

INSIGHTS

THE BC ASSOCIATION OF CLINICAL COUNSELLORS' MAGAZINE

**The Friendship
Ladder**

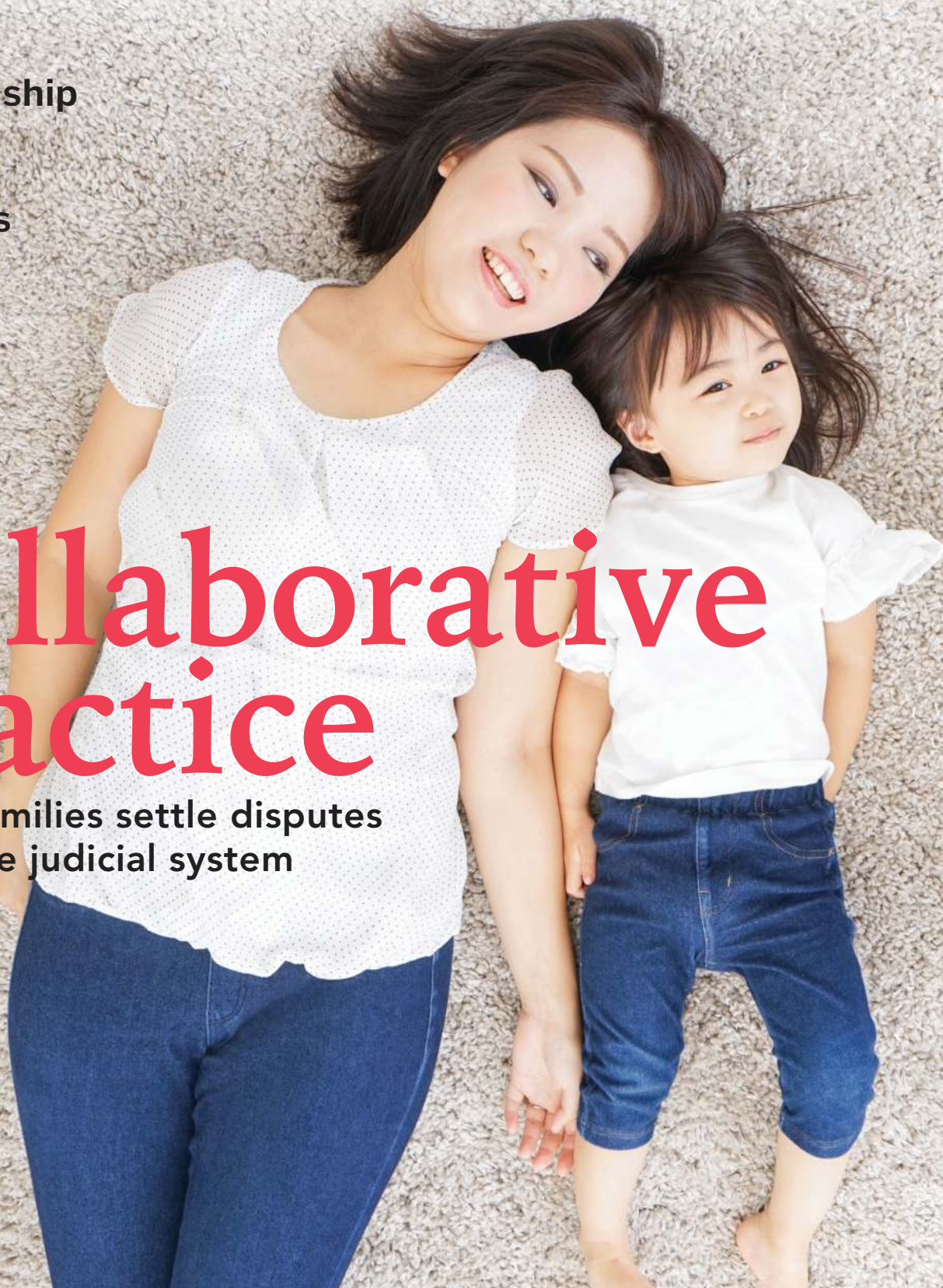
**Indigenous
Wellness
Practices**

**Nature as
a Healing
Partner**

Collaborative Practice

Helping families settle disputes
outside the judicial system

+ Helping
seniors
navigate
issues
related
to dating,
relationships,
and intimacy



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Thank you!

The Insights team wishes to thank the writers who contributed to this edition of our magazine:

Jamal Ahmelich, Jennifer Hammersmark, Constance Lynn Hummel, Ted Leavitt, Carolyn Oien, Coral Payne, Viviane Wingerak

BCACC is dedicated to enhancing mental health all across British Columbia. We are committed to providing safe, effective counselling therapy to all and to building the profession through accountable, well-resourced, and supported counsellors.

#204-780 Tolmie Avenue
Victoria, BC V8X 3W4
Tel: 250-595-4448
Fax: 250-595-2926
Toll Free in Canada: 1-800-909-6303
communications@bc-counsellors.org
bc-counsellors.org

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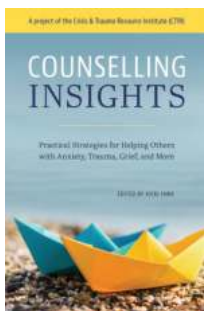
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FOR YOUR BOOKSHELF



Leading from Within: Conscious Social Change and Mindfulness for Social Innovation by Gretchen Ki Steidle (The MIT Press, October 2017): Written by the founder of Global Grassroots, a mindfulness-based social venture incubator for women in East Africa, this book presents evidence, case studies, and practical tools for integrating mindfulness into every aspect of social change design.



Counselling Insights: Practical strategies for helping others with anxiety, trauma, grief, and more (Achieve Publishing, August 2018): Vicki Enns, clinical director of the Crisis and Trauma Resource Institute (CTRI), is the editor of this volume of contributions from CTRI trainers. It is a practical resource that includes guiding principles, strategies, and examples.



Violence is Preventable

Teaching youth about healthy relationships

Victoria Women’s Transition House has been on a campaign to deliver information to the age group at the highest risk for dating violence: 15 to 24.

“VIP — Violence is Preventable — is a province-wide program that can be run in different ways,” says Kerilee McLeod, a child and youth counsellor at Victoria Women’s Transition House. “For ours, we target that grade eight to 12 group of kids just starting to date and getting into more serious relationships.”

The interactive program is an hour to 90 minutes long and focuses on what healthy relationships and dating violence look like. Specific aims include dispelling myths about abuser stereotypes. “We want to teach them that an abuser can be anyone,” says McLeod.

The program also discusses the more subtle forms of abuse, such as verbal abuse and issues like teasing and jealousy.

The Transition House VIP program is available to schools and groups in Greater Victoria, including parent groups, school administrators,

counsellors, and others. Most promotion has been by word of mouth, says McLeod, but they are also actively approaching schools. Victoria’s Transition House also has programs for kids who have been exposed to domestic violence to try to help stop intergenerational violence.

VIP operates under a provincial program called PEACE — Prevention, Education, Advocacy, Counselling, Empowerment. Formerly called the Children Who Witness Abuse program, PEACE is a psycho-educational initiative aimed at ultimately breaking the cycle of violence against women and children. It involves community-based support programs for children between the ages of three and 18, information sharing and support for mothers, community awareness presentations, and school/dating violence prevention.

PEACE programs are available throughout the province, often at transition houses. Find more information at the BC Society of Transition Houses website: bcsth.ca. For information on Victoria Women’s Transition House programs, go to www.transitionhouse.net.



Must Watch Náskan Uxwal (I’m Going Home)

Náskan Uxwal (I’m Going Home) is a documentary that follows a ceremonial journey to acknowledge and help in the healing of St’át’imc residential school survivors and their families. The journey started in Tk’emlups te Secwepemc, Skeetchestn, and

Stuctwewsemc (Bonaparte) and went to Ts’kw’aylaxw, Xaxli’p, Sekw’el’was, T’it’q’et, Xwisten, Tsal’alh, N’Quatqua, and Lil’wat. Beautiful and poignant, the documentary is owned by the St’át’imc people and dedicated to St’át’imc youth and future generations: “May we continue

to heal in our culture and build our inner resilience as we journey forward.”

Watch the video here: <https://youtu.be/GVanHp8i3hg>. For more information, contact the St’át’imc communities or the Lillooet Tribal Council. www.statimc.net.

Positive Psychology: How to be happier

The most popular course in the 317 years of Yale's history is also considered the hardest: Psychology and the Good Life. Developed by Yale professor Laurie Santos and launched earlier this year, the course teaches students how to make life a little better and happier using the science of positive psychology and behavioural change. The purpose of the course is not only to learn what psychological research says about what makes us happy but also to put those strategies into practice. It has been overwhelmingly popular: 1,200 undergrads at Yale — one in four students — signed up, which created some logistical challenges for the university in trying to accommodate everyone.



In a newer development, Santos' course has been rebranded The Science of Well-Being and is now available online at Coursera: www.coursera.org/learn/the-science-of-well-being.

Listen to Anna Maria Tremonti interview

Santos, as well as some of her students, on the February 20, 2018 issue of *The Current*: www.cbc.ca/radio/thecurrent/the-current-for-february-20-2018-1.4542333.

TWO NEW MENTAL HEALTH FACILITIES IN B.C.

The Village is a new facility for dementia patients slated to open in Langley in April 2019. Modelled after Hogeweyk in The Netherlands, The Village will feature six cottage-style care homes and a community centre. Up to 78 residents will have independent access to a grocery store, café, hair salon and spa, and pathways to walk their dogs. Care will be provided by an estimated 72 staff. See www.thevillagelangley.com, as well as hogeweyk.dementiavillage.com/en.

Fraser Health is creating a new Mental Health and Substance Use Urgent Care Response Centre in Surrey. The new centre aims to streamline access to mental health and substance-use services and create clear pathways to care, including community appointments, short-stay community residential stabilization and hospital services, and substance-use treatment. Planning is underway to open the new centre in summer 2019. See news.fraserhealth.ca/News/January-2018/Surrey-Mental-Health-Substance-Use-Urgent-Centre.aspx.

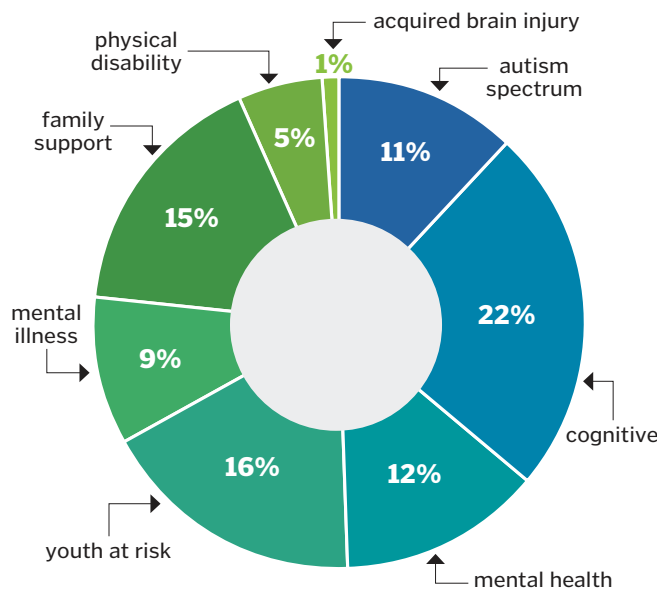
EDUCATION FOR FORMER FOSTER CARE YOUTH

The number of former foster care youth enrolled in post-secondary education has increased 20 per cent: 229 students enrolled between September and December, compared with 189 for the entire 2016-17 school year.* This follows the decision by the B.C. government to waive tuition for former kids in care at all 25 post-secondary schools in the province, a program expansion already in place at 11 institutions. Students accessing the program must have been in care for a minimum of 24 months. Program details at www2.gov.bc.ca/gov/content/education-training/post-secondary-education/pay-for-school/provincial-tuition-waiver-program
*Source: <http://vancouver.sun.com/news/local-news/ex-foster-kids-in-b-c-flock-to-college-after-tuition-fees-waived>

DID YOU KNOW?

