WINTER 2019

# INSIGHTS

THE BC ASSOCIATION OF CLINICAL COUNSELLORS' MAGAZINE

## Allowing Yourself to MOVE LOUDLY

EXERCISE FOR THE TREATMENT OF MENTAL HEALTH

Finding Lost Roots

Post-Concussion Mental Health

Therapeutic Letters in the Alleyways

Telling Your Story to the World

CREATING HOPE THROUGH ART

**DID YOU KNOW** that BCACC assigns members a region based on where they live in the province? Each region has its own volunteer Regional Council and Council Chair who facilitate workshops and community building in their area. Members might live in one region and work in another and can decide which region they would like to belong to. Members who live outside of BC are in Region 0, which does not have a Regional Council or Council Chair. If you are unsure which region you belong to, you can consult this map or log in to your member account where you can see your region displayed.

**BCACC**

BC ASSOCIATION OF CLINICAL COUNSELLORS

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**INSIGHTS**
THE BC ASSOCIATION OF CLINICAL COUNSELLORS' MAGAZINE

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

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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.

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# Conference Wrap Up

**After 18 months of planning and preparation, it's hard to believe that BCACC's first annual conference, *Wired Together: Self, Science, Society*, is behind us.**

With over 32 speakers sharing their diverse expertise on a range of topics, learning and connection abounded. 290 attendees took in the 18 plenary sessions, a lively panel discussion on burnout and vicarious trauma, and a unique lightning round "power hour." Sharon Stanley helped to kick off four days of memorable interactions by leading a pre-conference workshop, titled "Six Body-Centered, Relational Practices for Healing Trauma: Transformation Through Embodied Empathy."

Bookending the conference were keynote addresses by Vikki Reynolds and Sharon Stanley. Elder Roberta Price graciously led an Indigenous welcome and closing that was both intimate and engaging.

*Planning for the next BCACC conference in 2021 is already underway – stay tuned to learn more!*

REMINDER

## UPDATE YOUR EMAIL ADDRESS!

BCACC primarily communicates with members through email. Please ensure we have your most current email address so you don't miss important notifications regarding your membership. To update your email address, please log in to your member account at members.bc-counsellor.org/login and upate it in the "Primary Email Address" field. If we can assist you, please contact Head Office at **hoffice@bc-counsellors.org** or call us at 1-800-909-6303.

## ELDERS IN RESIDENCE

Two Kwakwaka'wakw Elders have joined a new Elder-in-Residence program at the North Island Hospital campuses in Campbell River and Comox to support patients, families, and staff by promoting understanding and respect for Indigenous knowledge, culture, and values. Island Health and the First Nations Health Authority developed the Elder-in-Residence program to ensure Indigenous perspectives, knowledge, and approaches to wellness are honoured in hospital settings.

Learn more at www.islandhealth.ca/news/news-releases/elders-support-patients-families-and-care-teams-north-island-hospital-campuses-comox-and-campbell.

# TIPS for self-management and prevention of vicarious trauma

**Peggy Clarkson, RCC,** is a clinical supervisor, trauma-informed therapist, and registered art therapist. She works with people working in the health care fields to prevent, mitigate, and heal vicarious trauma through art therapy, including art therapy workshops for counsellors. Here are her tips for self-managing the impacts of working in the helping professions.

**1** Notice your mood and any thoughts of hope versus despair.

**2** Focus on diet and lifestyle habits and notice any changes; introduce walking, water, healthy eating, sleep, etc. with gentleness.

**3** Go to your GP and get a checkup.

**4** Take time for you: put yourself in your calendar.

**5** Create opportunities for structured and unstructured reflective practice therapy, clinical supervision, and peer support.

**6** Pace your days.

**7** Practice relaxation techniques and mindfulness.

**8** Practice self-compassion.

**9** Are you always busy "doing"? Take breaks for "being" by walking, petting dogs, playing, blowing bubbles.

**10** Talk about it!

**11** Go to your local art therapist for support and paint it out.

**12** Repeat.

▶ **See page 32 for more about Peggy Clarkson.**

## RENEWAL PERIOD INFO

It's time to renew your BCACC membership! Memberships expire on December 31, 2019. Membership renewals opened on November 15, 2019. Our online renewal process is quick, easy, and intuitive.

1. Log in to your member account through www.bc-counsellors.org.
2. Click the "Membership Renewal" tab at the top, or click the three lines on the right hand corner of your screen to access the site menu.
3. Follow instructions to renew for 2020.

## ZERO CEILING SOCIETY'S **WORK 2 LIVE** PROGRAM

The Zero Ceiling Society does exceptional work to support housing, employment, and mental health for youth experiencing or at risk of homelessness. Zero Ceiling's Work 2 Live program is a comprehensive 12-month program for participants aged 19 to 24 that provides subsidized housing, supportive employment, adventure-based learning, and ongoing professional support.

Recently, Zero Ceiling produced a multi-year qualitative study in partnership with Royal Roads University which details the short-term and long-term impacts of the Work 2 Live program, the program's sustainability, and the alignment of the program to address homelessness and mental health needs of some of British Columbia's most vulnerable.

"In my 20-plus years of non-profit work, I have never seen this kind of tangible benefit to participants than within the Work 2 Live program," says Greg McDonnell, an ex-officio member of the Zero Ceiling Society.

To view the report, visit zeroceiling.org/our-impact/.

# TELLING YOUR STORY TO THE WORLD

## PERSPECTIVES FROM RCCS WHO HAVE WRITTEN ABOUT PERSONAL EXPERIENCES AND BEEN PUBLISHED

BY CAROLYN CAMILLERI

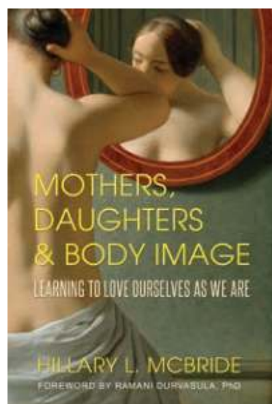
For the past five years, Shahin Jones, an RCC and art therapist in private practice in Victoria, has been facilitating a personal-growth workshop she developed for a domestic violence program. She is also writing a book about her journey as a wife and mother in a biracial marriage from one continent to another and from one cultural norm to another.

"The purpose of writing this book is to share my story and to paint a picture of challenges I experienced within myself to hold onto my cultural and spiritual beliefs," says Jones. "In addition, I want to let the writing process become therapeutic."

Jones has never published a book before and has questions: "How many chapters should I write? Should I add fiction to areas where I don't recall details? How specific should the story be?" Then there is the editing and publishing process: where to find an editor? Should she find an agent? Is self-publishing a better first step for new writers? Most significantly, how does it feel to have your personal story out there in the world?

We talked to three RCCs who have done it.

# **HILLARY** MCBRIDE




*Mothers, Daughters, and Body Image: Learning to Love Ourselves As We Are* (Post Hill Press, October 2017) describes McBride's own journey of eating disorder recovery and presents data from her master's thesis research about women who love their body as is and what we can all learn from them.

Hillary McBride, RCC, specializes in trauma, eating disorders, body image, healing our relationship with ourselves, attachment, and perinatal mental health. She is currently writing her third book and says all three experiences have been different. Her first book, *Mothers, Daughters, and Body Image: Learning to Love Ourselves As We Are*, included her own journey of eating disorder recovery. Her goal in writing it was twofold: she wanted to share the results from her master's research with a popular audience and add something new to the discourse around eating disorders, body image, and women's relationships with their bodies.

"We rarely hear the experience of what happens when 'things go right.' Especially in our profession, there can be an over-emphasis on pathology. When we don't understand what thriving looks like, or well-being, we miss out on something."

**How did it feel to delve into your own experiences knowing other people would read about them?**

The things I shared in the book I had already spoken about extensively in radio interviews or podcasts, which gave me a chance to "try out" what stories I wanted to share, what questions I might get. I did decide, however, to only share stories about my experience that felt "over." In that way, I didn't feel like I needed anything from those who were reading, and I wasn't writing to process it, but rather, to share an experience that some might relate to and that could model what healing could look like from one perspective.

**What about the writing process: any helpful tips to share?**

I wrote the book in a way that I think helped me write as quickly and effortlessly as possible: I had a person in mind who I know and love and wrote the book to them. That allowed me to not think about how many people would read it and what they would say. Then, I had to adjust my perspective when people read it and gave me feedback about how it impacted them. It reminded me that, on some level, I had defended myself against thinking about other people reading it to help with the writing process.

*It is really hard to let yourself write something personal and vulnerable, then at the end of the day, let it go into the hands of others and trust the work will do what it is supposed to do.*

It is really hard to let yourself write something personal and vulnerable, then at the end of the day, let it go into the hands of others and trust the work will do what it is supposed to do. The process of going all in then letting go is a fine balance. It was helpful to have people to process it with, including other friends who had written books.

