. He withdrew into himself and had mood swings. When he was really depressed he insisted that I give him money and he would go out, get very drunk, return home and pick up very silly little quarrels. He would snap at my daughter and me and hit me hard when I protest at his use of nasty language.

Our home became like hell and my daughter and I fled from it whenever we could and spent long hours outside. This angered him more and he threatened to do drastic things to us and to himself. During some of his rare sober moments, we tried to reason with him. I advised him to go back to school. This, he vehemently refused to take. He would yell and swear he would laugh at himself and at other moments weep for long hours. I was afraid for his general health and

mental state. I suggested that we should return to our country of origin... but I quickly realized that there was no longer a home to return to.

His only happy time was when he hit me. At first, I took this calmly and hoped that he would get a job and this would change. But he did neither. He even stopped job-hunting and got more violent. I could not take this anymore and I had to call in the police when he hit me again.

*Action*

Police: Hello sir, is your name Deeki Lokoja?

Deki: My name is Deki, not Deeki

Police: Sorry about my wrong pronunciation. Why did you hit Mrs. Lokoja?

Deki: She is my wife

Police: Yes sir, but you have no right to hit her

Deki: Yes I do. If she misbehaves, how else should I correct her? Since she got her job, she no longer respects me. Back in Africa...

Police: This is Canada sir, not Africa. See how traumatized your daughter is? I need to call the social workers to take her away.

Deki: She is afraid of you policeman, not me her father.

Police: No, that's not true. You traumatized her! Hello is that the social work office? This is inspector XYZ from the Metro office. We need your services here immediately.

Deki: Oh, Oh, you mean that I should not correct my wife and my daughter? You are developing a very bad community here.

Police: You will follow us to the police station. You are not to come near this house again until otherwise decided.

Deki: I am ready to go with you. Here are my hands. Put your handcuffs here. Take me to the prison right away. This will save me the trouble of job-hunting. Let's go! Condemn me to life imprisonment now!

Police: No, I have no right to do that

Deki: No right, no right and no right! This place is full of left-handed people with only one left arm!

Police: Common men, no time for jokes now, let's go.

*Narration*

The social workers came and would not listen to my pleas to leave my child alone. Deki was also led away by the police. This was not what I bargained for.

Left all by myself and without my daughter, I got more confused and scared. I did all I could to get my husband and daughter back to the house. The drinking and the beatings stopped but Deki became very cold towards my child and me.

My daughter was tired of the goings-on at home, looked outside to seek for the love atmosphere she missed. One day, she brought home a boyfriend whom we have never met.

*Action*

Darah: Mom, dad, meet Jero my classmate and friend. Jero is a very popular rap artist.

Jero: Yeh Jah, cool men. Hey whaz up? It's Jero in the house men.

Deki: What is this?

Darah: Dad, that is rude. How many times will I correct you not to use it for a person?

Deki: How dare you talk to me like that?

Darah: Return Jero's greetings at least!

Noruwa: Did he greet us?

Deki: No! We don't want him here...Go!

Darah: That's rude! You have no right to talk to him like that.

Deki: Right, right and right. Everybody talks of right, yet no one has a right. I talk to my wife and the police say I have no right. I want a job and I'm told I have no right. Even my daughter has joined the chorus of telling me that I have no right Who am I then? Can someone tell me who I am now?

Jero: Cool down men. Yeh men chill.

Deki: Shurrup! Look Miss right, take this thing out of my house! Right now!

Darah: Dad! He is a person not a thing! Ok, I'll go and leave you in your world. This is Canada, a new world. Better get out of your old shell or you will never get settled here. You will never get adapted, get good jobs and move on with your life. You are so stuck

*Continued on page 30*

*Continued from page 30*

in the past! Jero let's go.

Jero: Yeah men! Cool!!

Noruwa: No, Darah come back! He can stay!

Deki: Stay where?

*(They quarrel)*

Narrator: As they quarrel, a neighbour, an elderly lady fondly called Grandma Alicia came in. She is from the same tribe with the Lokoja family so they interacted as if from the same family. Grandma Alicia came to Canada earlier than the Lokoja family. She came with her children who all live back East but she opted to come to Vancouver because of the clement weather. Living close to the new family from Africa was a source of joy for her. They understand her language. She adopted them straight away as her own family.

*(Quarrel continues)*

Enters grandma Alicia

Grandma: What are you two quarrelling about? Efe is absolutely right. I listened to it all. Why do you have to oppose her every move? This is our new country. Stop wining and pining! Do not allow yourselves to be torn apart by both worlds. Take what you find here; add the good and suitable bits to what you brought from your former country. The result will be a culturally synthesized and brand new person that can conquer obstacles in life. You will be as fit as a fiddle in this life-long journey that we as immigrants have to undertake.

Deki: How? I have no job. I am inundated with debts on deceitful credit cards! I am now a nervous wreck. Look at me. You know how good a doctor I was back home until that war...

Grandma: Yes, apart from being a doctor, what else can you do? What else are you passionate about?