Power To Be is a non-profit organization that makes nature-based adventures accessible to people who otherwise may experience a barrier to outdoor activities. To ensure cost is not a barrier, all of the programs are subsidized. In 2017, 1,677 people participated in Power To Be programs based out of Victoria and Vancouver.

The populations served include:



For more information, go to powertobe.ca

INNER WORK

Integrating counselling and psychotherapy with mindfulness practice as the pursuit of enlightenment

Avraham Cohen is a psychotherapist in private practice and a counselling supervisor. His contributions to the field were recognized with a BCACC President's Award in 2008. Currently, he is an adjunct faculty member at Adler University; formerly, he was the associate director of a full-time master in counselling program at another institution. Heesoon Bai, an educational philosopher and psychotherapist, is a professor at Simon Fraser University.

They have both published widely in academic journals and books as authors and co-authors. Their article, "Suffering Loves and Needs Company: Buddhist and Daoist Perspectives on the Counsellor as Companion," was given the Professional Article of the Year Award by the Canadian Counselling and Psychotherapy Association.

Not only do they write together, but they also jointly deliver workshops, public talks, and consulting to organizations — and they are a married couple, committed to sharing their extensive research and knowledge with their community.

Tell us about your Holistic Model of Self-Care Practice. Why are counsellors becoming so interested in this approach?

AVRAHAM } Counsellors are in the position of witnessing profound sufferings in their clients that are

"Our own relationship became the very ground for personal transformation and a living 'laboratory' in which we researched and created ideas and practices that, in turn, we could share with others..."



interconnected with the systemic forces operative in contemporary life conditions. Of course, our clients come to us with the hope and expectations of their symptomatic problems being fixed and eliminated. Our approach to counselling is, however, to look and see beyond the symptoms.

Self-care practice is one aspect of a multi-dimensional and holistic approach to human growth and development from wound healing to expression of optimal human potential. It is most often when we experience a sense

of "failure" in our personal and/or professional identities and relational fields that we begin to reflect seriously on who we really are and what truly matters, who we have become within the context of multiple zones of pressure, including imposed and unnatural "ideals" of successful human life that we are implicitly enacting, and what we are doing to ourselves to achieve these ideals, or alternatively, to defy and reject them.

Our model of holistic development offers, to both counsellors and their

clients, this larger framework that looks at the formation of the self within the mainstream societal context, and it shows how to reconnect with the original bright shiny self and facilitate its development, which has potential to create pressure-relieving, and at the same time, alternative conditions of mind-body-heart-soul-energetics that can foster and facilitate self-transformation. Our intent with the Holistic Model of Self-Care is to support the person to attune the self to its primordial or natural tendency to be whole and integrative within the individual uniqueness of personhood and context.

HEESOOON } Mainstream psychotherapy today is by and large focused on fixing problems. Symptoms, especially at the behavioural level, that individuals are having are often the focus, rather than taking a more comprehensive and existential perspective: critically examining individuals and their problems in terms of the human existential predicament and suffering and the ultimate failure of mainstream programming — programming that purports to make us “happy and successful” and that, on the contrary, creates and exacerbates wounds within us and within our children from the beginning.

The alternative we offer is about moving towards the authentic, integrated, and whole for individuals, couples, groups, organizations, and that which is other than the human.

Your Holistic Model of Self-Care seems very contemporary but also suggests some ancient perspectives. Which teachings have influenced your approach?

HEESOOON } You are right in pointing out the contemporary-ancient fusion aspect of our model. Both Avraham and I were hugely influenced by the modern existentialist roots and contemporary

exemplars of holistic psychotherapy (e.g., R.D. Laing, Fritz Perls, Erich Fromm, C.G. Jung, Alfred Adler, Abraham Maslow, Carl Rogers, Irvin Yalom, Arnold Mindell, Amy Mindell, Kirk Schneider, and Mark Epstein, to name a few) who identified the malaise of modern individuals as stemming from division of the whole into separate entities and parts that are unconsciously set up against each other (e.g., aspects of inner self vs. other aspects of inner self, humans vs. non-humans, individual self vs. others, groups vs. groups), and ensuing fragmentations

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and marginalization of certain aspects of self, such as the somatic, the affective, the ontological-spiritual. The supposedly rational-logical aspect has been privileged and then is turned into an instrument of domination, control, and exploitation for creating an ideal of successful human self and life.

Such is precisely what we observe around us everywhere, from the corporate culture to the school culture. Hence, Avraham and I have been in a lengthy process of discovering a way to recover the whole self and its ecological continuity with the world. Holism is the guiding philosophy we adopted, and it is mostly the pre-modern, even ancient, philosophies that stood out for

us as inspirations. In particular, we have developed an approach that integrates mindfulness and a process approach to psychotherapy.

AVRAHAM } For us, Buddhism and Daoism have become central inspirations and resources for enhanced practice methods. My interest in Asian philosophy and practice goes back many decades to my youth when I was in a state of deep despair and dissatisfaction. I began looking beyond my privileged, middle-class, Jewish family background. I suppose I was part of the cultural movement that turned many Jewish intellectuals and seekers towards Buddhism and Asian philosophies. Even so, I have resisted any efforts to “name” me as any kind of “ist.”

One of my particular interests was in Japanese martial arts. I was introduced to Aikido in the 80s, and five years ago, took up a serious study-practice of Ki-Aikido. Morihei Ueshiba, the founder of Aikido, said that Aikido was the only martial art based on love. The practice involves finding the precise, in-the-moment way of joining with attackers and taking them to a place of safety and possible insight. This is very central to our approach to psychological inner and relational work, namely, aligning with our clients — and even the apparently life-negating egoic dimensions — and forming alliance(s) that facilitate connection to their authentic nature.

Why is your Holistic Model of Self-Care Practice so valuable and suitable for people now?

AVRAHAM } Basically, our model is about the development of the whole person, whole relationships (including with the other-than-human beings), and whole communities. Self-care is seen as part of an integrated holistic way of being. It is perhaps better seen as an obvious outcome of each person’s search for wholeness, peace,

and a meaningful and contributing life. Particularly, all aspects of personal growth involve a reflective mindful practice and a process-orientation that have roots in world wisdom traditions.

All persons are somewhere on the continuum of dealing with wounds to optimal being and multidimensional expression of self and talents. For us, no matter what a person brings to their inner-work sessions, it is very important to see the potential of that person and co-create conditions that will work towards the realization of that potential and its unending fine-tuning. From this perspective, there are no problems — only inner material with which to work.

HEESON } Most often, we are not raised and educated to question societal programming and its content, such as norms of successful life. If I may name such norms today, I would use labels like neoliberalism, capitalism, consumerism, militarism, patriarchy, and so on. For most people, such questioning occurs after they have encountered small but persistent “failure” experiences again and again at home and at school, and later, at work, or when they encounter a major failure (in relationship, health, or finance), all of which re-opens core and pre-existing wounds, and insidiously erodes their primordial confidence. This inevitably brings the person to a crossroad that opens the possibility to question the meaning and purpose of their life, their relationships to others, and how their identity has been put together in adaptation to the constraints and challenges of the environment in which they grew up.

My observation is that today, existential crisis is not just what “those others” are experiencing, especially if they are told that they are “too sensitive” or “the thinking type” or “in their mid-life” (although “mid-life” seems to be occurring at earlier and earlier stages); it’s hitting us all, young and old, with increasing frequency, and it has us running to all manner and forms of distraction, avoidance, denial, addiction, and even violence. Faced with pandemics of



“mental health” issues and problems today, we are compelled to go to the depth of it all and to discern the patterns that disconnect us from ourselves, from each other, and from living life fully.

In the history of thought, we talk about this existential crisis in terms of exigent opportunity for transforming human consciousness at the roots. The ancient Greeks worked with metanoia (conversion). Buddhists and other Asian traditions worked with bodhi (awakening or enlightenment) and emancipation or liberation (moksha and nirvana). So did other perennial wisdom traditions. Not surprisingly, the view from the ancient Greeks aligns with the perennial wisdom traditions. We have a particular interest in Daoism and Buddhism, and it is not hard to see how the central ideas are also embedded in most traditions.

WE HAVE A PARTICULAR INTEREST IN DAOISM AND BUDDHISM, AND IT IS NOT HARD TO SEE HOW THE CENTRAL IDEAS ARE ALSO EMBEDDED IN MOST TRADITIONS.

What do you suggest to counsellors who want to learn more about your model, personally and professionally?

AVRAHAM } My short answer is inner work! Inner work is based in investigation of the inner world and discovery of all those places of disconnect, marginalization, underdevelopment, and rejections and hurts. The definition I have for inner work is “reflective practices conducted under the gaze of consciousness, which depends on a developed capacity to self-observe, to witness experience.”¹

Inner work opens the door to engaging with the layers of inner and isolated selves to which we have previously been denied access and applying relevant inner-work ways. In our work, we apply process-oriented ways to free up the self and its expressions. Moreover, inner work is performed with the goal of healing through addressing arrested development and re-integration of what was torn apart and wounded.

However, it would be a mistaken understanding that inner work is solitary work done in isolation. The inner world exists within a relational field. Attention to the inner world is a central aspect of being in the relational world. Involvement in the relational world will invariably show edges (fixed egoic structures) that are indicators of personal growth opportunities for loosening of fixed structures of being and re-initiating developmental processes that necessarily halted or were at least compromised at an early stage.

To give a concise summary of the inner-work methodology I developed: identify early history issues, patterns that developed, and the process of discovering that which is unconscious and the good intentions contained there; work with the imaginal, creative, and emerging potential. This process aims at re-integrating mind, body, emotions, and spirit and results in

establishing the ground for an optimal being to emerge.

Did your work bring you together as a couple or did the work come from your union?

HEESOOON } Psychotherapy is not something that the traditional Korean culture within which I grew up was familiar with. In fact, it was completely outside my family culture to entertain the thought of seeing a psychotherapist or doing psychotherapy.

All this changed as a result of my meeting Avraham and entering into an intimate relationship. Our own relationship became the very ground for personal transformation and a living “laboratory” in which we researched and created ideas and practices that, in turn, we could share with others, including our own family of my daughters and their partners.

Through it all, I came to see that psychotherapeutic knowledge and practice, integrated in a unique and creative way with contemplative practices, offers that which we believe should be core to any educational process, be it parenting or teaching in institutional settings. We see psychotherapy as an educational process. What humanistic-existential process-oriented psychotherapy offers is the very element that can re-humanize us in a world that suffers from dehumanizing practices everywhere.

AVRAHAM } I received my BA from UBC, and I went back to do my doctorate — a lot later in life and in the middle of a well-established professional career — in order to investigate the nature of reflective practice in the realm of human consciousness, self-making, and liberating the imprisoned human dimension in individuals and communities.

Heesoon received her doctorate from UBC, too, but by the time I met

her, she was a professor at SFU. Over the four years of my doctoral studies, we would run into each other at various academic and social events, and we gradually discovered common interests, including education, philosophy, psychotherapy, relationship, and the pursuit of personal enlightenment.

I took Jung’s words seriously: “All marriages are psychological.” And I had always wanted to have a personal relationship that was committed to working together on the relationship and with a person with whom I could work on offerings to the community.

Heesoon and I showed up synchronistically for each other, and we have been fortunate to be able to take very good advantage of our mutual encounter. We are grateful to be able to offer to others the fruits of our inner and relational work through our workshops, trainings, talks, and psychotherapy.