**Once *Mothers, Daughters, and Body Image* was out in print, were there any reactions — your own or from readers — that surprised you?**

Something I wasn't expecting was hearing people's responses to the book in such a way that they drew connections, saw things, and let it impact them. It has allowed me to reflect on my experience with gratitude, knowing in

a new way how what I did with my story has helped other people. It makes the sting of some of the things I went through have more meaning.

### What has your experience with publishing been like?

I published *Mothers, Daughters, and Body Image* very differently than the projects that have come after it. It was written almost entirely before I submitted a proposal to the publisher. I did not have an agent to represent me. Because I used data from my master's thesis, I was really familiar with the stories and how I wanted to tell them, so writing it for a mainstream audience just meant changing the tone and re-writing some of the stories in a more narrative format. I think that made it easier to write this book. By then, I had already written it up several times — for my thesis committee, defence, and for academic publication.

What I've learned with the second and third book, which I'm writing now, is that it is much more advantageous to get an agent when publishing a book. Part of the process I didn't know about the first time around is that publishers and editors generally like to shape the content and direction of the book. So it may seem helpful to write a book to show them you have completed the project and that it's ready to go; however, editors actually prefer a proposal with a writing sample. Then they can work with you to meet your target audience head on.

The hardest part, for me, was not the book writing, but building the platform to make a convincing argument that I had enough people following my work that people would buy the book. That gets easier around the second and third book, because you can provide numbers to a publisher to indicate how many hardcopies or audiobooks were purchased.

### What advice can you offer other RCCs who are considering writing a book?

Get an agent. Expect rejection (a lot) – it's not about you as a person so keep going. Ask for feedback as often as you can, build your platform, be gracious with yourself (the process of writing and getting it published can take several years), join a writing group to get feedback, keep a regular scheduled writing practice, and do other things besides writing.

If I could have done anything differently, I would have gotten an agent the first time around and as many people as possible to read the manuscript.

## IZABELLA ZALEWSKI

Izabella Zalewski is a Kelowna-based RCC who specializes in individual contemplative psychotherapy, couples therapy, and child/youth and parenting counselling. She is also a passionate writer and is working on a poetry collection of personal experiences titled, *The Mood of Broken*. One weekend last May, she sat down and wrote a story based on a personal account of sexual abuse called "I Lived With a Dead Man in My House." She submitted it to a CBC contest and, in July, was notified that she had made the longlist for the CBC 2019 Nonfiction Prize, which was announced September 18.

"I never expected my story to be one of 30 chosen out of over 2,400 submissions from across Canada. This news was both exciting and nausea-inducing. Kind of like the feeling you get as you are nearing the top of a roller coaster ride, knowing there is only one way to get down."

*It opened up a perspective of looking at my relationship with my abuser that allowed space for the fear and aloneness to stand right alongside the love and joy.*

### What motivated you to write your story?

It was a desire to birth a greater sense of awareness and understanding of the very polarizing and labyrinthine emotions that constituted my experience of sexual abuse. In the artistic expression of my very personal story was a want to express not only the fear, agony, aloneness, and

loss, but also the love and connection to my abuser. A complicated connection to be sure, but one I deeply wanted to acknowledge.

### How did writing about your experience affect you?

Initially, I felt a lot of fear reliving my experience. It felt very scary to dig so deeply into my memories of the abuse. Although I had done such an incredible amount of work to heal my spirit following the abuse, there was no denying that the memories of that experience were still very painful.

In addition, knowing I would be submitting this story to share with others felt extremely vulnerable. It is one thing to share such a personal story with trusted loved ones and another to share it with the public. However, taking the memories of my experience and shaping them into an artful narrative helped me to see my story through a creative perspective, which led me to another type of healing I had not yet experienced.

I believe the reason we love stories is that they bring that which may be unconscious to the forefront of our conscious knowing. And greatly written stories do it in such a way that, once the unknowable becomes the known, we are forced to look at it through the perspective of many different lenses. When I reach for a book, I want it to challenge me and my thinking, my opinions, my judgements, and my possibly narrow perspectives of looking at things. I want it to open up various possibilities in how I view my own experience of things. This is what writing my story did for me. It opened up a perspective of looking at my relationship with my abuser that allowed space for the fear and aloneness to stand right alongside the love and joy. The writer in me essentially became the healer for the part of me that was wounded. It was an awe-inspiring experience to be sure.

### How did it feel to have so many people know what you wrote about?

Although the full story was not printed on the CBC website, there was enough written about it in my bio that essentially gave away the subject of the story. This was very, very scary to me. I had many moments where I contemplated pulling the story out of the contest, because I knew that if it placed in the top five, the entire story would be printed. In the end, I decided that if the story could bring such healing to me, perhaps it could, at the very least, bring to other victims of sexual abuse a sense of not only being understood, but also of not feeling so alone in their experience.

### What was it like preparing your story for submission?

It was painful! I can laugh about it now, but at that time, I felt like my head would explode. I must have re-written the story at least 30 times in a matter of a weekend. However, once I wrote the last version of it, I knew that was it. It was done. Both the healing and the writing of it. That felt really, really good.

## CARYS CRAGG

Carys Cragg is an RCC specializing in youth outreach counselling and is currently teaching child and youth practitioners at Douglas College. When she was 11 years old, her father, a respected doctor, was brutally murdered in his Calgary home by an intruder. Twenty years later, she contacted her father's murderer in prison, and the two corresponded for two years. In 2017, she published her story in *Dead Reckoning: How I Came to Meet the Man Who Murdered My Father*.

"Ultimately, I wanted to contribute a story, one that is often unheard, silenced, or ignored, to the wider discussion on what it means to transform after violent trauma, including my desire to add a complex story of restorative justice."

### Did writing about your experiences alter your feelings? What about after it was in print?

Delving into these incredibly intense experiences — of the violent crime and aftermath, as well as the restorative justice process I went through — for the purpose of communicating a coherent, aesthetically beautiful, and dramatic narrative for a potential reader was extremely generative, purposeful, and satisfying.

I was excited to see how readers would respond. I frequently told friends and colleagues who told me they were about to read my book: "It'll break your heart but I promise to put it back together again!" I was moved by how readers took it in all directions — their personal and professional lives, life journeys, the national discussion of restorative justice and victim and survivor needs.

I was taught that once a book is birthed into the world, it is no longer yours. It belongs to the readers. By far, I've been floored by how readers have attached their own meaning to it, as I do with memoir, too.

### What was the publishing experience like for you?

I relied on the relationships I'd built in the literary community — fellow writers, mentors, etc., for the faith one must have through the process. That's the most difficult part. You have control over how you create the best manuscript you can make. You do not have control afterward — there are too many variables. I took wise guidance from authors and people in the publishing industry, researched the behind-the-scenes industry as much as I could, approached and failed a few times, and eventually had the luck to be connected from one source to another, who ended up being the perfect fit.

I spent a year practising writing various sections of the book, six months writing the complete first draft, a year pursuing publishing options (including writing essays on aligned topics), a year in the editorial production process, all before it was published.

### What advice can you offer other RCCs who are considering writing a book?

The best piece of advice I'd have for any writer wanting to write a book-length manuscript and publish is two-fold.

> *I frequently told friends and colleagues who told me they were about to read my book: "It'll break your heart but I promise to put it back together again!*

Create your work to the best of your ability — take writing classes, form a group who are all working on a book in the same or similar genre, have externally imposed deadlines, write through the problems, and make sure you finish. Consider starting small and publish an essay, do a book review, etc., to build a platform and portfolio on the topic you're interested in writing about. Build from there.

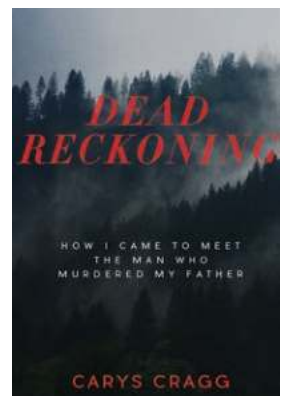
Then, look for a "home" for it. Ask yourself: where would it best be placed and carried forward into the world? That's who you should approach and that's the spirit you should approach them with.

### What did you learn about yourself or the process that surprised you?

At about halfway through writing the first full draft of *Dead Reckoning*, I realized I could finish it. Until then, I didn't think I could do it but had enough faith that I could try. When I realized I could finish it — that is, I knew what to include and exclude in the story to make it feel complete for the reader — it was extremely satisfying and wonderfully surprising.

### Would you have done anything differently?

It feels so satisfying to say that I wouldn't have done anything differently! ■




*Dead Reckoning: How I Came to Meet the Man Who Murdered My Father* (Arsenal Pulp Press, 2017) was one of the 2017 Globe & Mail Best 100 Books of the Year and was a 2018 finalist in the Hubert Evans BC Nonfiction Award and the Governor General's Literary Nonfiction Award.