Deki: Nothing. I am tired of life

Noruwa: Don't say that. Grandma, he can volunteer

Deki: Mind your business woman! Volunteering is not for me. I need the real thing... money, money, money! I am tired of

welfare packages and its never ending threats.

Grandma: Yes. Make up your mind to get out of it and you will before long.

Noruwa: He can sing. He used to lead his church choir in our country.

Grandma: There you are. Tomorrow, come to the Immigrant Family Centre at 1000

Hastings Street. There you will meet other people like you.

Narrator: At the Immigrant Family centre, they saw grandma and others dancing with their partners. They were from different cultural backgrounds but they all seemed happy.

Social Worker: Good afternoon everybody. We will have the drop in improv session first, then the counseling session. Feel free to enjoy yourself by singing, dancing, playing games etc. I'll put on your favorite music from Africa. Have fun and I'll see you later.

*(Music)*

Noruwa: Mama, mama, what? Mama what do you think you are doing?

Grandma: dancing!

Noruwa: Mama!

Grandma: Meet Michel, my new friend. We both do not speak in English very well but this is how we are able to communicate through music and dancing! We have dinner together tomorrow. Right Michel?

Michel: Right. Az sevee oklak, evening pm.

Noruwa: I am highly embarrassed by this. Can't you respect your age?

Grandma: That's exactly what I am doing (laughs)

Michel: (laughs) Age. What is age?

Noruwa: I'm ashamed of you. At your age, you are expected to stay at home and not go disgracing us all.

Grandma: And become demented like you? Who says all immigrant grandmas are not fit to have fun? The 21<sup>st</sup> century met us in a new land and we must blend into the tide or get swept aside. By the way Michel, have I ever done anything to embarrass you?

Michel: No never (laughs and dances)

Social Worker: Good job everybody. You are all glowing with happiness and pride. I can see that we have new members. You are

welcome. Oh I remember. Grandma Alicia has a tune from her roots which she would like to share with us today. After that, we'll go into little sessions of peer counseling. Then we'll have lunch, dance once more and break for the day.

*(Song)*

Narrator: The Lokoja family finally found a voice to sing again, come rain or shine. They became united through the songs dug up from their roots by grandma. With great help from the Immigrant Family Centre, they formed a formidable choir named The Lokoja Family Choir.

Because of Deki's medical background, the choir is often invited to sing with sick children at the Children's Hospital and at fundraising events to help effect a positive change in others. Father's new activities raised his spirits immensely and empowered him to take steps into going back to Med. School.

*Continued on page 32*

## Are You Interested in Being Published in *Insights*?

**Contact the Editor  
to receive the Contributing  
Writers Guidelines and  
to discuss your ideas.**

***Insights* welcome articles  
on a wide variety of topics  
that appeal to clinical  
counsellors throughout  
the province.**

**Email: [dipayette@shaw.ca](mailto:dipayette@shaw.ca)**

**A Great Publication  
Makes a Profession Shine!**

*Continued from page 31*

Mom went into nursing school. Together, the couple hopes to have their own practice. They hope to incorporate healing songs as part of their practice.

Darah and Jero broke up because he was abusive. She came back home, a more mature person and a good listener. Happy to be Canadian, she is also proud of her roots and loves to experiment with grandma's philosophy of multicultural synthesis. She is voluntarily a member of the Lokoja Family Choir and hopes to go to college to read journalism.

As for grandma, she has touched so many lives and made so many more friends. She still dances with Michel at the Centre. Her antidote for depression remains multicultural synthesis, laughter and songs.

(Song)

\*FIT = Family in transition

It is also a play on the word 'fit' i.e. strong or bold

### Further resources on this topic:

- 1) Tim Sheppard's Storytelling Resources for Storytellers (visit the different sections on African Countries at [www.timsheppard.co.uk/story/dir/traditions/africa.html](http://www.timsheppard.co.uk/story/dir/traditions/africa.html))
- 2) African Storytelling at [web.cocc.edu/cagatucci/classes/bum211/afstory.htm](http://web.cocc.edu/cagatucci/classes/bum211/afstory.htm)
- 3) Bibliography of African Storytelling at [africa.wisc.edu/outreach/units/story-bib.html](http://africa.wisc.edu/outreach/units/story-bib.html) 🐼

#### **For Your Inspiration**

*"Out beyond ideas of  
right-doing and wrong-doing  
there is a field. I'll  
meet you there."*

-RUMI

*Continued from page 13*

in my group because of the mutual support.

#### **Do you believe that knowledge is a key factor in coping and recovery?**

Yes, once people have more objective knowledge about social anxiety and ways of managing it, they are reassured and they can take charge of their lives. In my groups people learn about the symptoms of social anxiety and how they can be divided into body, mind and action. They learn about how the brain and body works to produce anxiety symptoms and how they can train their nervous systems to behave more calmly. They learn about thinking patterns and mind traps that feed into social anxiety and ways of counteracting these traps.