A major part of my own work is with therapists who wish to grow personally and professionally, and who wish to learn more about how to use and facilitate inner work. ■

Find more from Avraham and Heesoon on the BCACC Blog at www.bc-counsellors.org.

Many of Avraham’s writings can be found at <http://summit.sfu.ca/collection/204>. To reach him directly, email: cohen2therapy@gmail.com.

Heesoon is currently co-editing a volume on ecological virtues (University of Regina Press). Many of her academic publications can be downloaded at <http://summit.sfu.ca/collection/204>. To reach her directly, email: baitherapy@gmail.com.

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NATURE AS A HEALING PARTNER

Therapeutic-Based Nature Therapy

BY JAMAL AHMELICH, RCC

As our technological society advances and urbanizes, it is apparent that we are putting distance between ourselves and how our ancestors once lived. Could it be that our distance from nature is having an impact on our psyche? While some efforts aim to reduce the distance by bringing humans back to their roots in nature, nowhere is it more important to bridge the divide from nature than in the therapeutic work of counselling professionals.

Ecotherapy is the name given to a form of experiential therapy that incorporates counselling interventions in the natural world to improve the client's growth and development. There are wide ranges of treatment programs, which aim to improve mental and physical well-being through outdoor activities in nature. Examples include nature-based meditations,

physical exercise in natural settings, horticultural therapy, adventure therapy, conservation activities, and therapeutic-based nature therapy.

WHAT IS THERAPEUTIC-BASED NATURE THERAPY?

Therapeutic-based nature therapy is an aspect of ecotherapy that has shown great results for work with individuals and/or groups. It encompasses working with clients in a natural setting with an end goal of individual and/or family wellness. This style of therapy has a close relationship to family systems theory in that both theories recognize the inter-relatedness of being and our surroundings. Nature is viewed as a healing partner in the counselling process. For instance, when an individual is depressed, they often retreat into indoor spaces, isolating themselves from the world around them. Using a nature-therapy approach

can help encourage individuals to move outdoors while still engaging in therapy.

Further, nature-based counselling helps cultivate awareness in individuals as they explore their relationship to themselves and others and their sense of place in the world and natural surroundings.

The fundamental process for therapeutic practices in nature is the reconnection to nature as a reconnection to self.¹

EFFECTIVENESS

Research on the effectiveness of therapeutic-based nature therapy is limited but encouraging; however, there has been considerable research into the effects of individuals spending time in forests. Several studies demonstrate the unique ways forests can affect individuals and the counselling process.

In Japan, a very popular and well-studied concept is Shinrin-Yoku or



forest bathing, which involves the simple health-improvement strategy of immersing oneself in a forest. The effectiveness of this practice is well documented with benefits such as immune-function enhancement while in contact with forest environments. Being in natural environments also has been shown to lower elevated stress levels.²

The therapeutic rationale for having experiences within nature is to encourage clients to awaken their senses. An important step is truly grounding oneself through distress. In *Ecotherapy: Healing with Nature in Mind*, Linda Buzzell and Craig Chalquist cite enhanced self-concept, self-esteem, and self-confidence as benefits to therapeutic-based nature therapy.³ They also believe employing nature is a potent therapeutic intervention to facilitate treatment of mental health issues or to improve family relationships. Nature has been shown to improve mood, anxiety, stress, and depression. It has also been demonstrated that it works well for a variety of ages. Nature therapy is about

utilizing these demonstrated benefits in order to help facilitate a client's therapeutic goal.

The traditional office setting can be an intimidating experience for some clients. The face-to-face interaction can be off-putting and cause unease. Moving therapy to an outdoor space can alleviate this as some people experience nature therapy as less intimidating than therapy in an office setting.

In "Walk and Talk: An Intervention for Behaviourally Challenged Youths," P.A. Doucette outlines the nuances of walk-and-talk therapy as walking outdoors whilst engaged in counselling.⁴ Walk-and-talk therapy happens outside the usual confines of an office space. In Doucette's research with adolescents, therapist and participants met over six weeks, once per week for 30-45 minutes of walking outdoors on school grounds. This research revealed considerable improvements on the individuals' moods. Participants discussed what had happened that week, and they were taught strategies during the sessions, including ways of managing stress and painful situations,

positive self-talk, and mental imagery and focusing techniques to reduce stress.

CONSIDERATIONS

Moving from the confines of the traditional four-walled therapy space involves some considerations in order to be successful. It is important to discuss during the initial assessment any fears the client may have about the outdoors. Comfort levels with the weather can vary and are important to mention. If the client gets cold easily, it is obviously best to avoid the outdoor space when the temperature dips down. Client safety in outdoor spaces is important, and so simple well-worn paths without any obstacles are recommended.

It is also imperative that the counsellor knows the area well before embarking on sessions with clients in an outdoor space. The therapy should be the focus, not trying to navigate both you and your client back along an unknown path.

The confidentiality piece is important and needs to be addressed at the initial assessment. While the



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CASE STUDY

Michael is a bank teller. His past counselling experiences have not been positive. Michael mentioned that his previous counselling sessions had brought up very difficult feelings he did not know how to handle. At assessment, Michael talked about his family history, which included how his mother and father's marriage had been unstable with numerous splits and walkouts. He noted that his father was very volatile in his family interactions, while

his mother had been very self-absorbed. Michael had grown up with a poor sense of self, quite often adapting himself to others' needs and wishes in order to be liked.

Michael was mistrustful, and it was apparent that he felt attacked and persecuted through the standard line of assessment questioning in counselling. There were long pauses and silences in the subsequent sessions, and Michael reported feeling very ambivalent about therapy. As the sessions indoors felt so difficult, the counsellor suggested they might meet outdoors and walk together

and for them both to see how this felt.

They met at a local municipal park, and then walked and talked as they made their way through a quiet forest loop. In the session, Michael talked more about how he felt, and the session went well. At the end, the counsellor asked Michael how he felt about this way of working. Michael reported that he found it much easier to talk without the room and the eye contact of the counsellor, and that compared to his previous therapy experiences, it was much easier to open up and share with the counsellor

while they were walking outdoors. They continued to meet outdoors for subsequent sessions.

Outdoors, the counsellor also found it easier to attune to Michael on an embodied level and made contact with him more easily than he had done indoors. At times, Michael would stop and make eye contact when he had an especially important thing to say. As the sessions progressed, Michael was more able to initiate contact in this way during therapy and started to be more able to stay in touch with painful feelings whilst moving outdoors.

four-walled office space provides you with a contained, private venue for intimate discussions and limited interruptions, the outdoor space brings with it other challenges. For example, counsellors should discuss with their clients what is comfortable for them when other people are encountered on the trail. Would they prefer to stop conversation, lower their voice, or continue talking?

INTEGRATING NATURE INTO YOUR COUNSELLING PRACTICE

Therapeutic-based nature therapy is not for every client or every counsellor, but there are many who would benefit from the alternative therapy setting. When you think of resistant clients who really struggle in a traditional setting, it can be worth it to look for new spaces to engage them in therapy. Incorporating nature in a relational way into your practice can support new internal perceptions to help individuals reflect, challenge, and support

new ways of thinking on their therapeutic journey.

Nature has been healing us through the times. As society becomes more urbanized, it will be increasingly important in therapeutic work to remember the inherent connection we have to the natural world. As David Abrams so eloquently describes in his book *The Spell of the Sensuous*, "By acknowledging such links between the inner, psychological world and the perceptual terrain that surrounds us, we begin to turn inside-out, loosening the psyche from its confinement within a strictly human sphere, freeing sentience to return to the sensible world that contains us."⁵ ■

Jamal Ahmelich, BA, MA, RCC, is a high school counsellor and clinical counsellor who uses nature-based interventions in his private practice whenever warranted by clients. He can be contacted at jamal@tenacitycounselling.ca.

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LEARNING TO FOLLOW

A STARTING POINT FOR NON-INDIGENOUS COUNSELLORS WHO SINCERELY AND RESPECTFULLY WANT TO INCREASE THEIR AWARENESS OF INDIGENOUS WELLNESS PRACTICES

BY CAROLYN CAMILLERI

After a long history of repression and prohibition, Indigenous wellness practices have been undergoing a rebirth in recent years. Across the country, elders, knowledge keepers, and other community leaders are gathering traditional wisdom to pass on to younger generations. Practices have been better retained in some communities, while in others, only fragments of knowledge remain, and in others yet, there is only an awareness that much has been lost.

Mainstream society has also taken an interest in Indigenous healing, a shift noted in “Traditional Indigenous Approaches to Healing and the Modern Welfare of Traditional Knowledge, Spirituality and Lands: A critical reflection on practices and policies taken from the Canadian Indigenous Example” by Julian A. Robbins and Jonathan Dewar: “There appears to be a historical progression of perceptions or attitudes towards Indigenous traditional healing in North America, from one of disfavour (and something that does not have a place in modern society) to one of favour (and one that has a place in contemporary Indigenous communities and mainstream society).”


An increasing number of non-Indigenous counsellors are expressing a sincere interest in learning more, not only to better serve their clients but also to increase their awareness as human beings who share this country with Indigenous people.

In most cases, Indigenous healing is not part of a counsellor’s institutional education. Robbins and Dewar offer some insight as to why: “Often, there are mainstream misconceptions and false labelling associated with Indigenous traditional healing because of a general disagreement as to where exactly it should be placed on the broad spectrum of Western sciences and religions.” Many mainstream institutions have examined traditional healing “through the lenses of their own disciplines.... Relatively speaking, these institutions represent external lenses of interpretation that alter how traditional Indigenous healing is both perceived and interpreted.”

Laura Rhodes, RCC, says, “Many Indigenous therapies are not evidence-based. It has only been recently that Indigenous therapists are using the practices without prejudice.”

And Rhodes didn’t learn those therapies in university.



A photograph of Steve Basil, a Cultural Liaison, kneeling in a dirt pit. He is wearing a wide-brimmed straw hat, a purple and white patterned shirt, and blue jeans. He is holding a wooden plank and a brush, appearing to be working on a structure made of wood. The pit is filled with a large pile of cut wood. The background shows a natural outdoor setting with dirt and some vegetation.

Steve Basil, Cultural Liaison at St'át'imc Outreach Health Services, preparing for ceremonies at a Knowledge Keepers' Gathering.

An increasing number of non-Indigenous counsellors are expressing a sincere interest in learning more, not only to better serve their clients but also to increase their awareness as human beings who share this country with Indigenous people.

“Most of what I know was learned from elders in the communities, knowledge keepers,” says Rhodes. “We are taught as we are growing up why we smudge, sweat, and swim. We are taught when and how each of these activities can keep us healthy.”

While these Indigenous practices don't fit Western institutional concepts, they can be used very effectively alongside Western health services. Rhodes is a mental wellness outreach clinician with St'at'imc Outreach Health Services (SOHS), which provides culturally safe primary health care services on and off reserve in the Northern St'at'imc Territory and support services by distance to St'at'imc living away from home. SOHS also has a Cultural Liaison, whose primary role is to create linkages between St'at'imc traditional helpers and Western health service providers.

The Nuu-chah-nulth Tribal Council (NTC) is another example where traditional wellness is provided in conjunction with Western health services. Simon Read, the NTC's director of health services, says the integrated program goes back to perceived inequality of First Nations counsellors and mainstream counsellors.

“Our organization identified this as an issue in about 1990, and so we did some work, which identified that each group brought important competencies to the work,” says Read. “This culminated in an intense two-year diploma course, which was offered at the Vancouver Island University in Nanaimo [in 1998 and 1999].”

The Aboriginal Healing Foundation and the NTC delivered residential school healing for five years while

funding lasted. Then there was a gap until 2008, when a Health Canada pilot project led to the launch of Quu'asa.