Mindful physical activity involves the conscious experience of one's body movements, thus being deliberately present in the whole practice of physical activity and gaining awareness of movement, breath, emotions, and cognitions.

# ALLOWING YOURSELF TO MOVE LOUDLY

## PHYSICAL ACTIVITY AND MENTAL HEALTH

BY BROOKE LEWIS, RCC

Really?" Jill said to me. "Yes," I replied. "Remember to bring your runners to the next session." Jill appeared excited yet slightly nervous as we discussed taking our next session outdoors for a brisk walk at the nearby park.

I had been working with Jill for just over a month. She was in her late 30s and presenting with high anxiety, panic attacks, depression, and a historical trauma background. Jill had been on disability for six months due to anxiety and depression along with multiple medical conditions, including endometriosis, chronic pain, and diabetes. It was hard for Jill to engage in self-care and, some days, hard for her to leave her house or even her bed. Even though she was married, she experienced a life void of connection and filled with loneliness. The "shoulds" were endless: I should do more, I should be able to take care of myself, I should be a better wife, I should eat better, and the list goes on and on.

### WHAT THE RESEARCH SAYS

Exercise for the treatment of mental health is a growing area of research under the field of exercise psychology. Exercise psychology was formed in the late 1960s and early 1970s by William Morgan, who wanted to expand sport psychology. While sport psychology focuses primarily on human behaviour in the context of participating in a sport and how performance is affected by different variables, exercise psychology is the study of the brain and behaviour in physical activity and exercise settings within the general public. It encompasses psychological and biological consequences of exercise and the subsequent effects on mood and mental health. It may also study the effects of exercise behaviour and the promotion of regular exercise and active lifestyles.[1]

The link between physical and mental well-being has been pondered for centuries. In the fourth century BC, Greek physicians Herodicus and Hippocrates recommended physical activity for treatment of mental illness.[2] Darwin also wrote about the physical and mental connection and how intense emotions involve both the mind and the gut and heart. Darwin believed when the mind is excited, it instantly affected the state of the viscera, generating mutual action between the mind and body.[3] William James, the founder of American psychology, was also known to view physical activity as important to mental well-being. It is believed that Morgan was the first to study the intuitive connection between physical activity and lowered rates of anxiety and depression.[4]

Research supports a correlation between yoga, walking, resistance training, and affect regulation. Yoga has gained popularity in our community over the past decade or two. Yoga studios have popped up like Starbucks

**Yoga research supports a reduction in anxiety, depression, and PTSD symptoms. Walking research notes an improvement of mood and positive affect.**

and entire clothing lines are dedicated to helping you bend with greater ease and comfort. Research in yoga has also expanded, thus providing us with a better understanding of the benefits of yoga. Yoga research supports a reduction in anxiety, depression, and PTSD symptoms.[5] Yoga research also indicates a reduction in cortisol levels and an increase in GABA levels, thus indicating a reduction of activity in the nervous system.[6]

Interestingly, in one study of yoga and school-aged children, results indicated no difference in perceived stress or self-esteem. In fact, reports of perceived stress increased among the experimental group at post-intervention.[7] Those conducting the study speculated if the increase of awareness within participants contributed to this result.

An easily accessible method of physical activity is walking. Walking research notes an improvement of mood and positive affect.[8] Walking benefits appeared to be influenced by one's state. One study tested whether walking from a telic state, meaning a goal-oriented and serious state, or a paratelic state, meaning without a goal and more relaxed, would influence walking benefits. It was found that those walking from a telic state reported no mood enhancement, while those walking from a paratelic state did.[9] While not mentioned in the research, I do wonder if part of the benefit from walking comes with bilateral stimulation. Therapeutic modalities, such as eye movement desensitization and reprocessing (EMDR), emphasize bilateral stimulation in processing of emotion. I wonder if through walking, by using both sides of the body to ignite both sides of the brain, we are assisting in emotional processing and regulation.

There is also good news for those who prefer the gym. Studies of resistance (weight) training indicate increased executive control and improved quality of life, body image, and self-esteem. Support was also found for a decrease in depression symptoms and fatigue.[10]

## WHAT PHYSICAL ACTIVITY DOES

Research supports a correlation between activity with reduced levels of stress, depression, and non-suicidal self-injury. A study of adult women explored physical activity levels and stress. The study asked participants to detail their activity levels and complete the Trier Social Stress Test. In the Trier Social Stress Test, participants are put through a mock interview. Heart rate is used to assess the autonomic stress response and salivary free cortisol was used to measure the endocrine response. Results indicated physically inactive participants showed the highest cortisol reactivity.[11]

A review of literature explored the biological and psychological mechanisms that may underlie the effects of exercise on mood.[12] It was found that opioids, cannabinoids, monoamines, the hypothalamic-pituitary-adrenal axis, and neurotropins all played a role in the effectiveness of physical activity. The same study addressed barriers to physical activity and noted depression itself, fear, uncertainty, and bias to contribute to reasons not to engage in physical activity. Depression research shows a reduction in depression symptoms and an increase in resilience, self-esteem, and confidence for those reporting as more active.[13] Research also indicates more physically active adults report fewer depressed symptoms than less active adults.[14] One study looking at physical activity and NSSI noted those who had engaged in self-injury within the past month engaged in less physical activity than those who reported no self-harm within the past month.[15]

## MOVING AND MINDFULNESS

Research also notes a correlation between physical activity and mindfulness. A study of 108 Finnish adults measured mindfulness, psychological flexibility, and psychological symptoms in less active and more active participants. Results indicated those who were more physically active reported greater levels of mindfulness and higher levels of psychological well-being.[16]

A new label of physical activity is appearing in research, named "mindful physical activity." Mindful physical activity involves the conscious experience of one's body movements, thus being deliberately present in the whole practice of physical activity and gaining awareness of movement, breath, emotions, and cognitions.[17] In a study of 322 female teachers, participants were divided into three groups: mindful exercise, aerobic, or control. Participants were asked to complete pre and post self-reports to measure anxiety, depression, subjective well-being, and social desirability. Results indicated those in the mindful physical activity group reported more powerful mood enhancement compared to the other groups.[18] Research in this area is in its infancy with a lot of room for investigation.

## AFFECT REGULATION THEORY

While all this research is interesting and promising, it has a shortcoming in identifying the agent of change. How physical activity changes our body and mind to generate fewer negative symptoms and enhance positive effects has little research behind it. The field of psychology is developing new theories around mind-body connection. One such theory is affect regulation theory. Affect regulation theory pulls from the works of Dan

**Studies of resistance (weight) training indicate increased executive control and improved quality of life, body image, and self-esteem.**

Siegel, Allan Schore, Stephen Porges, Antonio Damasio, and others to blend developmental affective neurobiology, developmental social-cognitive neurobiology, attachment theory, and developmental psychoanalysis. The theory posits that we are alert, attentive, able to concentrate, able to connect with others, and feel safe when we are regulated. We become detached, lose touch with reality, hold narrow perceptions, and tend to be emotionally reactive when dysregulated. The theory believes we strive for homeostasis as we act within boundaries of affect tolerance.

Along the top and bottom edges of the window are hyperarousal and hypoarousal, which are both dysregulated states. These affect states are thought to be composed of somatically based information signaling the arousal of the vital organs. When dysregulation occurs, it is largely played out in visceral experience and can lead to physical and psychological consequences. The visceral experience is run by the autonomic nervous system, which can be accessed through breath, movement, or touch.

A main goal of affect regulation therapy is to extend the window of tolerance to regulate affect. This is partly done by regulating the body through the autonomic nervous system. Arousal is determined by the activation of the sympathetic nervous system or the parasympathetic nervous system. Arousal increases with the activation of the sympathetic system and decreases with the parasympathetic system. Information comes up from the body via the autonomic nervous system to be integrated and regulated by the limbic system. The limbic system also regulates the hypothalamic-pituitary-adrenal (HPA) axis, which is known to be the body's stress system. Thus, affect regulation is strongly connected to the relationship between brain and body. Without the ability to self-regulate, it is believed an individual will rely on external regulation.[19]

### BACK TO JILL

We started walking together during a session at a nearby park. Prior to walking, we discussed confidentiality limits for being in public. Luckily, the park is quite large with a lot of private space, which helped make it more comfortable. Movement was challenging for Jill at the start, since she had been sedentary for years. We started by walking slowly and taking breaks on benches every few minutes. We talked as we walked and sat. We practised mindfulness as we noticed the smell of the pine trees, saw squirrels chase each other, and listened to the birds. After a few sessions, we moved sessions back into the counselling room. Jill continued walking on her own around her neighbourhood. She started to report fewer should-statements and

## BEFORE YOU START

**Have you considered this?**

### CERTIFICATION AND INSURANCE

There are limitations and considerations for incorporating physical activity into therapy or for therapeutic purposes. As practitioners, we need to be aware of educational, certification, and insurance limits. While research provides us a basis of benefits for physical activity, it does not provide us with the ability to guide one through physical activity, such as running, stretching, or yoga.