#### **Do you follow a certain protocol for social anxiety meaning what you intend to cover within a pre-determined number of session?**

I do it simply because it is psycho-educational. We meet for ten two and a half hour group sessions. In individual counselling, this protocol does not apply. Clients might be too shy to come to the group and they first need to learn how to feel a little bit more comfortable with themselves so that they can tolerate the idea of participating in a group. Others clients have gone through the group, but are looking for just a little more work around trauma that we do not specifically address in the group setting.

#### **Very few people talk about the Shy Bladder Syndrome. In all my years of practice, I did have one client who came to therapy for this problem. Why did you decide to dedicate an entire chapter on this particular topic?**

I, too, have had only one client who came to therapy for severe shyness about using public washrooms. Nevertheless, this subject intrigued me as I had experienced mild bladder shyness in the past. Not always, but sometimes, if I was sitting in a toilet cubicle, and someone entered the cubicle beside mine, I suddenly couldn't go until the other person flushed their toilet. Statistically, up to seven per cent of the population suffer from some degree of shy bladder syndrome. In fact, when I told a number

of fellow therapists in a training group that I was writing a short chapter on shy bladder syndrome, three of them immediately started to describe the strategies they used to muffle the noise of their stream of pee. For instance, one flushed the toilet while she peed while the other aimed her stream of pee against the wall of the toilet so it wouldn't make as much noise.

#### **I guess that this kind of modesty about private bodily functions is not as uncommon as we may think.**

At the extreme end of the continuum, ten percent of the seven percent who experience bladder shyness, have it so bad that their lives are seriously affected. For instance, they put off going to the bathroom until they go home and consequently have a lot of pain. They may work only in their own neighbourhoods so they are able to go home to their own bathroom. For the sake of both the merely modest and the profoundly agonized, I thought it was well worthwhile to devote a chapter, even a short, seven page one, to this interesting condition. In this chapter, I also direct readers to another excellent resource: The Shy Bladder Syndrome by Soifer et al.

#### **What is your take on medication to treat social phobia and anxiety disorders in general?**

In a nutshell, take medication if you need it; don't take it if you don't need it. Attitudes about taking or not taking medication are so diverse. Some people feel it's a wise choice: why suffer when you don't need to? Others hate the idea of having to take medication. They think taking medication means that they are weak, or they don't like the inconvenience or expense involved. Generally, I always favor natural means whenever possible. There are so many coping skills one can learn that will reduce shyness and social anxiety. But if shyness and social anxiety is extreme and it is too difficult to take even the baby steps required to develop social confidence, then, by all means, people ought to give themselves a break. Medication will calm physical symptoms. Without the distraction of physical symptoms, people are more likely to succeed in

*Continued on page 33*

*Continued from page 32*

the small goals they set for themselves as they take steps to build their confidence. For most people, however, the results of medication are modest. And unless people have done the work necessary to earn social confidence, relapses are common when medication is stopped.

***You write extensively about the Power of Action. How do you motivate clients to get going?***

We start with small specific achievable goals. That is extremely important because when a person achieve their goal, however small, they become motivated and energy begets energy. That's one source of inspiration. Another source of inspiration is witnessing the progress of others. People have even said in the group: "If Mary can do this, so can I". And finally some people come with their own motivation. For example, Bill might come because he does not want his children to suffer the way he did through life and he wants to become a good role model. Others are just fed up! One woman joined the group ten years after seeing an article about the group in a paper. She said she was so tired of being shy, that when turning 40, this would be her birthday gift to herself.

***You end Part Three of your book with inspirational thoughts about "Appreciating Anxiety". I would like to share them with our readership so that it might help the client see anxiety in a new light. May I do so?***

Please do.

Anxiety protects you from danger.

Anxiety means you want to do well.

Anxiety motivates you to prepare.

Anxiety helps you to focus.

Anxiety gives a shine to success.

Anxiety reminds you that you're human.

Anxiety keeps you connected with others.

Anxiety can be a signal that you're sitting on something that needs to be dealt with.

***I think these ideas would be important to share with all our shy or socially anxious clients. Thank you Erika for giving us this interview and best wishes with you new book. 🍀***

## B.C. ASSOCIATION OF CLINICAL COUNSELLORS Introduces the new

# Member Orientation Workshops

**In just one day, new members can experience an in-depth overview of BCACC.**

New members come across a vast array of committees, public initiatives, professional expectations and opportunities, by virtue of their new status as RCCs. But how and where does one get started?

The Board of Directors of BCACC has understood these difficulties. There is so much to learn and potential to be explored. New members receive a Welcome Package as a paper introduction, but up to now there has been no experiential mechanism to assist in the process.

Accordingly, the Board has taken steps to support and inform new RCCs about what BCACC is about. This is taking the form of a one-day "Member Orientation Workshop". This training event is designed to introduce new members to the Association and its structure, the regulatory function of BCACC, and ethical decision-making. Attendance is free of charge, but advance registration is required. All materials, together with refreshments and a light lunch, will be provided.

The Board expects all new RCCs to attend the workshop within one year of joining the Association. By attending this event you will gain much more of a grounding in what being an RCC entails and you will tap into a wide network of support. Current members are also welcome to attend. Current locations and dates are shown below and could be changed.