Vina Robinson, manager of Teechuktl, the mental health branch of the NTC, explains: “Quu'asa is incorporating culture into healing. It is recognized as Indigenous best practice and has begun to receive sustained funding due to its success. And now more people want to incorporate culture into healing,” Robinson says. “They want to bring culture into their programs because culture is powerful.”



JANICE KNIGHTON, MENTAL WELLNESS NAVIGATOR, ST'AT'IMC HEALTH

Steve Basil, Cultural Liaison for St'at'imc Outreach Health Services.

They want to bring culture into their programs because culture is powerful.

It's powerful and it works. But how can non-Indigenous counsellors respectfully gain an understanding about what it is and why it works?

UNDERSTANDING THE TRUTH OF THE RELATIONSHIP

Alanaise Goodwill, an assistant professor in counselling psychology

in SFU's faculty of education and one of the few Indigenous registered psychologists, says the most powerful tool counsellors have is the ability to form a relationship.

“But that relationship doesn't happen in a vacuum,” she says. “There is a lot that enters the counselling room when you have a cross-cultural relationship between an Indigenous client and a non-Indigenous counsellor.”

Goodwill says the very first step is understanding the historical relationships. “If we're blind to the dynamics of those relationships and how they shape us before we even get into the therapy room, we'll never, ever understand one another's approaches to mental health.”

The therapy relationship becomes a microcosm of the greater relationship. “Because to understand an approach to healing also means we have to understand where the pathology came from,” says Goodwill. “And I think all of us can do that.”

Clinical supervisor for the Teechuktl mental health team, Margaret Bird, RCC, is a non-Indigenous counsellor who has been with the NTC for more than 30 years. She echoes the importance of understanding the history of Indigenous people in Canada.

“This history should include what Indigenous life was like before contact, impact of contact, colonization and how it impacted and continues to impact Indigenous life today,” says Bird. “This includes the disease that was brought to the communities, the residential school system, the Indian Act, the outlawing of cultural practices, the relocation of communities, the day-school system, the Sixties Scoop and the impact that has had on identity culture, parenting, attachment, family life, and connection

A Cedar Ceremony was used for the Nuu-chah-nulth families of Murdered and Missing Women and Girls. The ceremony was performed to uplift the families and prepare them for the next three days at a gathering hosted in Port Alberni in fall 2017. Cedar was used to empower the families.

to the land, economic development, and education.”

Of course, this is in addition to knowledge acquired in formal education, which Bird lists as an understanding of complex trauma, historical trauma, attachment theory, and social determinants of health.

The emphasis on the “truth” component of truth and reconciliation is necessary, as Goodwill explains: “A lot of people want to work the reconciliation side. I see that written probably nine or 10 times as often as the truth side, but you can’t. It’s dialectic. You can’t have one side of the dialectic worked too heavily. You need the other. That’s just a part of the process.”

To understand that means respecting an Indigenous worldview.

RESPECTING THE SPIRITUALITY

Asked about Indigenous approaches to counselling, Bird replies, “To me, an approach means a ceremony or practice grounded in worldview and spiritual beliefs.”

Robinson adds, “It’s a way of being rather than a set of practices.”

Bird recalls when she first began working as a counsellor with the NTC.

“I was really lucky to have really, really great leadership when I started here,” says Bird. “We had a meeting at our clinical supervisor’s place, and some of the chiefs were there, and they were very welcoming,



HA-SHILTH-SA NEWSPAPER, NUU-CHAH-NULTH TRIBAL COUNCIL

TIPS TO INCREASE YOUR INDIGENOUS AWARENESS

- ▶ “Non-Indigenous counsellors can start by building a relationship with an elder who will mentor them,” says Rhodes. “The challenge may be time. It takes time to build trust and the elder must feel the counsellor is sincere.”
- ▶ “Go online to the Truth and Reconciliation Commission, and go into the archives, watch some of the gatherings that were held, and listen to what people said about how their experience at the residential schools and how the policies of the government of Canada affected them, because you can see people. You can listen, and they’re speaking their truths,” says Bird.
- ▶ Both Goodwill and Bird suggest reading the Truth and Reconciliation Commission report. “It’s a huge report,” says Bird. “But then there are also recommendations. Read the recommendations and think: How can I bring those truths that we’ve learned into my life as a person and then as a practitioner? Look at the recommendations and really take them to heart.”
- ▶ Unpack your own knapsack. Look at your own family history and where it is in the processes of the TRC. What beliefs do you hold and what biases might you have that you’re unaware of? “Sometimes, we have to look at some hard truths about our families and what we believed and the biases,” says Bird. “So really doing some self-reflection and exploration, and really embracing what you can do from the teachings of the Truth and Reconciliation Commission.”
- ▶ “Just as we’re here in Port Alberni, [counsellors] have got resources in the communities they’re living in. Reach out and get to know where you are. Attend events. Be aware of what’s going on around you,” says Robinson. “If you live in Vancouver, for example, what’s going on at the Vancouver Aboriginal Centre? Go out to the Musqueam First Nation and find out who they are. Go to Tsleil-Waututh. Go to Squamish Nation. There are tons of good resources all across this country.”

Many Indigenous therapies are not evidence-based. It has only been recently that Indigenous therapists are using the practices without prejudice.

but they also said, ‘We’re welcoming you with your Western ways, but you need to know that what is important to us is our culture and our traditional ways, and if you don’t respect that, then maybe we’re not going to be a good match.’

“I was grounded in my own spiritual beliefs, and I am grateful when people respect them, and I respect other people’s, and so I think I just came from a place of respect,” says Bird. “And I think that’s the biggest thing: respect and wanting to know what I didn’t know — and knowing I didn’t know.”

Disrespect for and dismissal of Indigenous spirituality in Canada is traced back to the 1600s. Goodwill says the Jesuits were the early scholars and researchers of Indigenous approaches to healing. Their documents have become of great interest to counselling psychology, medicine, and other health-related disciplines.

“The Jesuits were able to impose that Cartesian split: ‘We like your medicines, we like your plants, we like the physical properties of your medicine, but we don’t like your spiritual practices that accompany the use of those plants and those



JANICE KNIGHTON, MENTAL WELLNESS NAVIGATOR, ST'AT'IMC HEALTH

Pit cooking preparations at a St'at'imc Nation Territory gathering.

medicines,” says Goodwill.

The spiritual practices, however, are vitally important.

“In our earth-centred cosmology, we have agreements with those plants that they’re going to look after us and heal us, and we have a responsibility to uphold the laws around taking care of that knowledge,” says Goodwill. “Often, that knowledge would have been passed down orally, but because

we have so many breaks in the transmission of oral knowledge, we have to go back to more dream-centred, spirit-centred ways of obtaining knowledge, and that’s through our ceremonies.”

Goodwill says the spiritual aspect makes some counsellors uncomfortable, especially if they’re agnostic or atheist.

“But a lot of these practices in our epistemology were given to us from

creators, and they are responsibility-based practices, not rights-based practices, and that's a big difference," says Goodwill. "You don't have a right to do these practices — you have a responsibility to look after them. If we surrender our responsibility, the power of these practices goes away, because the power of these practices is held within the collective, not within the practitioner or the patient.

"Counsellors need to understand the difference," says Goodwill. "It would certainly be incumbent on the practitioner to be really self-aware about where they stand with that, just as a cultural safety piece."

BEING OPEN TO CULTURAL VARIATIONS

Rhodes says non-Indigenous counsellors need to be sincere and empathetic.

"This is not difficult for most," says Rhodes. "It comes down to personality, character, and attitude. Some people can connect to many cultures and enjoy the experience, while others struggle with variations in mental health therapies — traditional or not. Some like to stick to the one or two processes they feel comfortable with.

"Indicating you are willing to see Indigenous clients will indicate a level of comfort with the culture," Rhodes adds. "I don't see all Indigenous clients. Some clients prefer non-Indigenous counsellors so there is opportunity for them to tell their story to a clean 'canvas.'"

In saying that, Rhodes reveals another important point of understanding: recognizing that there isn't one right way. For example, Rhodes uses a medicine wheel regularly in her practice as a tool for assessing health holistically, but not all Indigenous people use or even agree

with the use of medicine wheels.

"Like many things, like with Christianity, there are many beliefs that are used and not used," says Rhodes. "[Using a medicine wheel] is a personal preference. People practise what elders teach them. I learned about the medicine wheel from people I worked with at the Friendship Centre years ago."

And remember: there are more than 200 First Nations just in B.C. alone.

"Don't assume that all First Nations cultures or even individuals from any given First Nation are the same — that's something to really understand right away," says Robinson. "Even though I come from Ahousaht First Nation, as individuals, we all



Don't assume that all First Nations cultures or even individuals from any given First Nation are the same — that's something to really understand right away.

have different practices. As families, we all have different practices. As a community, we all have different practices. So people can't really lump us in and assume, because there are many variations across this province and our country."

Robinson adds that First Nations people may also have greatly differing understandings of their own culture.

"Some are eager to share, and others are embarrassed if they're put on the spot because not everybody knows," says Robinson. "Not all of us grew up in our communities. For the Nuuchahnulth people, the majority of us live away. We live in urban settings."

BEING HUMAN

Goodwill talks about a course she once taught at UBC on Indigenous counselling. The course attracted a range of counsellor trainees, who were interested for a variety of reasons.

"I had them research their own creation stories," says Goodwill. "I thought it the best way to give counsellor trainees Indigenous knowledge and how to use that in practice with Indigenous clients or in mainstream work. They couldn't just stop at saying, 'I'm Canadian.' They had to go into their own history, because they're not going to want to pay attention to an 'other,' if they haven't attended to themselves."

Bird agrees counsellors need to know their history: "Where they've come from, what their family beliefs were, and what they've incorporated into their being about who they are."

In fact, it's a requirement at Teechukt.

Bird and Robinson oversee their non-insured mental health program. Counsellors from across B.C. apply to be on the list to provide services



Drumming and smudging at a St'át'imc Nation Knowledge Keepers' Gathering.

Quite often, there's an inclination as a non-Indigenous person to want to lead, and in this domain, in terms of the reclamation of knowledge on healing, it's very much going to be a service and a learning role. The leadership has to continue to reside with Indigenous people.

to Nuu-chah-nulth people living away from their communities. Bird reviews the applications and Robinson conducts interviews. She starts by introducing herself culturally and then asks applicants to tell her about themselves.

"I want to know who they are as human beings, and a lot of them are really taken aback," says Robinson.

Robinson then asks more questions: What experience do you have working with First Nations people? How familiar are you working with residential school issues and working with residential school survivors and their families? How familiar are you with us as Nuu-chah-nulth people? Do you know who we are, where we're located, and where we come from? What do you know about us?

"It's not so much about learning Indigenous approaches as being able to practise with cultural safety and humility, which includes a strong awareness of your own culture and your

own education," says Robinson.

A key reason for being prepared is so clients aren't responsible for educating counsellors.

"As counsellors, one of the most rich, wonderful parts of the job is the borrowed wisdom we get from our clients, but we really don't want to foreground, 'Hey, I'm learning from you,' because it's not a good use of that asymmetrical power differential in the therapy space, and it's not a great place for vulnerable people to find themselves," says Goodwill.

Robinson concurs: "The counsellor shouldn't be asking about their culture and their practices anyway. That's kind of inappropriate. You're there to help them as a human being, so it's good for the counsellor to understand where the clients are from and where their community is originally located."

Ultimately, it comes down to being a human being, says Robinson. "Introduce yourself, and tell a little bit about yourself. Don't worry about the system or that you're going to be counselling them in a moment."

Being human will help establish trust in the client-counsellor relationship.