Certification and insurance sort of go together. In order to acquire the proper insurance to utilize certain methods of physical activity, one needs to complete the proper certification, such as formal yoga training or a course that helps you register with the British Columbia Recreation and Parks Association (BCRPA). You will also want to check with your current commercial insurance about the implications of adding such movement into practice.

When suggesting physical activity to clients, we need to stay within the realms of our knowledge. We are able to discuss the benefits of physical activity and the research; however, we are unable to make specific recommendations. Having clients consult with their doctors before starting a physical activity regime is highly encouraged.

**While the story of Jill isn't one of intense activity or a regimented fitness program, it is one of success.**

more moments of feeling proud for being an active participant in her own self-care. Jill started to report improved self-esteem and spent fewer days wrapped up like a blanket burrito.

While the story of Jill isn't one of intense activity or a regimented fitness program, it is one of success. Jill was moving her body and learning to care for herself. Jill started caring a bit more about feeding herself well and showering. She was able to leave her home on challenging days to get fresh air and be in nature. Things that seemed daunting became less so. Jill and I did use other modalities throughout our therapy sessions; however, I do believe having Jill connect to her body in a healthy way through movement enhanced our therapeutic process.

## MOVING LOUDLY

I came across a quote while writing this article: "There's no use expecting kids to sit quietly if we haven't let them move loudly first" (unknown). This really resonated with me. It made me think, "Am I allowing myself to move loudly?" In our profession, we are sitting, listening, attuning, and being present. We are the holders of secrets and vulnerabilities. This is no small task. Self-care is a term we all know and have probably written a reflection paper on at some point during our educational careers. We are aware of burn out and can list the signs. But are we implementing activities on a regular basis to monitor and regulate our own selves? Are we doing our own work to align and regulate our brain-body connection? Whether it be dancing like nobody is watching, playing a game with your children, going for a run, or jumping on a trampoline, I hope you allow yourself to move loudly. ■

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# FINDING LOST ROOTS

## Emotional challenges and obstacles of tracing ancestry using DNA testing

BY SUE MACDONALD, RCC

Scientific advances can help us answer questions, make sense of our surroundings, and give us hope for the future. These same advances can also cause us to question that which we thought were facts, give us reason to reflect on the past, and leave us feeling vulnerable and unsure of who we are. This is the case with DNA testing, an option now readily available worldwide for a reasonable fee.

We are inundated on our social media feeds with happy stories about long-lost children meeting their birth parents after 50 years and siblings connecting with each other after decades of not knowing the other even existed. Companies offering this testing take advantage of people's desire to find their roots and have their burning questions answered.

It is not always as positive as it is often portrayed though. The advanced technology that promises to enhance an individual's life by providing them with the opportunity to connect with relatives comes with challenges and obstacles.

### THE PROS AND CONS OF AN EMOTIONAL JOURNEY

If you know you have relatives out there in the world, but you are unsure how to find them, DNA testing can help. If you are interested in genealogy and building a family tree, the process is very useful, and most people can do it on their own. Some companies provide consumers with information about the presence or absence of genetically linked traits and a detailed breakdown of ethnicity percentage. By adding your DNA to a database, it also helps

INDIVIDUALS ON THE RECEIVING END OF A SURPRISE PHONE CALL OR EMAIL FROM A POTENTIAL RELATIVE MAY FIND THE NEWS DIFFICULT TO PROCESS FULLY. FAMILY SECRETS THAT WERE DEEMED SAFE MAY NO LONGER BE SO.

## TAKING THE TEST

**DNA testing itself is not particularly difficult or physically invasive. Two main methods are used to collect DNA.**

▼ The first method requires a person to deposit their saliva into a plastic tube to a fill line and close the lid, causing the sample to mix with the stabilizing agent. The tube then goes into a prepaid shipping box and is sent to be analyzed.

▲ For the second method, the tester uses a tool much like an oversized flat Q-tip on the inside of their cheek to collect cells. After a brief drying period, the envelope is sealed and it is sent to be analyzed.

On average, consumers receive the results four to six weeks later.

others seeking answers about their ancestry.

Once you have your results, you have the opportunity to take it to another level and examine your individual chromosomes, a process called "painting your chromosomes." If you have the time to dedicate to the sleuthing and documenting, personal DNA testing is also considerably more cost effective than hiring a professional genealogist ($100-$200 compared to $2,000-$5,000).

While there are many positive aspects associated with DNA testing, it is not all positive. The process is accompanied by an emotional component that may be challenging to navigate. Despite the relative ease of the actual testing, making the decision to do DNA testing is significant. It means a person is searching for answers about themselves and their place in the world. The sample-collection process begins a very emotional journey for people long before the official results are revealed.

One of the most common emotions experienced by people is fear — fear of the unknown, fear of rejection, and fear of what this potential new information means for both themselves and their family. Without even being aware of it, an individual can set expectations without having all the information and without all the parties involved.

A potential negative to delving intimately into family connections is that it can significantly affect an individual's mental wellness. With the increased ability to do genetic testing, more people will receive this new information and may lack the necessary support to navigate the accompanying emotions. It is important as counsellors that we recognize that each person's situation is uniquely their own. From elation to despair to confusion to anger, uncovering this information will elicit a plethora of responses.

Additionally, there may be other people who have not taken a DNA test that may seek therapeutic support. Individuals on the receiving end of a surprise phone call or email from a potential relative may find the news difficult to process fully. Family secrets that were deemed safe may no longer be so. Individuals may also be angry or simply dismiss the idea that their family history is not what they believe. They may subsequently reject any opportunity for a personal connection with a new-found relative.

As counsellors, we will have clients who need our services as they journey through this process. The individuals involved will all have different beliefs, agendas, personal histories, and levels of ability to process the new information. Support will be vital as they navigate issues such as figuring out their new personal identity and their place in the world. All will require some level of support for the unpredictable emotions that will undoubtedly surface.

■ DESPITE THE RELATIVE EASE OF THE ACTUAL TESTING, MAKING THE DECISION TO DO DNA TESTING IS SIGNIFICANT.

To demonstrate some of the unique challenges of DNA testing, I offer two examples that I am personally connected to as case studies.

### MY EXPERIENCE

At age 50, several factors led me to believe that DNA testing might help me answer some questions regarding my family history. My initial saliva collection

WE ARE INUNDATED ON OUR SOCIAL MEDIA FEEDS WITH HAPPY STORIES ABOUT LONG-LOST CHILDREN MEETING THEIR BIRTH PARENTS AFTER 50 YEARS AND SIBLINGS CONNECTING WITH EACH OTHER AFTER DECADES OF NOT KNOWING THE OTHER EVEN EXISTED.

a year ago was the beginning of an interesting and challenging personal journey. While I had a good idea of what the DNA results would indicate from a genetic perspective, I definitely was not at all prepared for everything that came along with those results.

I took DNA tests from three different companies. When my test results came back, it was both an exciting and confusing time. In my case, I was met with open arms by my new relatives, and I now have an expanded group of wonderful humans to love. I have the sister I wanted my whole life and two new nieces and a nephew. I also have an uncle who loves the same outdoor activities I do and, despite nearly a 30-year age difference, is like a new close friend. But to find out definitively that the man I thought was my biological father all my life wasn't my father was quite a shock.

Despite my finely tuned personal self-care plan and my decades of experience supporting others emotionally, I was ill-prepared for some of the days that followed. I definitely needed help. The hardest days for me were the ones when lying on the couch under a blanket and snuggling my dog seemed like the only viable option for the foreseeable future. I questioned everything about my past and ruminated about the years of lost opportunities. Other days, I was angry with pretty much everyone and anything around me. Those days, a punching bag and my running shoes were my saving grace. The anger that reared its ugly head was unlike anything I had ever experienced, and it caught me completely off guard.

The emotions I have experienced during this journey have no pattern and often are unexpected. It was only when I turned to my support system that I began to understand what was going on at a deeper level. I am so very grateful to have had fellow counsellors and strong personal relationships to help me make sense of what was really occurring emotionally for me so I could move forward in my journey.

While there are positives in my experience, another aspect of this newfound information has surfaced, and I believe anyone who has been in this situation will agree with me. I have had to accept that there are questions that will never be answered and that it will take time to adapt to and understand this brand-new aspect to my personal identity. Patience is key for all involved.

### SIXTIES SCOOP SURVIVORS

As counsellors, when we are thinking about people searching for their roots and identity using DNA testing, we must also consider the needs of a very specific group of individuals who may be seeking therapeutic support: Sixties Scoop Survivors.

A large number of individuals have been deeply affected by the Sixties Scoop, and long-lasting damage has been done. Providing support and coping strategies with knowledge and compassion to these clients is vital. As well as the mixture of emotions, there may also be a profound sense of loss and a lack of community, cultural, and family connection. These aspects may be manifested in our clients in ways that are unhealthy or unproductive. The prospect of delving into history may be too overwhelming for some people to even begin.