CITY	Regional Contact	Dates
Nanaimo	Dale McIntyre	Saturday February 25, 2006
Kelowna	Sam Reimer	Saturday May 13, 2006
Vancouver	John Fraser	Saturday September 16, 2006
Vancouver	John Fraser	TBA
Kamloops	Rob Riddle	Saturday, November 4, 2006

### Workshop Presenter: John Gawthrop, MA, RCC

John has a counselling background going back 25 years. He is Deputy Registrar of BCACC and is a past Chair of Ethics for the Association. In 1994 he provided leadership in redrafting our existing Code of Ethics into a set of Ethical Practice Standards, which formed the basis for our current Code of Ethical Conduct. He has conducted ethics investigations for BCACC since 1997 and is a certified regulatory investigator. In addition, John has delivered ethics training and consulting in academic and private sector settings since 1994. He designed the Orientation Workshop and drew from his knowledge of and history with the varied aspects of the Association in creating and/or editing the informational and experiential components of the day. The intent is to provide a well-paced and lively experience that will be of lasting relevance to new and current RCCs alike.

## Insurance Information

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

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

**Pullen Insurance Agencies, Victoria**, covers the BEN-I-FACTOR GROUP INSURANCE PROGRAM for BCACC members. This program offers Dental Benefits, Extended Medical Benefits, Disability Insurance and Group Life Insurance. For information contact Pamela Lewis or Ian Pullen of Pullen Insurance Agencies at:

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

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

## Announcements

### Brief Counselling Service for North Shore Residents

Starting this fall, CMHA North and West Vancouver branch with the support of the BC Association of Clinical Counsellors will be offering short-term, confidential, one-on-one counselling to adults living on the North Shore. In general, this short-term service will provide participants with individual counselling, one session per week for a 4-week period (a 4-week maximum extension may be arranged by the service provider when suitable. A \$10/session fee would be charged for each additional session). This service is provided for adults on the North Shore who are not current recipients of mental health services or in counselling; who do not have an open claim with ICBC, WCB or any other insurance carrier; and who have a realistic potential to benefit from short-term counselling. Potential program participants may self-refer but must attend an intake interview. The total cost for this service is \$40 (total cost for four weekly sessions). If you're interested, please contact Martha at (604) 987-6959 or at [martha@cmbanuvv.com](mailto:martha@cmbanuvv.com).

### Prevention Kit for Work-Related Mental Health Problems Launched

The English version of a prevention kit for work-related mental health problems was launched in Quebec on October 4, 2005. The kit, "Mental Health at Work: From Defining to Solving the Problem," discusses how to understand and prevent issues around workplace mental health. In three full-colour booklets, the kit defines the concept of occupational stress, presents the main sources of work stress, and describes the three levels of prevention: controlling or eliminating risk factors, implementing mechanisms that help reduce the negative effects of stress, and treatment, return-to-work and follow-up.

The kit is available at [www.workandstress.ca](http://www.workandstress.ca). See also CMHA Ontario's workplace mental health initiative, Mental Health Works, at [www.mentalhealthworks.ca](http://www.mentalhealthworks.ca).

### Stop the Sexual Exploitation of Children and Youth Community Forum in BC.

Every March, the province declares a "Stop the Sexual Exploitation of Children and Youth Awareness Week" in BC. During the week, communities and government work together to increase the awareness of the sexual exploitation of children and youth in prostitution, and educate the public about how it can be prevented. A key event will be a community forum to showcase the ongoing work and best practices of community action teams throughout the province of BC.

The Centre for Leadership and Community Learning (CLCL) together with our community partners will once again host the forum. Past forums addressed topics such as Internet safety and media awareness. The theme for 2005 will be identified through a community planning process. Sponsorship for the community forums has been provided through the support of the National Strategy on Community Safety and Crime Prevention together with the Ministry of Public Safety and Solicitor.

Registration for the forum is free. To add your name to our e-mail list, or for more information contact: Heather Matson, Program Assistant (604) 528-5573 or [bmatson@jibc.bc.ca](mailto:bmatson@jibc.bc.ca)

#### Psy Broadcasting Corporation

PBCorp. offers online symposia for CE credits in the following topic areas: Cognitive Behavior Therapy, Group Therapy, Psychoanalysis and Psychopharmacology for Psychotherapists. For more info and a list of upcoming events, see <http://www.psybc.com> 🗣️

#### For Your Inspiration

"Jump."