CLARIFYING YOUR ROLE

"I consider being a counsellor service work," says Goodwill. "We serve the people in our waiting rooms, on our waiting lists, and in our offices, and that is a type of leadership style. But we're not leading from the front, and we're not imposing any kind of governance over an Indigenous approach to healing, but we do have a responsibility to understand and work with it."

Goodwill cautions that self-awareness is important. "Quite often, there's an inclination as a non-Indigenous person to want to lead,

and in this domain, in terms of the reclamation of knowledge on healing, it's very much going to be a service and a learning role. The leadership has to continue to reside with Indigenous people."

Bird makes that clear in describing her role: "These are spiritual practices that are sacred, and my job is to connect people to the people who can practise those ceremonies with them."

Rhodes recommends a resource list.

"If the counsellor does not provide the traditional services, they can create a resource list of elders or individuals who can provide sweats, smudging, and swims," says Rhodes. "The counsellor just needs to know what is available — they don't necessarily have to provide the service themselves."

Not that it is impossible for non-Indigenous counsellors to participate in ceremonies — but first, they need to work collaboratively with Indigenous people and wait to be invited by their mentors.

"When you're invited into the ceremony and to help in the ceremony, then that's witnessed by the people there, and the fact that you've been invited gives credibility to your presence there," says Bird.

HOPE FOR THE FUTURE

Being unintentionally insensitive, disrespectful, or offensive with Indigenous clients is a significant worry for many counsellors. Goodwill understands that.

"I feel like that all the time, working with clients from different backgrounds from my own," says Goodwill. "I think it's a healthy discomfort. I tell people to embrace it, because often, our clients are uncomfortable when they come to see us, so we should feel some measure of discomfort, too."

More and better training for counsellors could help. Goodwill would like to see the way we train counsellors in Canada become less centralized with institutions: more reciprocity between communities and existing institutions and more focus on recruiting Indigenous students into psychology. "I think the model has to be an

The most powerful tool counsellors have is the ability to form a relationship.

outreach model. We expect people to come south or come to urban centres to live for five years. We need to be more innovative in terms of how we engage."

Asked about what she would like to see in the future, Rhodes says: "Agencies have been creating programs that take people back on the land, preferring not to use mainstream treatment centres. It would be evolutionary if mainstream services incorporated this practice as an option."

Robbins and Dewar write, "Something to work towards in the future might involve nurturing the presence of a certain level of trust — in policy and program implementation — that supports Indigenous peoples and communities, when they decide to learn about, maintain, and build upon the accumulated knowledge of their ancestors."

The success of such Indigenous-led programs is evident in a story Robison tells about a Nuu-chah-nulth woman in her late 60s who attended an intergenerational healing gathering to share — for the very first time ever — about her residential school past.

"It was so incredible for her," says Robison. "After this gathering and the healing she did, her language started to

come back to her. She speaks it fluently, but she didn't know she does, because it's been buried within her with the impact of residential school."

Can non-Indigenous counsellors truly understand Indigenous approaches to wellness? It depends on the individual counsellors. Robison has a story for that, too, about a mental

wellness gathering hosted by Health Canada in Victoria. One of the visiting mental health groups was from Quebec and included a First Nations woman who had gone through a traumatic experience.

"We did a cultural ceremony with her. She didn't understand a thing we were saying, because it was done in our language, but she got the ceremony as a First Nations person," says Robison. "We were able to help, even though we didn't speak their language and they didn't speak ours."

That's the same as with non-Indigenous counsellors, she says.

"They don't speak our language. They're not expected to be us, we're not expected to be them, but as human beings, we can come together." ■

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THE FRIENDSHIP LADDER

A FRAMEWORK TO HELP CLIENTS LEARN TO DISTINGUISH HEALTHY RELATING FROM UNHEALTHY RELATING

BY TED LEAVITT, RCC

It is an arguable reality that all problems that bring clients to counselling find their foundation in relationships. If we broaden our definition of relationship to include all occurrences of relating from one person to another, it is easy to see how interactions with our fellow humans form the core of both problems and solutions. Because of this nearly universal connectivity between relationship and health, it is important for all professionals — and humans, in general — to have a sound understanding of which features distinguish healthy relating from unhealthy relating.

In plain language, many of the clients we work with struggle to know how to trust and how much to trust. Many clients will broadly describe this struggle with comments like, “I just don’t trust anyone” or “It’s really hard for me to trust people” or “I’m way too trusting.” Often when people present with this description, the tacit hope they bring to the counsellor is an equally broad generalization:

“I want to learn how to trust people.”

In discussing this desire with my clients, I am careful to point out that while our brains prefer broad sweeping rules because they are more energy efficient to process than nuanced guidelines, the devil is, in fact, in the details, and that perhaps, it is not only more realistic but also actually more desirable to have, as a treatment goal, the ability to trust the right people. In other words, I want to equip my clients with the ability to discern the wolves masquerading as sheep.

Because our earliest attachment experiences form a template for any future relating to others, we must acknowledge that the degree to which those attachments are unhealthy is the degree to which our mechanism for detecting healthy attachments is compromised and impaired. For example, growing up in a home that provides all of the material comforts necessary but lacks meaningful emotional attunement might lead an individual to not recognize that a friendship that lacks this connection may

Children who are always blamed often become adults who blame themselves, and therefore, accept mistreatment at the hands of others, because it fits the template they have been given.



be ultimately unfulfilling at best and damaging at worst. Children who are always blamed often become adults who blame themselves, and therefore, accept mistreatment at the hands of others, because it fits the template they have been given. In plain language, childhood relational trauma leaves the individual's relationship radar in need of recalibration.

It is popular for people to embrace the concept of listening to their gut instinct, and I would definitely agree that, at times, this can be a positive approach. However, when an individual experiences attachment trauma, what was a natural instinct for relationship often mutates into a reflex for relationship, meaning that doing what comes naturally can often lead down an unhealthy path.

Because of this need for

recalibration, I have found it helpful to make this discernment process as external as possible — meaning it is based on information, not speculation. For example, it is much harder to answer the question, “Will they betray you?” than the question, “Have they betrayed you?”

While trust is not ultimately quantifiable, it can be helpful to conceptualize it that way as a guideline for the less tangible parts of the relationship process. In order to help my clients quantify the quality of their relationships, I developed a tool I call “The Friendship Ladder.” This tool is loosely based on Dr. Gordon Neufeld's “ways of attaching” paradigm, discussed in his bestselling book, *Hold On To Your Kids*. My version arranges relationships into stepwise levels, showing a progression from minimal investment

and meaning to ultimate commitment and fulfillment. Visually, the ladder is pyramid-shaped to indicate to the client that in all probability, there will be fewer people on the higher levels than on the lower levels and that this is healthy and desirable.

Arranging the levels hierarchically also allows individuals to move people up and down the ladder in a more graduated scale, rather than a binary categorization of “friend” or “not friend.” It is a visual representation of the greyness of relating to others, rather than an imaginary stark contrast between safe and unsafe people.

It is also important for clients to understand that we don't snap from one level to one above or below. Nor are these levels static. We are moving up or down the ladder at all times and with everyone in our lives. In order to consistently move up the ladder, we must make an effort. Doing nothing does not result in staying where we are; it results in sliding down the ladder. This applies to the client both as friend and as recipient of friendship. In other words, just because someone used to be honest with you doesn't mean you can trust them going forward. The ladder asks the question, “How have things been up until now?”

To address that question, I created a set of 30 inventory questions exploring different aspects of each of the six levels. As you proceed through the questions in order, they correspond roughly with each level of the ladder. Each desirable answer is awarded one point. Some undesirable answers are given no points and some undesirable answers actually result in the removal of one point; this is because while some missing elements of a relationship are simply not helpful, others are actually harmful. For example, if two individuals

don't share the same opinions, it can be a barrier to the development of further friendship, but if one of those individuals is gossiping about the other, it not only impedes the relationship, it can also destroy it.

The following is a brief description of each level. It is not an exhaustive or exclusive description. Use it as a guideline to determine where you are at with the people in your life.

1) BEING AROUND

Simply put, this refers to physical closeness. Do you occupy the same space as the other person? Are you around each other? Do you want to be around them? Do you actually enjoy being around them?

2) THINGS IN COMMON

Do you have much in common with the other person? This does not necessarily refer to hobbies and interests but that doesn't hurt. It refers more to values, behaviours, thoughts, and attitudes.

3) LOYALTY/SAFETY

Does this person support you when you need it? Do they talk about you behind your back or deceive you in any way? Do they gossip about others? Can you trust them to act in your best interests?

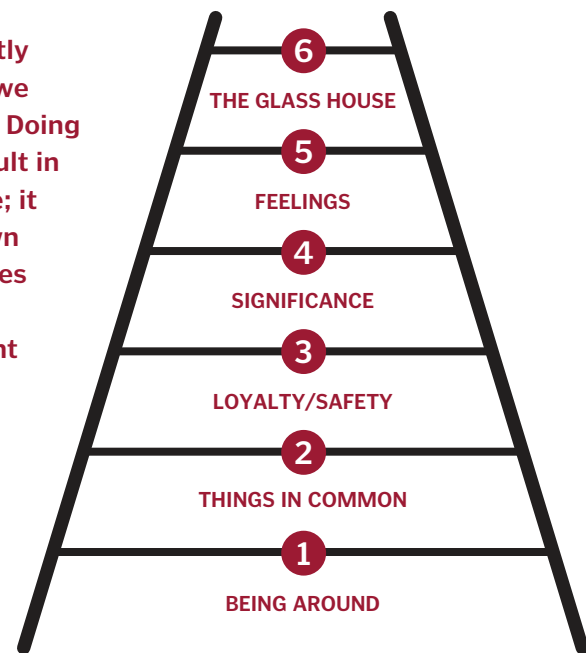
4) SIGNIFICANCE

Are you important to this person? Do they consider you even when you are absent? Do they wait for you to ask for help, or do they anticipate your needs and help proactively? Are you an afterthought in their life or a vital part?

5) FEELINGS

Are you free to express your feelings with this person? Do they respond in kind? Do you know how they feel? Do you feel like you need to put on a brave face around this person or push them away when they get too close?

In order to consistently move up the ladder, we must make an effort. Doing nothing does not result in staying where we are; it results in sliding down the ladder. This applies to the client both as friend and as recipient of friendship.



6) THE GLASS HOUSE

Is there anything you can't tell this person? The Glass House refers not only to sharing feelings but also to sharing the reasons underlying those feelings. In other words, I not only know you are nervous when talking to teachers, but I also know you are nervous because of some particularly painful experiences you had with teachers in elementary school. For someone else to know us in this way, it is incumbent upon us to know ourselves. This level of friendship allows us to stand emotionally naked before the other person, deservedly and appropriately unafraid of our vulnerability.

When I am discussing friendships and relationships with clients, we often pick one or two of their friends and answer the questions, discussing the answers as we proceed. It is not uncommon to experience one of two outcomes. Clients may be surprised to realize some people in their life are higher up the ladder than they

would have guessed and some people are much lower than they would have thought. The former discovery often brings hope in realizing they are not as alone as they thought they were, and the latter often brings an explanation for their frustration with a relationship that is slowly draining vitality from their mental and emotional health.

The Friendship Ladder is not empirically tested, and the score is not a hard and fast truth; it is a very subjective review of the quality of a friendship. That said, I have found it to be a vital conversation starter and guide as I work with clients to help them determine appropriate boundaries and start the process of refining who they can trust and how much they can trust the people in their lives. ■

Ted Leavitt, RCC, works in private practice in Abbotsford and is also the program manager at Langley Youth and Family Services. He specializes in aggression, ADHD, and attachment trauma, among other issues. www.connectivitycounselling.com

HELPING SENIORS NAVIGATE ISSUES RELATED TO **DATING, RELATIONSHIPS, AND INTIMACY**

BY JENNIFER HAMMERSMARK, RCC



We are living longer than we ever have before, and along with our healthier, more active lifestyles, issues around dating, relationships, and intimacy amongst the older population are becoming more important — and coming up more frequently in our practices. Seniors may not always be as forthcoming about these issues, but when they do speak about their concerns, you'll want to be ready to listen and provide them with helpful, positive guidance. Here are some increasingly common areas of concern among seniors and some resources to support them.