While DNA testing may serve as a valuable aid to help reconnect these individuals with their families, the associated emotional aspect is incredibly complex to navigate. To suddenly connect with relatives one has never even known about is emotionally taxing. To see someone who actually looks like you for the first time in your life may be too much to handle. Long repressed memories may surface without warning. Added to that are feelings of injustice and a sense of loss. It makes for a very challenging landscape.

In 2017, the federal government released a plan to compensate Sixties Scoop Survivors for pain and suffering and earmarked $750 million dollars for this purpose. Many people have applied for this compensation, which will be dispersed beginning in January

## THE SIXTIES SCOOP

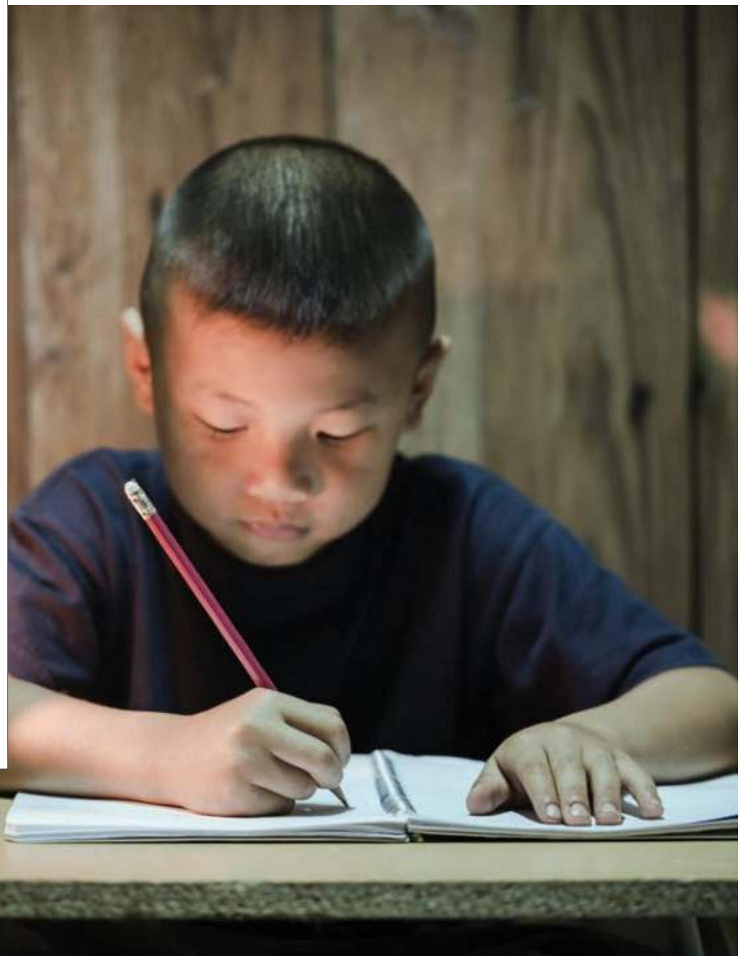
The term "Sixties Scoop" refers to the practice of "scooping up" Indigenous children from their homes. These children were usually placed into non-Indigenous homes without connection to their families or culture. The process actually began earlier than the 1960s, when amendments to the Indian Act gave the provinces jurisdiction over Indigenous child welfare.

Instead of putting much needed supports and resources into communities, provincial child welfare agencies, in many cases, deemed it easier (and cheaper) to remove the children from their homes. While exact numbers have never been determined, recent research suggests "upwards of more than 20,000 First Nation, Metis and Inuit children were removed from their homes."[1]

"From the 1960s to the 1980s, provincial governments considered the removal of [Indigenous] children the fastest and easiest way of addressing Aboriginal child welfare issues."[2]

Moreover, there is a distinct similarity between Sixties Scoop Survivors and Residential School Survivors. The Truth and Reconciliation Commission of Canada (TRC) cites the Sixties Scoop as an important part of Canada's legislated "cultural genocide" against Indigenous peoples.[3]

**From the 1960s to the 1980s, provincial governments considered the removal of [Indigenous] children the fastest and easiest way of addressing Aboriginal child welfare issues.**



THEY WERE RE-TRAUMATIZED TO THE POINT WHERE MEMORIES WERE RESURFACING, ANXIETY WAS ELEVATED, PANIC ATTACKS, HEART ACHE, DEPRESSION — JUST FILLING OUT THE APPLICATION BROUGHT BACK A LOT OF BAD MEMORIES.

2020. When reflecting on the process her clients went through simply filling in the compensation application form, Tealey Normadin, an outreach worker and a Sixties Scoop Survivor, says, "They were re-traumatized to the point where memories were resurfacing, anxiety was elevated, panic attacks, heart ache, depression — just filling out the application brought back a lot of bad memories."[4]

In my own family, there is evidence that my brother was a victim of the Sixties Scoop. My biological mother and the dad I grew up with could not have children and adopted him in 1961, five years before I was born. While he was adopted into a decent home and provided with all the basic necessities, he has always struggled with his personal identity, lack of blood connections, and substance abuse. He knew he was adopted from quite a young age but knew absolutely nothing about his genetic history.

With the help of my aunt and myself, he submitted an application for Sixties Scoop compensation. I truly hope he is able to find a connection to members of his biological family and his culture through the process, but I do worry about how the application process has affected him, and I worry what the future may hold for him.

## OUR JOB AS COUNSELLORS

I consider it a privilege to work with clients who are trying to make sense of their family history and understand their new personal identity. Taking a person-centred stance coupled with an open and non-judgemental attitude is vital, as is providing a safe space for them to gain insight and perspective through a personal exploration of their own situation. Our job lies in assisting and empowering our clients in navigating the inevitable ebbs and flows of their journey — the grief and loss, the confusion and anger, the joys and uncertainty — and there is no easy way to do this. ■

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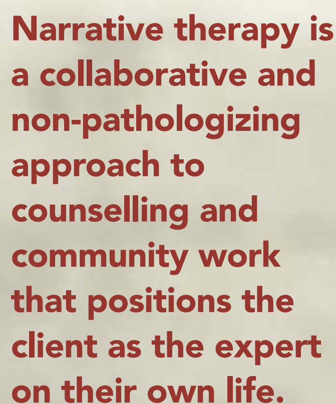
# THERAPEUTIC LETTERS IN THE ALLEYWAYS

## A narrative approach to counselling in Vancouver's Downtown Eastside

BY HARKAMAL SANGHA, RCC



**Narrative therapy is a collaborative and non-pathologizing approach to counselling and community work that positions the client as the expert on their own life.**

As a clinical counsellor at a community health centre located within Vancouver's Downtown Eastside (DTES), I work as part of an integrated care team that provides trauma-informed primary care, home health, mental health, and addiction services to individuals who are adversely impacted by the social determinants of health. Clients who request counselling services often present with complex medical and psychosocial needs and live with trauma, street entrenchment, housing insecurity, poverty, social isolation, and discrimination.

The community is also hurting. With an increase in homelessness, lack of affordable housing, and rise in crime, as well as being four years into a devastating opioid-overdose epidemic, the Downtown Eastside is facing many hardships.[1] Working in this setting, I often draw on narrative therapy practices.

### CONTEXT FOR NARRATIVE THERAPY

Narrative therapy is a collaborative and non-pathologizing approach to counselling and community work that positions the client as the expert on their own life.[2] An essential aspect of narrative therapy is that people make meaning out of their lives in the form of stories. These stories are shaped by a broader context, encompassing factors such as class, race, gender, sexual orientation, and ability.[3] Through a narrative lens, problems are seen as arising from social, historical, and cultural contexts, rather than as intrinsic aspects of the client's identity. Problem-saturated stories dominate preferred narratives and often recruit people into negative identity conclusions about themselves.

As a counsellor working on a multidisciplinary team that endorses the medical model, it can be challenging to deconstruct these negative identity conclusions that clients carry as reflections of the problems they bring into counselling. Thus, drawing on narrative practices in this clinical setting can be especially liberating for people subjugated by their dominant problem-saturated narratives.

Aside from its anti-individualistic approach to counselling and contextual lens to viewing problems, narrative therapy supports the practice of externalizing the problem. By drawing on the post-structuralist view of identity as relational, fluid, and contextual, narrative practices such as externalization attempt to linguistically separate persons from "fixed" and negative identity descriptions.[4] This is why narrative therapy often uses the slogan: "The person is never the problem, the problem is the problem."[5] For example, in a counselling session, if a person states they identify as an addict and struggle with addiction, a narrative counsellor might ask questions such as: "When did you first notice addiction entering your life?" or "What rules or requirements does addiction have of you in order to keep its hold on you?"