-Joseph Campbell

## Calendar of Events

### Provincial, National & International

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

#### January

**20: Working with Boys and Men to Stop Violence and Build Community.** One day Interactive Course. (#CY260) Presenter: Paul Krivel. Sponsored by Justice Institute of BC. Fee: \$165; group rate \$150.00. Location: New Westminster Campus

**23-25: The Strategic Treatment of Anxiety Disorders.** Presenter: Dr. Reid Wilson. Sponsored by Amigabc. In Puerto Vallarta in Mexico. For information go to [www.amigabc.com](http://www.amigabc.com) or call (877) 264-4222

**27: Walking the Walk: Creative Tools For Transforming Compassion Fatigue.** A one day workshop for helping professionals. In Ottawa, Ontario Tel: (613) 547-3247 e-mail: [cmc@cogeco.ca](mailto:cmc@cogeco.ca) [www.cmc-consulting.ca](http://www.cmc-consulting.ca)

**27: Substance Use Certificate Program.** Sponsored by the Centre for Leadership and Community Learning at the Justice Institute of BC. In New Westminster. For more information contact Caroline White, Program Coordinator at (604) 528-5620 or [carolinew@jibc.bc.ca](mailto:carolinew@jibc.bc.ca), or Lucy Jong, Program Assistant, at (604) 528-5875 or [ljong@jibc.bc.ca](mailto:ljong@jibc.bc.ca). To register call (604) 528-5590 or (877) 528-5591 (toll free)

**30-Feb 2: How To Increase Your Effectiveness by 65%- Without Hardly Trying!** Presenter: Dr. Scott D. Miller (mornings only) In Puerto Vallarta Mexico. For information go to [www.amigabc.com](http://www.amigabc.com) or call (877) 264-4222

**30-Feb 2: The Sensory Motor Psychotherapy Institute: Training for the Treatment of Trauma** (Part 1). Presenter: Pat Ogden. Sponsored by Health & Emotional Wellness Seminars. In Whistler, BC. For more information or to register online, visit [www.healthandemotionalwellnessseminars.com](http://www.healthandemotionalwellnessseminars.com) or call (604) 938-3511

#### February

**3: Lecture on The Healing Power of**

**Image.** Sponsored by the C.G. Jung Society of Victoria. In Victoria at 7:30 pm at c116 David Strong Building, University of Victoria. For more information, call (250) 370-6001 and see our web page: [www.cgjungsocietyvictoria.ca](http://www.cgjungsocietyvictoria.ca)

**4: A Workshop on Finding and Working with your Healing Images.** Presenter: Judith Bertoia, Ph.D. Sponsored by the C.G. Jung Society of Victoria. For more information, call (250) 370-6001 and see our web page: [www.cgjungsocietyvictoria.ca](http://www.cgjungsocietyvictoria.ca)

**4-5: The Many Faces of Psychological Trauma: Implications for Clinical Management.** Presenter: Dr. Ruth Lanus, MD, Ph.D. Sponsored by Health & Emotional Wellness Seminars. In Whistler, BC. For more information or to register online, visit [www.healthandemotionalwellnessseminars.com](http://www.healthandemotionalwellnessseminars.com) or call (604) 938-3511

**13-16: Hypnotic and Strategic Approaches to Treating Depression:** Presenter: Dr. Michael Yapko. In Puerto Vallarta, Mexico. For information go to [www.amigabc.com](http://www.amigabc.com) or call (877) 264-4222

**16: Changing From the Inside Out: Personal Growth Through the Satir Model.** Presenters: Dr. Pindy Badyal, R. Psych., Pauline Chan, MSW and Jennifer Nagel, MA. Sponsored by the Satir Institute of the Pacific. In Richmond at the Best Western Abercorn Inn. To register, contact Deborah Nelson at (604) 948-2900, e-mail [training@satirpacific.org](mailto:training@satirpacific.org) or visit [www.satirpacific.org](http://www.satirpacific.org)

**17: Self Regulation Therapy Practitioner Training** (starting date). Presenters: Dr. Edward Josephs, and Dr. Lynne Zettl. Sponsored by The Canadian Foundation for Trauma Research & Education (CFTRE). In Kelowna. For more information call (604) 693-0090, or toll Free North America: (866) 3TRAUMA (1-866-387-2862). Visit us at [www.cftre.com](http://www.cftre.com) or e-mail [info@cftre.com](mailto:info@cftre.com)

#### March

**4: BC - CCA Annual Conference: Counselling Diverse Populations.** Speakers: Norm Amundson, Peter Silin, Karen Grant, Karyn Audet and Michelle Beatch are presenting. Sponsored by the B.C. Chapter of the Canadian

Counselling Association, to be held at Simon Fraser University Campus, 8888 University Drive Burnaby, BC . Contact Lisa Lanaway at [lisananaway@hotmail.com](mailto:lisananaway@hotmail.com) or Adrienne Mahaffey at [yyyj00471@direct.ca](mailto:yyyj00471@direct.ca) for more information

#### April

**6-7: The Identification and Treatment of Mood Disorders.** Presenter: Dr. Ronald A. Remick, MD, FRCP(C). Sponsored by Health & Emotional Wellness Seminars. In Whistler, BC. For more information or to register online, visit [www.healthandemotionalwellnessseminars.com](http://www.healthandemotionalwellnessseminars.com) or call (604) 938-3511 ☎

## BCACC Regional Calendar

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

#### Region 1

**February 25, 2006:** Member Orientation Workshop, in Nanaimo (location TBA). For information on this workshop, refer to page 33.

#### Region 2, Region 3, Region 4, Region 6

Visit [www.counsellors.org](http://www.counsellors.org) for upcoming meetings in this Region.