SEXUAL ISSUES AND INTIMACY

I remember 20 years ago in my practice, having a client over the age of 70 was rare. Now, I have had the pleasure of having served many older clients, one of whom was 100! Yes, a spry old guy who drove his own car to my practice and walked up the two flights of stairs to my office.*

But another case involving a lovely 74-year-old gentleman still tugs at my heartstrings. His doctor referred him to me, because he was not sure if he was

suffering from depression or if he was actually having some cognitive decline. After a couple of sessions together, we began talking about the losses associated with aging. He spoke of his regret of retiring in his 50s — using his brain less and having less contact with peers — and the sadness of not being able to “be” with his wife anymore. When I probed further, I learned that he hadn't been able to make love to his wife for a year and a half. They had been married for over 50 years and had had a vibrant sex life.

When I inquired if he had spoken to his doctor about his inability to have an erection, he said “Oh no, that would be too embarrassing.”

When I asked further if he had spoken to his wife about his problem, he replied, “No, I couldn't do that. I don't want to hurt her feelings.”

To collaborate on his cognitive functioning, I got permission from him to see his wife once on her own. After a discussion about various topics, the subject of the couple's sex life came up, and she commented that it had been a long while since they had made love. I asked her how she felt about that.

“Oh, it's very sad. I really miss it,” she replied.

When I asked if she had talked with her husband about this, she said, “Oh no, I don't want to hurt him!”

Oh my, we do have a problem — a big problem no one is talking about. They were both being so careful, because they loved each other so much. But you can't fix something you are not talking about. Fortunately, through our work together, I was able to give my client the confidence and tools he needed to talk to his wife about his challenges and provide him with some alternatives to intercourse that would rekindle the intimacy they both missed.

RESOURCES

Zoomer Magazine: Not Talking About Sex With Your Partner? Start Now.

“Very sexually satisfied individuals were most likely to report frequently communicating their sexual likes and dislikes with their partner.” By Tara Losinski. September 14, 2017 www.everythingzoomer.com/sex-relating/2017/09/15/not-talking-sex-partner-start-now/

Naked at Our Age, Talking Out Loud About Senior Sex

A book written by Joan Price, sex advocate and author. www.joanprice.com/nakedatourage.html

69: Love Sex Senior

A great documentary film on people over 70 giving us a peek into their sex and love lives. www.imdb.com/title/tt3473032/

► CARE HOMES AND ACCOMPANYING ISSUES

Another issue we are now facing as a society is the effect seniors' facilities and care homes are having on people. In some situations, spouses are sleeping in separate beds for the first time.

CHECK YOUR BIAS AND MAKE REFERRALS

Don't assume physical issues (erectile dysfunction, vaginal dryness, pain during sex) are age-related or treatable solely through talk therapy. These could be symptoms of serious medical conditions. Encourage your clients to seek medical assessments for physical changes in sexual functioning. And beware of age-related bias: the sexual experience changes with age but does not disappear. Don't assume clients no longer want to be sexually active. Regardless of your client's age, if discussions of sexual function/dysfunction move outside your area of expertise, refer your client to a trained sex therapist.

Seniors may not always be as forthcoming about these issues, but when they do speak about their concerns, you'll want to be ready to listen and provide them with helpful, positive guidance.

*All cases and details have been altered to protect client privacy.



Another issue we are now facing as a society is the effect seniors' facilities and care homes are having on people. In some situations, spouses are sleeping in separate beds for the first time.

How do they cope with the loss? How can they maintain intimacy without cohabitating? Again, being able to talk openly about this and to problem-solve alternate options with our clients is very important.

One of my clients a few years back came to counselling for the very first time for this reason. She was in her 80s. Her husband's health had declined quickly, and he went to a care home and their home was sold. My client was able to go to the same care home, but in a different wing — on the other side of “locked doors.” She was so sad. They had never spent a night apart. The benefit of counselling for her was my being a neutral party who could offer support. She was so grateful to be heard, and we ended up talking about all of the options she and her husband could implement to still be intimate. She was a very fine, super-sharp woman who just needed to come to terms with her new circumstances.

Intimacy comes in many forms, of course, not just sex. Cuddling naked, kissing, massages, holding hands, deep conversation, and even sitting next to each other on the couch while watching a movie can all be intimate acts.

Connecting in a meaningful way with someone you love is intimate. If we can help our clients embrace options that work for them, we are doing a great service.

There is another issue counsellors should be aware of regarding care homes. For so many years it has been difficult for LGBTQ individuals to come out, and now it is finally starting to become easier — until they go somewhere where it is not. Some LGBTQ seniors in some care homes feel the need to go back into the closet in order to be treated kindly. Counsellors with LGBTQ senior clients are advised to be aware and ask their clients questions about their comfort level in their care homes.

RESOURCE

Film about LGBTQ Seniors
gensilent.com

► SEXUALLY TRANSMITTED INFECTIONS

Another revelation is the rise of STIs amongst seniors. According to Health Canada, national rates of STIs for people 60 and over have increased significantly. Since the early 2000s, the number of cases of syphilis, chlamydia, and gonorrhea has increased amongst seniors, and HIV in this age group has also increased but more gradually. In 2015, there were 501 new reported diagnoses in people over the age of 50 and 158 diagnoses in those over 60, accounting for 23.9 and 7.5 per cent of all new cases.

Florida, home to more than a half million Canadian snowbirds every year, has the highest HIV and sexual risk behaviour rates for people over 50 in the United States.¹

How can we help? Don't assume that just because people are older, they are not having sex. The conversation about safe sex needs to happen.

RESOURCES

Public Health Agency of Canada

Q & A: Prevention of STIs Among Older Adults. www.catie.ca/sites/default/files/QA-STI-EN-FINAL.pdf

The Ultimate Guide to Sex After 50: How to Maintain – or Regain! – a Spicy, Satisfying Sex Life

A book written by Joan Price, sex advocate and author.

www.joanprice.com

► DATING

So what about the couples who aren't couples anymore? Perhaps their partner has died, or they are divorced, or they were never coupled. What does their dating future look like? They deserve to pursue love like anyone else. But what to suggest as a starting point?

There is the modern-day option of putting up a profile on an internet dating site. Some folks are actually up for this, and that's great. Ramona Kaptyn, for example, is a former journalist, teacher, and currently president of the White Rock Surrey Chapter of CARP: A New Vision of Aging for Canada. Ramona is happily approaching her 72nd birthday and has her own story of being an older, single woman and wanting a relationship. She met a man on match.com in 2010 when she was pushing 65. She found it was hard work having to "kiss a lot of frogs" before finding the guy she loves. "Really, it seems I have known him forever, and he feels the same," she says. They are still happily together today.

However, if your clients are not up for the internet meet, there are some other options, including many great local organizations that purposefully

host events so seniors can socialize and meet other people, including potential dating partners: CARP, local community centres, lawn bowling clubs, bridge clubs, and others. Helping clients to become more socially active can have a positive effect emotionally and physically.

RESOURCES

A fantastic documentary from 2015 (DOXA) on a speed-dating event for 70+

www.huffingtonpost.ca/entry/the-age-of-love-speed-dating-70_n_6699960

Everything Zoomer

Zoomer magazine, which is connected to CARP (formerly Canadian Association for Retired Persons), is an online and print magazine with a wide range of articles for seniors, including frank discussions about dating and sexuality.

www.everythingzoomer.com

Lovingly Arrogant: From Chaos to Contentment

A book written by April Lewis of CARP. Lots of stories in the book about dating and sex.

lovinglyarrogant.com

► MASTURBATION

Last but not least, there is that good old-fashioned kind of sex — the kind you have on your own. You guessed it: masturbating. When a man has an orgasm, he gets a good dose of testosterone running through his blood stream. When a woman does, she gets a boost of oxytocin, which is not only good for feelings of well-being, but also regulates hormones and may even increase bone density.² All of this is good for mental and physical health and allows us to continue to embrace our sexual selves.

Opening up this conversation with our clients is very important. They may be doing it already. They may not be, but maybe they want to. And maybe they need some support and guidance and have questions they want answered. In the safety of our offices, all of this can happen.

LAST THOUGHTS

As counsellors, we have a unique opportunity to peek into our clients' lives — the very private, intimate parts of their lives. That privilege has extended into the growing population of seniors, so it is important to be savvy about this generation of sexual beings. Ask the hard questions, be aware of the challenges, and be informed about all of the great resources available. Because one day, you may find yourself in the presence of a shy, quiet, 74-year-old man who dares to share.

ADDITIONAL RESOURCES

CARP

CARP is Canada's largest non-profit advocacy association for older Canadians with more than 300,000 members aged 50-plus. CARP works with all levels and all parties in government to advocate for better healthcare, financial security, and freedom from ageism. www.carp.ca

OPT Options For Sexual Health

Includes a resources tab for Sex and Aging. www.optionsforsexualhealth.org

NSPN 7740 - Introduction to Sexual Health Rehabilitation 1

A BCIT School of Health Sciences course regarding sexual health rehab issues related to aging, illness, etc., and impact on persons/couples.

www.bcit.ca/study/courses/nspn7740 ■

Dr. Jennifer Hammersmark, RCC (www.doctorjen.co) owns The Counselling Group, a co-operative of therapists who practise together. www.counsellinggroup.co

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2 Guillaume E. Beranger, Mansour Djedaini, Séverine Battaglia, Christian H. Roux, Marcel Scheideler, Dominique Heymann, Ez-Zoubir Amri, and Didier F. Pisani. Oxytocin Reverses Osteoporosis in a Sex-Dependent Manner. *Frontiers in Endocrinology*. May 19, 2015. DOI: 10.3389/fendo.2015.00081. Retrieved from: <https://www.frontiersin.org/articles/10.3389/fendo.2015.00081/full>

COLLABORATIVE PRACTICE

BRINGING LAWYERS, FINANCIAL SPECIALISTS, AND COUNSELLORS TOGETHER TO HELP SOME SEPARATING FAMILIES SETTLE DISPUTES OUTSIDE THE JUDICIAL SYSTEM

BY VIVIANE WINGERAK, RCC, AND CAROLYN OIEN, LAWYER

Under the new Family Law Act, the use of collaborative practice in assisting separating families has increased. Here's an overview of how it works and why it is proving helpful for some families.

Those of us who serve separating families are aware that resolving conflict through the court system does not usually address family issues. The justice system is based on an adversarial process, where the law is applied to the evidence presented, and a judge renders a decision. The parties to the litigation are adversaries and the lawyers who represent them are obligated to put their best case before the judge by providing evidence that is favourable to their client and unfavourable to the other side.

Unfortunately, this leads to situations where parents of the same children become even more polarized and are incapable of working together for the

best interests of the children. Typically, multiple applications are still made to the court to resolve even the simplest of issues following a “final” decision.

While their parents fight over them, the children may feel left behind in this conflict; thus, different means of settling disputes outside the judicial system were developed.

THE FAMILY LAW ACT

With the coming into force of the Family Law Act (FLA) on March 18, 2013, a demand for counsellors' expertise and collaboration in the separation and divorce processes seems to be on the rise. This makes sense, as the FLA requires the focus to be “the best interests of the child.” These words have been commonly used over the years but



often mean different things to different people, and the lack of a consistent determination of what is in the best interests of each child has fuelled litigation.