### THERAPEUTIC LETTER WRITING

Although there are many ways to draw on narrative therapy practices to help "thicken" preferred stories for clients, I appreciate the use of therapeutic letter writing developed by Michael White and David Epston.[6] Therapeutic letter writing is a sensible extension of narrative therapy because stories take on added meaning and permanence when they are written down.[7] In *Narrative Means to Therapeutic Ends*, David Epston says:

"Conversation is, by its very nature, ephemeral. After a particularly meaningful session, a client walks away aglow with provocative new thoughts, but a few blocks away, the exact words that had struck home as so profound may already be hard to recall... But the words in a letter don't fade and disappear the way conversation does; they endure through time and space, bearing witness to the work of therapy and immortalizing it."[8]

As a narrative approach to counselling in the DTES, I find therapeutic letter writing an especially relevant practice because of the complex social barriers people face

on a day-to-day basis. I might see a client one week and then not see them for a month due to multiple stressors impacting their lives. Myriad social barriers and oppressive problems such as addiction, depression, loss, and isolation can make it difficult for clients to leave their single-occupancy hotel rooms or the shelter bed they secured the night before to follow up on a counselling session. Particularly for clients like these, who may be affected by social isolation, receiving a therapeutic letter can be beneficial. White says:

"[Clients] have a great deal of difficulty identifying who they are and have a tenuous existence — so tenuous that it always seems at risk. Certainly, their existence as persons of worth is very rarely recognized by others. For these [clients], simply receiving mail addressed to them by name constitutes a major acknowledgement of their presence in the world."[9]

In addition to work by White and Epston, various literature supports the efficacy of therapeutic letters and how they can apply across different clinical populations. For example, studies show how letter writing can serve as a powerful tool for assisting clients in reaching therapeutic goals by enhancing a sense of personal agency and empowerment.[10] Other research discusses how therapeutic letter writing can assist clients to remember particular knowledge and skills at times of crisis. Letters also serve as a way of recording the counselling session for the benefit of the client.[11]

Another study investigated therapeutic writing practices of a small group of clinical counsellors and the experiences of the clients who received these letters. Letters were then written by the clients to the researcher and analyzed for the value clients placed upon the lasting presence of letters, how the letters evoked a sense of curiosity and connection, how the letters helped to consolidate the therapeutic alliance and previous session content, and ways the letters facilitated change.[12]

Other benefits include: helping to assure the counsellor understands client stories; conveying and, thereby, enhancing the authentic and affectual tone of the therapeutic relationship; and extending the conversation between meetings, which further supports and reinforces preferred alternative stories. Furthermore, research indicates clients who received letters assessed the value of a single therapeutic letter to be equal or worth approximately three to five face-to-face counselling sessions.[13]

**Simply receiving mail addressed to them by name constitutes a major acknowledgement of their presence in the world.**

## A SAMPLE LETTER TO A CLIENT

**Here is an example of a brief therapeutic letter I wrote to a 55-year-old client, who, at the time, was residing at a shelter and struggling with the effects depression and substance use were having on their life. The client provided me with consent to share this letter; any information related to their identity has been changed.**

### LETTER GUIDELINES

Suggested guidelines for crafting therapeutic letters to clients start with an introductory paragraph about the previous session to help the client remember and assure them the counsellor heard their story. Include verbatim quotes from the client, reference ways the problem is influencing the client's life, draw on externalization, and incorporate questions that help to emphasize the counter-stories to the problem, implying a sense of agency. You can also draw on humour.[14]

I have been using these guidelines to craft therapeutic letters for several years. I often write letters for clients I have known for a period of time, with the understanding there is a secure therapeutic alliance. Prior to a letter being crafted, clients are provided with an understanding of what therapeutic letters are and, in accordance with informed consent, are always given an option about whether they wish to receive one or not.

Other considerations include the importance of paying attention to the ethics in practice when sending letters, cultural factors, possible

Dear DG,

The other week when we discussed what the Addict Voice requires of you in order to guarantee its survival and grip on your life, your participation in isolating and keeping things to yourself seemed essential. You even said, "It thrives on secrecy." So I was taken aback when you talked about ways you have been protesting against its demands on you. One of these involved deciding to go to a drop-in centre in the neighbourhood and having a chat with some of the people there about what was going on in your life and attending a support meeting so you could share some more about the ways the Addict Voice has been pushing you around. To what extent do you think you have weakened the grip of the Addict Voice on your life by drawing on these anti-isolation and anti-secrecy tactics? Who in your life would be least surprised by the steps you are taking in lessening the influence of the Addict Voice on your life?

Looking forward to seeing you next week.

In Solidarity,
Harkamal
Clinical Counsellor at Pender

illiteracy issues, and the differential power we as clinical counsellors hold and taking that into consideration in working with individuals who may identify as vulnerable.[15]

As many of the clients I see are adversely impacted by the social determinants of health, including lack of secure housing, I will often personally deliver letters to clients residing in an alleyway, shelter, detox, transitional house, or their single-occupancy hotel room.

Recognizing the value of therapeutic letters written to clients struggling with the effects of grief and loss, as well as aiding in extending conversations to those who identify as homeless,[16] has been especially meaningful in my work as a counsellor in the DTES community. It is my hope that this article provides other counsellors with a better understanding of therapeutic letters and the value they can have for their clients. ■

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*Harkamal Sangha, MA, RCC, works as a clinical counsellor with Vancouver Coastal Health at an inner-city clinic in Vancouver's Downtown Eastside, He also volunteers counselling services at Vancouver Association of Survivors of Torture.*

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# POST-CONCUSSION MENTAL HEALTH

## PSYCHOTHERAPY AS PART OF AN INTEGRATED APPROACH TO CONCUSSION TREATMENT

BY ASHLIN TIPPER, RCC

According to a University of British Columbia study, 10 out of every 100,000 Canadians are affected by concussions and related symptoms.[1] The study suggests the number of concussion sufferers may be much higher than reported, as concussions are often misdiagnosed and under reported. Concussion is defined as brain injury caused by impact to the head or force on the brain resulting in neurological damage. A concussion may not involve a loss of consciousness and is classified as a mild traumatic brain injury (TBI). The damage is considered functional and not structural, which distinguishes concussions from other types of brain injuries.[2] For many people suffering from a concussion, symptoms resolve quickly, while others experience persistent, long-term adverse consequences, such as personal and physical impairment, social and relational difficulties, and cognitive dysfunction.[3]

Recent literature suggests concussions can result in a wide variety of negative personal, social, and societal repercussions, including an increase in negative mental health outcomes and an increased risk of suicide. Evidence suggests difficulties after a concussion may include depression, anxiety, low self-esteem, and adverse psychosocial consequences.

### PREVALENCE

Currently, the diagnosis of concussion relies on the sufferer's ability to report their symptoms to a medical practitioner and relate the relationship to their head injury. The diagnosis and treatment recommendations are then dependent on the level of knowledge of the medical practitioner, who may not have consistent, standardized diagnostic criteria or current concussion assessments. This creates a large inconsistency in the formulation and treatment recommendations for concussion sufferers.

Confusion regarding the diagnosis of concussion can be complicated as the injury may not necessarily result from a direct blow to the head but could also be related to an injury which then transmits a force on the brain, such as a jolt to the neck or elsewhere on the body.[4]

The Sea to Sky region is famous for an active outdoor lifestyle offering many extreme activities. It is for this reason that my social support experience involved helping many people who had experienced a head injury. My experience of providing support began with my position as an outreach worker providing low-barrier social support, and it has continued in my career as a therapist working in both group and individual settings. Whether they have a sport-related injury or a work injury or have been in a motor-vehicle accident, these clients are

often suffering with a variety of new challenges, including energy problems, unpredictable emotions, depression symptoms, interpersonal difficulties, and financial problems.

In my experience, clients have benefited from learning current information about concussion symptoms, creating an integrated care team, and seeking both peer and professional emotional support. Benefits to delivering this support in a group format include increasing capacity to provide support, normalizing group member experiences, creating a peer support network, increasing client feelings of belonging, and fostering capacity for therapeutic peer cohesion.[5]

**RELATIONSHIP TO MENTAL HEALTH**

Some research findings point to a direct relationship between concussions and poorer mental health status.[6] Concussion has been linked to major depressive disorder, generalized anxiety disorder, and increased risk of suicide.[7] Psychiatric outcomes related to concussions are becoming more recognized as a growing area of interest for investigation.[8]

Concussion sufferers are at risk of having the psychological aspects of their injury impede their recovery. Sleep disturbance, fear, worry, rumination, and hyper-vigilance of symptoms may be associated with longer term mental health problems after a concussion; consequently, it is important to include

Implications for athletes experiencing debilitating concussion injuries can include career changes/losses, financial difficulties, loss of culture, a decreased sense of self, and a loss of their preconceived life narrative.