#### Region 5

**February 27 2006:** David Granirer is a counsellor and stand-up comic. His presentation is called "I'm OK but you need professional help", and entertains while teaching the use of humour to help clients and as a form of self-care.

Visit [www.counsellors.org](http://www.counsellors.org) for upcoming meetings in this Region. ☎

**TRAINING FOR BEGINNING & ADVANCED THERAPISTS WHO COUNSEL COUPLES**

# Emotionally Focused Therapy For Couples

***presented by the Vancouver Couple & Family Institute***

Developed by Drs. Susan Johnson and Leslie Greenberg more than 20 years ago, EFT is now one of the most scientifically validated approaches in the field of couples therapy. Training provides indepth coverage of the process of EFT in a dynamic learning environment. Upcoming courses in Vancouver include:

**FUNDAMENTALS OF EFT**

August 2006 • 5 Day Externship (40hrs)  
Sept - Dec 2006 • 10 Week Format (30hrs)

**SUPERVISION GROUP**

February to June 2006  
(2nd Wed of Each Month)

**ADVANCED EXTERNSHIP**

March 4-5, 2006  
15 hours • Vancouver

**The Vancouver Couple & Family Institute will also be accepting applications for TWO GRADUATE LEVEL INTERNSHIP POSITIONS to start in September 2006.**

***Please contact us for more information or to join our mailing list for latest VCFI and EFT training announcements:***

**VANCOUVER COUPLE & FAMILY INSTITUTE**

**#270 - 828 West 8th Avenue, Vancouver, BC V5Z 1E2**

**Email: [eftinfo@dccnet.com](mailto:eftinfo@dccnet.com) • Phone: 604-707-0771**



Yolanda von Hockauf  
M.Ed., R.M.F.T.  
Certified EFT Trainer



Veronica Kallos-Lilly  
Ph.D., R. Psych.  
Certified EFT Trainer

## Membership Renewal

**Due and Payable  
January 2, 2006**

All members should now have received their **2006 Membership Renewal Package by mail**. If you haven't received your package contact Kirstin. Fees can be paid by cheque, money order or credit card (Visa, MasterCard, or American Express). By following the applicable procedures below, you will help us process your renewal more quickly:

- **If you are moving, contact Kirstin in head office** so that your renewal package is sent to the correct address.
- **Send your renewal forms and payments together**. We cannot process one without the other.
- **Sign all required places on the form**. Legally, we need your signature to accept your new information, process your credit card payment, and/or place your name on the website. This must be done **each year**.
- **Indicate your insurance coverage** by checking the appropriate space on the renewal form. If you receive a request for proof of insurance coverage, it means that we do not have a current, valid proof of insurance in your file. Current insurance is a requirement of membership in BCACC's bylaws.
- **To change your membership status**, you must complete a change of status form, in addition to your renewal form. Contact Kirstin in Head Office **before** you send your renewal form and an appropriate status change form will be sent to you, to be sent in with your renewal form and payment.
- **To arrange post-dated payments**, contact Kirstin in head office prior to January 2, 2006.

**Thank you!**

## Membership Update (From July 26, 2005 to November 30, 2005)

Angela Burns, Registrar

Please join me in welcoming the following new members who have joined us since July 26, 2005

2499	Dale	Judith	Bowen Island
2522	Pearl	Tamara	Bowen Island
2418	Cortes	Liliana	Burnaby
2515	Arnold	Corrina	Chilliwack
2038	Gallo	Mike	Cranbrook
2554	Veldhuis	Danielle	Delta
2483	Arnould	Nicole	Kamloops
2523	Williamson	Marcy	Kamloops
2473	Hiscoe	Lynn	Lake Country
2517	Benoche	Stacy	Langley
2528	Lukas	Andrew	Langley
2488	Selluski	Sheran	Maple Ridge
2541	Lafleur	Ron	Nelson
2544	Kavin	Danielle	New Westminster
2531	Mulloy	Rachel	New Westminster
2490	Garner	Julie	North Vancouver
2491	Reinders	Anne	Penticton
2526	Lane	Kimberly	Pitt Meadows
2444	Wright	Ralph	Prince George
2509	Frombach	Inger	Qualicum Beach
2480	D'Astous	Jacques	Queen Charlotte City
2414	Smalley	Krista	Richmond
2561	Williscroft	Barry	Rossland
2467	Agar	Douglas	Sooke
2484	Inrig	Joanne	Tsawwassen
2339	Alley	Garth	Vancouver
2511	Andrews	Brenda	Vancouver
2510	Riley	Lois	Vancouver
2493	Allen-Newman	Jordie	Victoria
2564	Hughes	Daniel	Victoria
2546	MacInnes	Leah	Victoria
2443	Kamali	Farideh	West Vancouver
2390	Kemble	Anna	West Vancouver
2024	McClellan	Miriam	West Vancouver
2437	Schulz	Briar	West Vancouver
2477	Boyd	Cris	White Rock

1971	Seagram	Samantha	Vancouver
813	Armstrong	Susan	Vernon

Active to Inactive

2120	Gagnon	Chris	Vancouver
2161	Lee	Hyun Joo	Langley
781	Ross	Frances	Vancouver

Reinstated

1401	Dragt	Brenda	Abbotsford
576	Nicholson	Dean	Cranbrook
1050	Field	Lars	Delta
279	Hollman	Donna	Nelson
510	Luscombe	Roger	Nelson
1810	Hajebian	Hamid	North Vancouver
669	Preston	Bill	Qualicum Beach
1836	Racine	Catherine	Richmond
1428	Hucul-Kambolis		
		D.Michele	Vancouver
805	Bentheim	Steven	Victoria
775	Vickers	Patricia	Victoria

The following members have changed status since July 26, 2005.