In high-conflict separations, it may be left to judges to decide what is best for children, but legal professionals often lack specialized training regarding the best outcomes for children or the unique skills required to interview children, particularly the younger ones. A counsellor with specialized training is invaluable in assisting parties to determine and act truly in the best interests of the children.

Child therapists, on the other hand, may be well versed in family violence screening, child-development theories, and child-interviewing skills; however,

they may lack clarity of the FLA and their professional obligations under the FLA within the separation and divorce process. Counsellors are often contacted during a separation to provide services to a child, while there are other unclear agendas such as parental desire for a child to make a disclosure against the other parent or for the counsellor to make a determination that one parent or home is superior to the other. This can cause a large number of professional complications for the counsellor, and the goals of therapy may not be clearly defined nor achieved.

Clarifying the role of the counsellor and the goals of services also helps to define who the client actually is: the child, a parent, the family, a parenting coordinator, or even the court. This has

an impact on how informed consent is obtained and what counsellors share about limits of confidentiality, note taking, record keeping, and how progress is tracked.

In addition to counselling support for children or families undergoing separation or divorce, counsellors can take on a number of relatively new roles in alternative dispute resolution processes (ADR), such as completing “Hear the Child” and “Views of the Child” reports, or even acting as a parenting coordinator, a very specialized role. These roles still fall within a more polarized and adversarial process, which is, unfortunately, the more common legal process for separating and divorcing couples.

Taking on these alternative jobs

requires that counsellors practise within the scope of more specialized knowledge, training, and experience. There are associations, such as the BC Parenting Coordinators' Roster Society and the BC Hear the Child Society, where counsellors can ensure they have met the competency requirements for the roles they are accepting in the ADR process. Such roles deserve careful attention and should be studied in depth by counsellors serving children and families through separation and divorce.

COLLABORATIVE FAMILY PRACTICE

Another option to settle family matters outside the judicial system is collaborative family practice. Unlike other options, collaborative family practice involves a team of professionals who, together, work with families to settle all issues of parenting, support, and asset division.

The parties each retain a family law lawyer who is trained in collaborative

practice to provide them with guidance and legal advice. The role of the collaborative practice lawyer is not adversarial; instead, the two lawyers work together to develop a settlement plan and finalize terms. The parties and their respective lawyers agree — and, in fact, sign a contract — that if the process is terminated and the parties are heading off to court, the team of professionals involved will not represent the parties nor be called to court to give evidence. The entire process is intended to be confidential, and anything said or done while engaging in the process cannot be brought up in subsequent court proceedings. The only exceptions to this rule are if there were child protection issues or criminal law issues.

The collaborative law team is completed, as the need arises, by a divorce coach/child specialist when parenting or emotional issues prevent a settlement, and/or a financial specialist, when financial issues, including support

and division of assets and debts, may lead to a gridlock. This multidisciplinary team is invited by the lawyers to assist parents in resolving the issues of their separation and becomes party to the same contract mentioned above.

THE COLLABORATIVE COUNSELLOR'S ROLE

Counsellors can typically take on the roles of a parenting coach or a child specialist. Parenting coaches specialize in supporting parents through adjustment, conflict, emotional struggles, and triggers that interfere with their ability to move forward towards the reconstruction of the family unit.

Child specialists are also instrumental members of the group, calling the process's attention toward the changing needs of children through the separation process. Child specialists may or may not meet with children directly, and when they do, there is clarity that meetings are meant to

IN HIGH-CONFLICT SEPARATIONS, IT MAY BE LEFT TO JUDGES TO DECIDE WHAT IS BEST FOR CHILDREN, BUT LEGAL PROFESSIONALS OFTEN LACK SPECIALIZED TRAINING REGARDING THE BEST OUTCOMES FOR CHILDREN.

The Most Common Complaint

Counsellors who choose to work with high-conflict separating and divorcing families know — or certainly should expect — that someone is always going to be unhappy.

In fact, 30 per cent of all complaints against counsellors received by the BCACC over the past five years are in the high-conflict family realm.

"It is always a challenge to work with high-conflict families — it's not for the faint of heart," says Angela Burns, the BCACC Registrar. "But it's really important work. The bottom line for these professionals is always going to be the best interests of the children."

However, she adds, "We don't want to deter people from entering into this

area of practice just because it tends to draw complaints."

These cases attract complaints because the stakes are so high.

"Being in receipt of a complaint doesn't necessarily mean that you've done anything wrong," says Burns.

When a complaint is received, a BCACC investigator seeks to substantiate the allegations against the counsellor — for example, alienating someone or writing biased reports. The investigator gathers evidence and summarizes where the evidence substantiates the allegations and where it doesn't, and they may also identify allegations that cannot be substantiated. An independent expert may be asked to



WITH THE COMING INTO FORCE OF THE FAMILY LAW ACT (FLA) ON MARCH 18, 2013, A DEMAND FOR COUNSELLORS' EXPERTISE AND COLLABORATION IN THE SEPARATION AND DIVORCE PROCESSES SEEMS TO BE ON THE RISE.

inform the collaborative team, so that parents and professionals can make decisions that fit best with the individual needs of the children. Child specialists help the process to move past stagnant conflict towards a mutual focus on the security, routine, stability, and well-being of children. The goals include maximizing a sense of family collaboration and minimizing conflict or overall adversity to which the children are exposed. It is important

that children are aware that they cannot expect the confidentiality of a traditional therapeutic relationship.

In both of these roles, the counsellor works as a neutral party and as part of a team that shares common non-adversarial goals for the benefit of the children involved and, consequently, their parents and families. Contrary to the traditional adversarial approach, it should be theoretically easier for the counsellor to maintain neutrality as a

member of a collaborative law team, because goals are discussed openly with both parties present, including their respective lawyers and, often, financial professionals.

Transparency is at the core of the collaborative process, and it may greatly decrease the chances of misconceptions from any member of the working group. There may also be significant benefits in preventing professionals from the well-known systemic phenomenon of being

weigh in on the complaint materials. The inquiry committee then reviews the case with an eye to negotiating corrective actions, where warranted.

"We've actually dismissed cases just from having an expert review them," says Burns.

It is important to note that the inquiry process is a non-punitive review.

"It can result in someone having to take a course, get clinical supervision, or write a reflective letter about what they've learned as a result of receiving a complaint," says Burns. "The inquiry process is much less formal than a discipline hearing."

That said, because high-conflict family cases are so sensitive to complaints, there are some common pitfalls — and most are a result of working in isolation.



"If you're not part of a peer group who is doing this work, and you're not linked to good legal backing and a good clinical supervisor, these would be areas for consideration," says Burns. "At least, start by getting a clinical supervisor when you're starting with a family and consider having a colleague read your report before you release it."

Making sure you have adequate training before taking on this kind of case is another key consideration, and, again, a clinical supervisor and a peer support group can help guide that training.

Having peer and supervisory support behind you also helps to prevent another common pitfall: burnout.

"This is a high-stress area to

work in, and the general rule of burnout is that the person burning out is the last to know," says Burns. "An advantage of working with a peer group is that your own peers may tell you when it's time to add some other types of work into your practice so you're not doing only this. Or they may tell you to pull back a little bit, because you just worked on a tough case and you need to give yourself some rest."

Burns emphasizes that we want to support and encourage counsellors working in this challenging area.

"And we really want to applaud these professionals who are doing this kind of work," she adds. "It's necessary work. It's tough work. And, with a few exceptions, they're doing a great job."



“caught in the middle,” often mimicking what happens for children of divorce and their communities of support being split into separate adversarial sides.

With the counsellor being able to act as a neutral party under a clear agreement in a multidisciplinary group, the hope can rise that goals are more likely to be met, and that counsellors face significantly decreased ethical and legal issues from being “caught in the middle” of high-conflict litigious process.

While there is clarity regarding the end of services for collaborative lawyers, should a family later decide to litigate, counsellors may have a more complicated ethical decision to make when he or she has provided services to a child, which may require continuation.

CHILD SPECIALISTS HELP THE PROCESS TO MOVE PAST STAGNANT CONFLICT TOWARDS A MUTUAL FOCUS ON THE SECURITY, ROUTINE, STABILITY, AND WELL-BEING OF CHILDREN.

HOW TO DETERMINE IF COLLABORATION IS APPROPRIATE

In determining if the collaborative process is appropriate for a separating family, the professionals involved must screen for family or intimate partner violence. Although the presence of a significant power imbalance in a family does not preclude the use of the process, the screening does assist the practitioners to plan how the negotiations will be conducted.

It is important to consider the risks of the process to the family members in the case of violence, as well as the appropriateness of a collaborative

process when a significant power imbalance or mental health issues do not allow parties to resolve conflict without the intervention of an authority figure, such as a judge.

When concerns arise but the family can still be safely served outside the courts, the involvement of two parenting coaches will likely be necessary, so each party has a safe space and counsellor to confide in. The counsellors’ roles will be difficult, balancing support to each party and collaboration with the other professionals involved to move the parties towards an amicable settlement.

Counsellors who are not comfortable with this dichotomy should avoid these types of cases. In cases where multiple counsellors are needed to create safety and balance within the process, counsellors must work together to avoid parties trying to cast them in the role of advocate for their side, while maintaining focus on the best interests of the child and the needs of the family and its vulnerable members. The topic of family or intimate partner violence in ADR, including its screening and management, warrants its own in-depth discussion, best facilitated through the voices of anti-violence experts.

TRAINING REQUIREMENTS

Counsellors who wish to be members of a collaborative practice team are strongly urged to seek direction in determining the specialized training requirements. The BC Collaborative Roster Society has created a set of requirements that can guide professional development in this area. In addition, the International Academy of Collaborative Professionals has issued a code of ethics that can be used and further developed by local professional groups.

While the learning curve towards professional competency in collaborative law may seem like a daunting and never-ending process, there is a great deal of hope that we can offer a service that will better address the needs of children of separating families in a much more effective, cohesive, and systemic way.

Counsellors may also face a decreased number of professional complaints arising from their participation in adversarial processes. Through education and professional collaboration, counsellors may be better able to define their roles and to explain

to clients when the services offered by a clinical counsellor do not actually constitute traditional counselling.

As collaborative law grows, we should see the benefits of this process in the form of positive outcomes for separated families. Its real strength truly lies in all three professional groups working together with the family and applying their specialized skills as a cohesive team. The process flows as counsellors work with the families to address emotional, psychological,



COUNSELLORS WHO WISH TO BE MEMBERS OF A COLLABORATIVE PRACTICE TEAM ARE STRONGLY URGED TO SEEK DIRECTION IN DETERMINING THE SPECIALIZED TRAINING REQUIREMENTS.

and family dynamic issues; the financial specialists assist the family to reasonably allocate resources and divide assets and debts considering tax issues; and the lawyers help to develop a plan that complies with the requirements of the statutes involved and to write up agreements that are understandable and enforceable. The parties who use this process should, as a result, be better able to make the transition from an intact family to a separated family in the healthiest way and to learn ways of communicating with one another that avoid multiple trips to court. ■

Carolyn Oien was called to the B.C. bar in 1990 and has practised family law for 28 years. She is one of the founding members and an active co-chair of the Kamloops Collaborative Family Law Association.

Viviane Wingerak, RCC, has practised as a clinical counsellor since 2003. She is one of the owners of Synergy Counselling Associates and a founding member of the Kamloops Collaborative Family Law Association.

RESOURCES

<http://www.bcparentingcoordinators.com/>
<http://hearthechild.ca/>
Free ebook for distribution: <https://collaborativefamilylaw.ca/free-ebook-pathways-amicable-divorce/>

RESOURCE FOR PROFESSIONALS AND PARENTS

<http://www.afccnet.org/>
<https://www.collaborativepractice.com/professional/resources/iacp-standards-and-ethics.aspx>
<http://www.bccollaborativerostersociety.com/membership/BCCRS-membership-requirement.pdf>
<http://kamloopscollaborativefamilylaw.com/>



WHAT IS PERSONAL INFORMATION?