**Clients have benefited from learning current information about concussion symptoms, creating an integrated care team, and seeking both peer and professional emotional support.**

the client's previous mental health history, psychological factors, and risk of post-traumatic stress disorder in the conceptualization of the concussion injury, especially if symptoms worsen over time or have a later onset.[9]

A longitudinal Canadian study found post-concussion sufferers were at three times the risk of suicide in comparison to the population norm.[10] Additionally, several studies suggest a correlation between concussions sustained during childhood and increased risk of subsequent psychiatric diagnoses.[11]

### INTEGRATED APPROACH TO TREATMENT

Recovery from concussion often happens in a sequential way, with some sufferer's experiencing severe or multiple concussions at risk of more prolonged or permanent problems.[12] Individualizing therapeutic treatment to the client's specific presentation is important, as symptomology and recovery are individual. Similarly, an individual treatment plan or community-based support group must allow for flexibility in the support offered to each client.

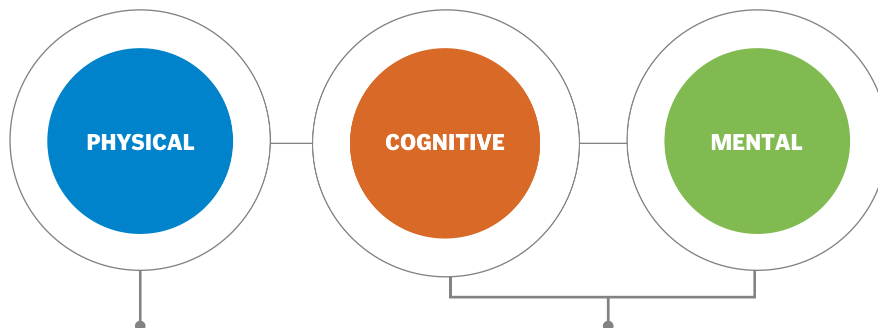
A program can be adjusted to include physiotherapy and occupational therapy. For example, physiotherapy may assist a patient in regaining balance, improving coordination, and addressing vestibular problems. A physiotherapist may also assist with a plan to return to work and play that addresses issues of brain rest and incrementally increases cognitive and physical activity for gradual recovery.[13] An occupational therapist may be helpful for clients who need support with career changes, are experiencing difficulty with motivation, or are having vocational challenges post-concussion. In addition to a physician, other options for an integrated approach to concussion treatment may include a nutritionist, massage therapist, chiropractor, or naturopath.

### ATHLETES AND CONCUSSION

For athletes, concussion can cause both clinical and non-clinical problems impacting several aspects of a person's well-being. For many athletes, sport provides social inclusion, physical activity, mental stimulation, and a sense of belonging. For professional athletes, sport can provide income, self-esteem, and a sense of identity. Implications for athletes experiencing debilitating concussion injuries can include career changes/losses, financial difficulties, loss of culture, a decreased sense of self and a loss of their preconceived life narrative.[14] These changes experienced

## CONCUSSION SYMPTOMS

COMMON SYMPTOMS OF CONCUSSION CAN BE CATEGORIZED INTO THREE GENERAL CATEGORIES: PHYSICAL, COGNITIVE, AND MENTAL




Physical symptoms can include headaches, dizziness, nausea, balance problems, drowsiness, blurred vision, light and sound sensitivity, seizures, and neck pain.[19]

Cognitive and mental health symptoms can include irritability, confusion, depression, and anxiety.[20] Clients struggling with concussion may also complain of difficulty with memory, challenges with cognitive processing time, decreased motivation, challenges managing emotions, difficulty with focus, decreased provocation, and apathy.[21]

Concussion symptoms are often diverse and specific to each individual, which makes diagnosis and treatment even more challenging.[22] Research suggests clients who have sustained a concussion can also suffer from emotional, cognitive, relational, and social difficulties, and persistent symptoms can have a long-term impact on a person's ability to function in relationships, work environments, and recreational activities.[23]

after a TBI can induce severe stress and anxiety. An athlete's mental health status can be further impacted by experiencing increased isolation, stigmatization from peers, and an experience of grief and loss. Evidence suggests self-perceived identity can play a role in the mental health of athletes who have suffered concussions.[15]

Therapy can provide an outlet for feelings of frustration, guilt, anger, loss, and confusion associated with concussion recovery. Studies have found patients have benefited from a psychotherapeutic approach that provides validation, empathy, and a sense of being "believed."[16] Further studies suggest post-concussion support in the community can lower the risk of suicide and acute mental health outcomes by providing support to those at risk.[17] One study of hockey players affected by concussion states that therapeutic support can, "emphasize connectedness, hope and optimism, identity, meaning, and empowerment in the recovery journey."[18]

While there is a need for more research on the diagnosis and treatment of concussion, evidence suggests addressing mental health is an important component in an integrative approach to recovery from sport-related and other concussion-based injuries. ■

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*Ashlin Tipper, RCC, provides psychotherapy services to promote optimal mental health in Whistler and the Sea to Sky area.*
*www.ashlintippercounselling.com*

### HERE ARE SOME HELPFUL TIPS FOR SUPPORTING CLIENTS WITH CONCUSSION SYMPTOMS:

- Validate the client's struggles to help clients who may feel dismissed or misunderstood due to the invisibility and interpersonal challenges associated with the injury.
- Promote an integrated support team for symptom relief by liaising with other health care providers such as their physician, physiotherapist, massage therapist, optometrist, and occupational therapist.
- Provide information on concussion symptomology and the emotional and cognitive energy deficit they may be experiencing.
- Introduce psychoeducation on the cycle of anxiety and anxiety-management strategies.
- Investigate underlying mental health vulnerabilities.
- Address difficulties which may arise in the client's relationships and help create a way to communicate effectively to manage frustration, guilt, and irritation.
- Assist the client in creating a new narrative promoting recovery without shame, blame, or guilt.
- Support the client in solidifying their self-worth and redefining their identity, especially if the injury has resulted in a shift in roles e.g. parenting, career, income, etc.
- Provide or refer to current treatment information on a graduated return to work/play.
- Approach each injury with compassion and optimism for recovery.

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# CREATING HOPE THROUGH ART

Growing up in Victoria, Peggy Clarkson's childhood psyche was formed by art and beauty, the power of the earth and connection to the coastal ways of knowing and being. Her father, a self-described "radical social activist" who studied liberation theology,* was highly influential as a poverty activist and social democrat from the 60s to the 80s.

"In our home, prejudice was not allowed and was something we had a responsibility to fight against," says Clarkson. "In the tradition of Catholicism within which I was raised, we were to be of service because of our inherent rights privilege. Social action and social consciousness were in the water at our family dinner table every night."

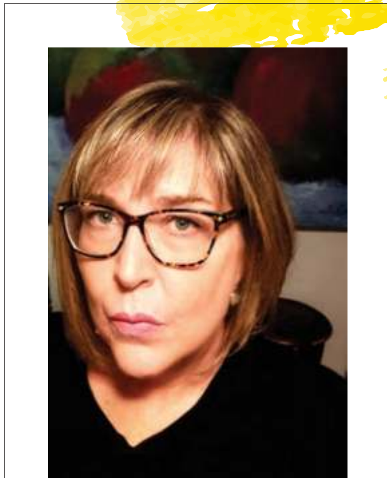
Her first job after completing her BA fit very well with the values she was raised with and launched her career. She worked for the Canadian Mental Health Association in psychosocial rehabilitation. The program followed the "clubhouse model," a community service model that helps people with a history of mental illness rejoin society. It is notable for building people's strengths and skills and providing mutual support in addition to professional staff support, work training, educational opportunities, and social support. It's a model of belonging that aims to reduce stigma in a normalized environment where "club members" fully participate.

"It set a tone for me of my first exposure to mental illness, mental health. I wasn't in a hospital, I was in a community, and I was in charge of the place. We had 300 adult members, so we were a pretty busy house."

Since those days, Clarkson gained more than 20 years of direct experience spanning all aspects of trauma-related care, including 12 years in rural and remote areas, Haida First Nation (Haida Gwaii), Heiltsuk (Waglisla/Bella Bella), and inner-city Vancouver in Indigenous Health. She is renowned for her work with suicidal First Nations youth, a topic she has presented on internationally.

She's also trained in painting, sculpture, and art history and paints mixed media, abstract work in acrylic and oils.