Inactive to Active

2272	Pettit	Charlene	Coquitlam
2130	Burak	Arloene	Cowichan Bay
1247	Rodrigues	Jennifer	North Vancouver
2136	Coote	Melanie	Surrey
1503	Horn	Laurel	Surrey
117	Beaulieu	Judith	Vancouver
1102	Novak	Madeleine	Vancouver

### The BCACC's Inquiry Committee - A Guide for Members

**Please find enclosed in this issue of Insights the new Inquiry Committee brochure. The purpose of the brochure is to educate members about how this Regulatory Committee operates. This brochure has become part of the welcome package that is distributed to new members.**

## Advertising Policy

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

### Advertisements

Prices/sizes listed include typesetting/layout.

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

### Inserts

8.5 x 11.0 single sheets only  
1850 copies are required

Inserts \$100.00 \$150.00

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

## Deadlines

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

**Ads/Inserts** .....  
**March 30 / 06**

**Articles/Reports** .....  
**April 6 / 06**

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

## Who's Who?

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

### BOARD OF DIRECTORS

President Bev Abbey  
Executive Vice-President Glen Grigg

### REGIONAL VICE-PRESIDENTS

Region 1 - North Coastal Dale MacIntyre  
Region 2 - South Vancouver Island John Hayashi  
Region 3 - Southern Interior Sam Reimer  
Region 4 - Lower Mainland Northwest John Fraser  
Region 5 - Fraser Valley Pauline Carey  
Region 6 - Northern Interior Rob Riddle

### STANDING COMMITTEE CHAIRS

Discipline Joannell Clarke  
Inquiry Shirley Halliday  
Continuing Competency Dianne Symonds  
Ethics and Practice Standards Edward Epp  
Legislative Review Glen Grigg  
Public Relations Jim Browne  
Registration Kathy Lauriente  
Member Services Duncan Shields

### AD HOC COMMITTEE CHAIRS

Publications and Communications Review Jim Browne  
Board Orientation Dale MacIntyre  
Custody & Access Standards Edward Epp

### REGIONAL COUNCIL REPRESENTATIVES

Region 1	Susan Butler Brien Dolan Monika Grünberg Marie-Josée Piché Faye Schwab Susan Warner	Georgeanna Drew Lida Izadi Sara Kammerzell Jo-Anne Kates Eva Merriam Betty Rainford
Region 2	Eli Chambers Mélodie Dupuis Debbra Greig Michelle Morand Jan Sommer	Diana Romer Elaine Roth Jennifer Scott Gordon Auld Charlaine Avery
Region 3	Will Bussey Carmen Carter Kevin McMullen Lee Splett Kevin Ward	Gerry Bock Debbie Clelland Patricia Dubberley Pauline Fitzgerald Cliff Holloway
Region 4	Jerry Arthur-Wong Geoff Ayi-Bonte Allison Bates Marilyn Beloff Nancy Downes	Elizabeth Morris Muzaffar Syed Brian Joyce Nikki Pawlitschek Greg Scriver
		Region 5
		Region 6

### EXECUTIVE and ADMINISTRATIVE STAFF

#### BCACC Head Office

#14 - 2544 Dunlevy Street, Victoria, BC V8R 5Z2 E-mail [hoffice@bc-counsellors.org](mailto:hoffice@bc-counsellors.org)

Tel: (800) 909-6303 or (250) 595-4448 Fax: (250) 595-2926

Internet Site: [www.bc-counsellors.org](http://www.bc-counsellors.org)

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

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

#### BCACC Surrey Office

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

Tel: (604) 535-8011 Fax: (604) 535-6261 e-mail [jim\\_browne@telus.net](mailto:jim_browne@telus.net)

**Insights Editor** Diane Payette Tel: (604) 921-6624 e-mail [dipayette@shaw.ca](mailto:dipayette@shaw.ca)

## Continuing Competency Questionnaire

Circle True or False to indicate your response to each of the following questions. Once completed, mail this questionnaire to: BCACC Head Office, #14, 2544 Dunlevy Street, Victoria, B.C., V8R 5Z2. 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 The Mitchell & Abbott Group..