“Personal information means information that can identify an individual (for example, a person’s name, home address, home phone number, or ID number). It also means information about an identifiable individual (for example, physical description, educational qualifications, or blood type). Personal information includes employee personal information but does not include business contact information or work product information.”

SOURCE: A Guide to B.C.’s Personal Information Act. October 2015. 5th Publication. Office of the Information and Privacy Commissioner for British Columbia. p. 4. Retrieved March 17, 2018. <http://www.oipc.bc.ca/guidance-documents/1438>

records, which are at a higher risk for accidental loss or damage, should be duplicated and stored in a separate secure location.² Original works (including drawings, art work, etc.) belong to the client and should be returned as soon as they are no longer needed.

If you are using an app to manage your private practice, make sure you are familiar with the security and storage methods and that they meet the standards set out by PIPA. You may also want to consider using a Canadian company for cloud storage. Historically, we have had a limited number of Canadian companies to choose from, but that is changing. A good review and comparison article — “Canadian cloud providers: Which providers comply with Canadian regulations?” by Davis Porter (February 16, 2017) — is available at www.cloudwards.net/canadian-cloud-storage-providers/.

It is a recommended best practice that you retain closed clinical files for seven years, starting at the date of the last client contact. If an inactive file concerns a client who was under 19 years of age (B.C. age of majority), the start of the recommended seven-year retention period would commence on that child’s 19th birthday.³

We may be tempted to destroy

LET’S TALK RECORDS RETENTION

BY CORAL PAYNE, RCC

Let’s talk about clinical records. How we store them. How long we need to keep them. Would someone know what to do with our clinical files if something happened to us?

As mental health professionals, we are legally obligated to protect client privacy, which includes information we keep in our clinical records. Under the Personal Information Protection Act (PIPA),¹ it’s our job to make sure we protect our clients’ personal information by making reasonable security arrangements to prevent unauthorized access, collection, use, disclosure, copying, modification, disposal, or similar risks.

Did you know that, under PIPA, we are also legally required to have in place a privacy policy, which should include a records retention and destruction policy? This is not only best practice but can be particularly important if we become incapacitated or pass away unexpectedly.

Your privacy policy will be instrumental in helping the person you have appointed to manage or wrap up your practice know where your files are located, how to access those files, how to contact clients to determine what they want done with their files, how long to keep them, and how to dispose of them safely.

Clinical records (hard copies/electronic/scanned) should be stored in a locked filing cabinet in a locked office. Electronic

client files as soon as possible so they cannot be used by third parties. This is not advised. Some offences — for example, sexual assault committed against someone who was a minor at the time of the incident — do not have a period of limitation, and clinical records may help to bolster a client's testimony (McEvoy, 2013; see first note). In some instances, it may be helpful to keep a summary of the original clinical records (frequency of sessions, treatment plan, progress, referrals, etc.) until you are sure they are no longer needed.

Keeping our clients' personal information safe is of great concern to us all. Are you using new technologies? Have you updated your privacy policy lately? Can someone step in and secure clinical records if you become incapacitated? This would be a great topic to explore at your next peer supervision or clinical supervision session. Find out what others are doing, and look for areas of improvement to your own systems.

BCACC members have access to many helpful

documents located in the "Members Only" section of the BCACC website (bc-counsellors.org) under the "legal" tab, including:

- ▶ A Counsellor's Guide for Developing Client Personal Information Policies and Procedures
- ▶ Standard for the Content of Clinical Records
- ▶ Standard for the Use of Technology in Counselling
- ▶ Standard for Informed Consent to Clinical Counselling and the Collection, Use, and Disclosure of Personal Information
- ▶ Standard of Practice Clinical Counselling Reports
- ▶ When the Coroner Comes Calling
- ▶ Planning for the Unexpected: How Counsellors Can Prepare their Practice In Case they Become Incapacitated or Die Before they Retire

Another outstanding resource is *Balancing conflicting interests: A counsellor's guide to the legal process* by Maureen McEvoy (2013, 3rd ed. Justice Institute of British Columbia).

RESOURCES

- 1 Personal Information Protection Act. http://www.bclaws.ca/Recon/document/ID/freeside/00_03063_01
- 2 McEvoy, M. (2013). *Balancing conflicting interests: A counsellor's guide to the legal process*. 3rd ed. Justice Institute of British Columbia.
- 3 Bryce, G. (2nd ed.) *Planning for the unexpected: How counsellors can prepare their practices in case they become incapacitated or die before they retire*. BCACC: Victoria, B.C.

THE RULE OF TWO

BY CONSTANCE LYNN HUMMEL, RCC



As counsellors, we need to find ways to practise due diligence in protecting client information, while also accounting for the unique needs of our practice in an ever-changing world. A simple rule I recommend is the "Rule of Two" when it comes to security and storage of clinical files. What is the Rule of Two? No matter which method you use to secure and store files, make sure there are always two layers of security someone would have to get through to access information and always store client files (or summaries of files) in two different locations.

TWO LAYERS OF SECURITY ▶ If you use paper files, this could mean files are placed in a locked cabinet inside a locked office. If you use digital storage, this could mean your files are stored on a password-protected and encrypted external hard drive, and that hard drive is stored

in a locked drawer. If you use an online client-management system or cloud storage, this would mean two-factor authentication and encryption enabling so someone would have to break two passwords instead of just one to access your files.

TWO LOCATIONS ▶ I recommend, at minimum, having a physical or digital backup of client intake information stored in a secondary location (protected by two layers of security). Having full case files (or client intakes/file summaries) backed up in a secondary location means if one of your systems fails (fire in your office, power goes out, hard-drive crashes, etc), you still have either a full backup of all files in a secondary location or at least the intake/summary, so you know exactly who you are currently seeing, can get in touch with past and current clients as needed, and have a quick overview of presenting concerns.

Remember: no system is fail-proof. Over a long career, even with careful planning, things can happen. The Rule of Two helps mitigate the worst-case scenarios and shows you did your best to protect your client data.

Constance Lynn Hummel, MA, RCC, is a psychotherapist, leadership coach, and business strategist for therapists. *TheBusinessOfHelping.com*



FOR YOUR BOOKSHELF

Balancing conflicting interests: A counsellor's guide to the legal process by Maureen McEvoy, RCC, is a must-have manual for those employed in mental health as counsellors and educators. It includes updates related to changes to the Family Law Act and insights into the legal implications surrounding client interaction and social media.

To get your own copy, follow the link to the order form at: www.jibc.ca/news/balancing-conflicting-interests-counsellors-guide-legal-process.

THE WELLNESS BENEFITS OF VOLUNTEERING

BY CAROLYN CAMILLERI

Everyone knows the rush of good feelings that comes from doing something good for someone else. It's called a "helper's high" — positive energy that can act on your body in much the same way exercise does — by releasing endorphins. It can turn a stressful day into a good day, distract you from your own problems, and even make you feel grateful for what you have.

Expand a random act of kindness to volunteering and the good feeling expands with it.

All kinds of research and studies have been done on the emotional benefits of volunteering, though evidence that volunteering has physical benefits — for example, reducing blood pressure— may be harder to substantiate. One study of 40 papers¹ — five randomized controlled trials (RCTs, seven papers); four non-RCTs; and 17 cohort studies (29 papers) — found that: "Cohort studies showed volunteering had favourable effects on depression, life satisfaction, well-being but not on physical health. These findings were not confirmed by experimental studies. Meta-analysis of five cohort studies found volunteers to be at lower risk of mortality (risk ratio: 0.78; 95% CI: 0.66, 0.90). There was insufficient evidence to demonstrate a consistent influence of volunteering type or intensity on outcomes."

The study concluded: "Observational evidence suggested that volunteering may benefit mental health and survival although the causal mechanisms remain unclear."

But the rewards are clear: not only are you helping a cause you believe in, but volunteering also increases your sense of purpose, keeps you physically and mentally active, and increases social interaction, all of which can help reduce stress and increase happiness.

Volunteering can also provide opportunities to see the world. Voluntourism trips for all ages are increasing in popularity. Your annual vacation could turn into an adventure looking after elephants in Thailand or turtles in Greece or teaching children in Nepal.

Counsellor skills and experience are highly valued and greatly needed in many volunteer positions. But while work-related volunteering may hold appeal for



many, don't forget, altruism has downsides. If you are already overwhelmingly busy, adding to your plate can lead to increased stress, compassion fatigue, and burnout.² If that is a worry, you may want to volunteer in a role completely unrelated to work. For example, walking dogs at a shelter, teaching people to read and write, mentoring immigrant families, leading tours at a museum, coaching kids' sports— the list of possibilities is endless!

If time is a concern, limit your participation to once a month or even one day a year. Some one-day opportunities I have seen recently include building kennels at a dog shelter (just bring a hammer!), helping at a fundraiser dining event (free gourmet nibbles!), and cleanup at a neighbourhood park (garbage bags a-plenty!).

Here are some questions to ask yourself when it comes to choosing the right volunteer role.³

- ▶ What do I enjoy doing?
- ▶ What do I want to avoid?
- ▶ What am I good at?
- ▶ What would I like to learn?
- ▶ How could I apply my skills in a new way?

There is no question that volunteering is good for the community — and when you choose your role carefully as part of your self-care plan, it can be very good for you, too.

GETTING INVOLVED

Here are some sources for volunteer roles. Just scrolling through the possibilities is inspiring!

▶ Volunteer Victoria posts hundreds of volunteer positions that change weekly. You can even book an appointment with an advisor to find your perfect role. volunteervictoria.bc.ca

▶ GoVolunteer.ca is a website managed by Vantage Point, a not-for-profit organization founded in Vancouver in 1943. The directory has almost 400 volunteer positions. govolunteer.ca

▶ Volunteer BC connects people to 35 volunteer centres around B.C. and provides information on setting up a volunteer centre if your community doesn't have one and you think it should. volunteerbc.bc.ca

▶ Cuso International (cusointernational.org) and GVI: Global Vision International (www.gvicanada.ca) post volunteer opportunities to explore the world and do good at the same time.

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Thank you!

The BCACC would like to thank our amazing team of volunteers for all the work they do to make this association great.

Our more than 90 volunteers provide a staggering 13,000 hours of service a year to BCACC. The various capacities in which they work help promote and grow the profession of counselling in British Columbia.

Some of the areas in which they work include:

- **Workshop Presentations**
- **Community Outreach**
- **Governance**
- **Communications Strategies**
- **Member Regulation and Registration**
- **Regional Committees**
- **Continuing Professional Development**



*Thank you
for another
successful year!*

BCACC
BC ASSOCIATION OF CLINICAL COUNSELLORS

WHY SHOULD YOU JOIN THE BCACC?



The BC Association of Clinical Counsellors offers the designation RCC (Registered Clinical Counsellor). This designation is one of the most recognized counselling designations in British Columbia and assists counsellors in demonstrating their professional validity. The RCC designation has become synonymous with professional accountability and adherence to high ethical standards in the counselling profession.

Be Recognized

- Professional recognition as an RCC
- Counsellor regulation and accountability
- Eligibility for further revenue streams (EAPs, WorkSafe, CVAP)
- Association advocacy for the development of the counselling profession
- Inclusion in a province-wide client referral system

Save Money

- Preferential rates on workshops and continuing education opportunities
- Affordable professional insurance packages
- Cost-effective advertising opportunities
- Member rates for hotel reservations and booking software

Grow Community

- Connection to the counselling community
- Ongoing peer support
- Annual networking opportunities
- Access to relevant ethical and legal information

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