- In his article, our Executive Director Jim Browne writes that BCACC is a Reciprocal Associate member organization of the Canadian Counselling Association (CCA). T F
- In the Editorial on the Intentional Therapist, Diane Payette writes that: One cannot talk about intentionality and directiveness without bringing in the concept of "creating movement". T F
- The BCACC Annual General Meeting will be on Friday, March 24th, between 3:30 and 5:30 at the Coast Plaza Hotel and Suites at Stanley Park. T F
- In the Editor's Interview, one learns that Erika Hilliard's groups are psycho-educational and experiential. People learn about the symptoms of social anxiety and how they can be divided into body, mind and action. T F
- In his article on Logotherapy, Dr. Paul Wong writes that suffering is a necessary condition for meaning, but that suffering has nothing to do with the quest for meaning. T F
- In the article on Mental Health Outreach in Cultural Context, we learn from Comfort Adewusa Ero, who presently works at the Multicultural Family Centre in Vancouver, that the use of stories and performing Arts in Africa has been well researched. T F
- In an article written by Paul Kivel, he writes that less than .007% of the devastating violence we experience in our communities is committed by white children. T F
- In her report for the Inquiry Committee, Shirley Halliday writes that integrity is the central aspect of the principle that states: "Counsellors aspire to embody the qualities of professional integrity, i.e., honesty, fairness and trustworthiness." She adds that there are eight statements that elucidate this principle. T F
- Angela Burns, Registrar, reports that there is 1 honorary member in BCACC. T F
- In his report on Member Services, Duncan Shields makes it very clear that Gerry Bock and our Employee Assistance Program Advisor, Claire Sutton, have categorically refused to each prepare a chapter in a marketing resource guide for our membership. No one knows why... 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 BC Association of Clinical Counsellors, its officers, directors, or staff.

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

### Important Notice to All Members Changing Membership Status

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

### Attention Advertisers!

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

**For those interested in  
advertising events &  
programs, the next  
deadline for  
submissions is:  
March 30, 2006**



**Claire Sutton Consulting Inc.**

COACHING • COUNSELLING • CONSULTING • TRAINING

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

The Employee Assistance Professional Association (EAPA) advocates for competent clinical professionals practicing in the field of EAP. Effective EAP work includes that the clinical professional has a deeper understanding of the connection between business and EAP counselling. The field of EAP continues to evolve given the ongoing changes in the workplace, in society and in the economy; the high rates of mental health related disability claims especially among the younger employee; the challenges facing the older employee; and, the overall difficulty many people appear to have in managing their lives. The skills and knowledge learned in this EAP training are transferable and acutely effective to other counselling practices given our clients in today's society. Ensure that your income from EAP work and other sources continues and increases, consider the following professional services and programs:

**Professional Services**

- Consultation to EAP providers, counsellors and organizations

**Get your practice/counselling career working for you**

- Resume review coaching and consultation for clinical counsellors
  - Coaching and supervision for EAP counsellors

**EAP Training for clinical professionals  
The Fundamentals and More of EAP / EFAP**

**1) Classroom setting:** March 4<sup>th</sup> & 5<sup>th</sup>

Pacific Coast Family Therapy Institute 9:00 am – 1:00 pm  
3026 Arbutus Street, Vancouver, B.C.

Cost \$192.60 (Students \$ 160.50) gst included

**2) Facilitated On-line Training** – Jan. 24<sup>th</sup> through to Feb 4<sup>th</sup>

Cost \$217.60 (Students \$185.50) gst and delivery of handouts included  
Information/registration (604) 742-1178

**Claire Sutton, M.A., RCC, CEAP\***

Over 13 years EAP experience

Former National Director of a leading BC EAP provider

President, Western Canada EAPA Chapter

EAP Advisor to the members of the BCACC

604-742-1178 csutton@clairesutton.com [www.clairesutton.com](http://www.clairesutton.com)

## Master of Arts in Counselling Psychology

## MACP



- A complete Masters program of 72 units incorporating standardized curricula, comprehensive exams, practicum requirements and the option of completing either a project or thesis.
- Courses delivered on Saturdays and during the summer to facilitate attendance by mid-career learners.
- Now with established programs in Victoria, Vancouver, Calgary and Edmonton.
- City University is accredited by the Northwest Commission of Colleges and Universities.
- We offer comprehensive courses taught by faculty who have advanced degrees and work in the areas they teach.
- Program led by respected local practitioners:  
Allan Wade, Ph.D., Vancouver Island  
Glen Grigg, M.A., R.C.C., Vancouver, BC
- Cohort based to maximize collegiality and mutual support

### Information Sessions

#### Langford, BC

January 24, February 21  
March 14, April 11  
7:00pm  
City University  
877 Goldstream Ave. #305

#### Vancouver, BC

January 12, February 14  
March 16, April 11  
5:00pm  
City University  
789 W. Pender St. #310

### To Learn More:

Joan Hopper, Admissions Advisor  
1.800.663.7466 or [jhopper@cityu.edu](mailto:jhopper@cityu.edu)

**CITY UNIVERSITY**

Change your life for good®

[info@cityu.edu](mailto:info@cityu.edu)  
**1.800.663.7466**  
[www.cityu.edu](http://www.cityu.edu)