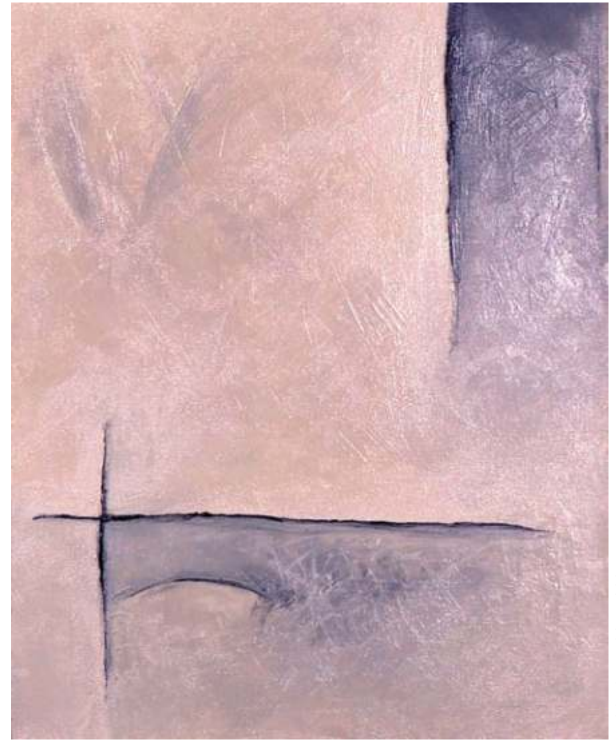
"The power of art as therapy is central to my practice," says Clarkson. "The primary focus on innate human creativity is central to the imagery done in therapy. The unconscious, symbolic, and non-verbal awareness highlight this complex field of clinical practice."



Peggy Clarkson, RCC, is a clinical supervisor, trauma-informed therapist, and registered art therapist. Clarkson is also an artist and offers a monthly painting and clinical consultation group for MA-level clinicians called Paint Your Heart Out! The intent of the group is spontaneous art making, prevention of vicarious trauma, and mitigation of compassion fatigue, along with discussion of cases within group wisdom. For more information, email pegesus5@gmail.com.

PEGGY CLARKSON, BLUE GOLD

> **The power of art as therapy is central to my practice.** The primary focus on innate human creativity is central to the imagery done in therapy.



PEGGY CLARKSON, LOSS

**You lived and worked for many years in Indigenous communities as a non-Indigenous art therapist. How did that begin?**
I was invited to the job by an art therapist friend. I loaded my little Jetta with clay and paint during a brutal mid-October storm season and ended up in a little cabin in Tlell on the east coast of Graham Island in Haida Gwaii. At the time, I was on an adventure and excited to share art and therapy in a community. That was the beginning of many learnings I carry to this day. Values reinforced from my own family and integrated into the honour of bearing witness and being taught in the communities where I lived. I learned Aboriginal health and the ways of knowing, resilience and cultural-relational strengths, by being invited to participate. I have many Elders and teachers to whom I am deeply grateful for these opportunities.

**You are currently in private practice but also under contract with Impact Resolutions: what is your role there?**
I have extensive experience supporting multiple Indigenous groups. Working with Impact Resolutions, I am part of a team that can be disseminated into a community. I am adept at organizing comprehensive community engagement processes and assessments designed to build on community strengths to support complex initiatives, including negotiation or health and wellness. The model is flexible and fluid, as are the communities we serve. I may facilitate local groups with my team, offer one-on-one support, or consult within the team on any issues at hand. As Impact Resolutions is an international company, the focus is broad in scope, reflecting its moniker "transformative engagement." Our processes are relational and community-development oriented. We work together, offering high-level progressive social-engagement expertise based on community requests and directives.

**What are your art therapy workshops about?**
I specialize in supporting therapists and staff at transition homes, staff offering sexual assault support services, victim services, and services to First Nations

populations, often remotely. I support them in accessing creative imagery and educational tools to explore the impacts of the work they do, the community they are in, or team they are on. The term "aesthetic response" is an art therapy reflective practice that can explore the impact of the work, the client's art process, and case conceptualization.

"Creating Hope" is a theme I have explored for years, looking at the resiliency-trauma praxis and integrating hope into the therapist narrative, where despair can creep in. Also, supporting the awareness that this is preventative work — we can create structure to consciously attend to the work and how it impacts us.

**What are the signs of vicarious trauma and burnout?**

One of the main signs is changes in daily routines, impacts on sleeping and eating, signs of stress — headaches, stomach aches, fatigue, etc. — but also a feeling of losing hope, which can feel like despair. Therapists often isolate, because they give so much every day and are often also mothers, aunties, etc. and so are "helping" all the time.

**How important is it for counsellors to have a clinical supervisor?**

When people go to university, for all of their academic requirements, they must have in their practicum an on-site clinical supervisor. Usually, they have three or four clinical supervisors. When

Our clinical work is intimate and private and to bring it outside of the session and into peer support or one-on-one support is critical within training.

they graduate and try to build their practice or get a job, they often don't have enough money for supervision. It's the first thing to go, but it's the most important thing to sustain.

Our clinical work is intimate and private and to bring it outside of the session and into peer support or one-on-one support is critical within training. But it can fade away in the professional realm or be insufficient, as it is often a dual role, embedded in a boss, which creates a dynamic right off the bat in the hierarchy of power.

The real work yet to be done is to integrate reflective practice and clinical supervision into the agency-like schools and hospitals and non-profit organizations. Vicarious trauma is often quite far along in the process when a therapist wants to quit or go on stress leave.

**Are therapists typically good at identifying when they are experiencing vicarious trauma and burnout?**

Helper types are the worst for caring for themselves. This is well known in the field, hence the term "compassion fatigue" from Charles Figley. The "why" is often rooted in our own childhood story and cultural and gender learnings, particularly for women. We have great sensitivities and empathic abilities, but in our aid to others, we can, at times, lose ourselves. The ABCs of preventing vicarious trauma — Awareness, Balance, and Connection — are key [referencing the extensive work on vicarious trauma by Laurie A. Pearlmann and Karen W. Sakvitne].

**How should we be thinking about managing vicarious trauma?**

I joke about teaching what we need to learn. I was motivated by the need and also my own self-study. I have had my own trajectory of vicarious trauma and burnout and also witnessed it in so many colleagues, particularly women, as 95 per cent of social workers and therapists are women. This is a feminist health issue. We're witnessing the violence and the challenges of providing empathic support.

Pearlmann and Sakvitne say managing vicarious trauma is an ethical imperative. Why? Because, if we're not clear and clean, we can do harm to our clients. To have someone to go to and to call is very, very important. A lot of therapists are very clear that, from an ethical perspective alone, let alone a self-care stance, a therapist must have two things: a therapist and a clinical supervisor. It's this idea of prioritizing it and centralizing it in the work. It's more than a hot bath or something special that you're doing for yourself. ■

*See page 5 for Peggy Clarkson's tips on self-managing and preventing vicarious trauma.*

**Liberation theology is a synthesis of Christian theology and socio-economic analyses, often based on Marxism, that emphasizes social concern for the poor and political liberation for oppressed peoples. The best-known form of liberation theology is that which developed within the Catholic Church in Latin America in the 1950s and 1960s.* — WIKIPEDIA

**35** Balancing your caseload **36** Saying "no" to clients — nicely **37** Controlling your calendar

# Following your own advice

Balancing your caseload by making small shifts in how you set up your day and your week can make a big difference in making work more enjoyable and preventing burnout.

When we think about balance, we often mean establishing boundaries between our work and our life outside of work — the so-called "work-life balance." But for the type of work counsellors do, it's not just a matter of stopping work after a certain number of hours — it also means ensuring that how you work doesn't drain you so emotionally you have nothing left to give at the end of the workday. Having a well-balanced caseload can help.

Constance Lynn Hummel, RCC, is a psychotherapist, clinical supervisor, and private practice consultant. She says counsellors need to take a broad perspective when looking at balance in life and in work.

"It's not a cookie-cutter approach to what works and what doesn't, because each therapist has different circumstances, different responsibilities, and works in different ways. What is exhausting for one person is invigorating for another. It's important that each practitioner look at their own situation when deciding what balance looks like for them."

Pair that with the fact that balance is an ever-changing target.

"Normally, we may be able to handle a caseload at a certain level of intensity or with a certain number of clients, then all of a sudden,

**You may also want to consider variety in the types of services you offer. For example, you could add speaking, workshops, or group work to your clinical practice as a way to use your counselling training but in a different way.**

our emotional bandwidth changes due to our own health or because we're taking care of somebody or managing a breakup or having to care for aging parents," says Hummel. "So, it's not that the clinical work has gotten harder, it's just that the demands outside of work have grown."

In other words, life bleeds over into your work world. It may or may not be the kind of situation that warrants taking a break, but it may affect how hard it is to manage day-to-day work.

"We sometimes need to adjust the number of clients, the way we work, or the intensity of the issues we're seeing to accommodate our life changes or else there's just no room left," says Hummel.

That may mean stepping back and taking a considered look at the big picture.

**Normally, we may be able to handle a caseload at a certain level of intensity or with a certain number of clients, then all of a sudden, our emotional bandwidth changes due to our own health or because we're taking care of somebody or managing a breakup or having to care for aging parents.**

### CASE INTENSITY

In every practice, no matter the specialties, some cases are more intense than others. This can be for a variety reasons, including stage of therapy, nature of the presenting concerns, as well as personal preferences of the therapist.

For example, Hummel says new clients often take more energy initially than existing clients because you're getting to know each other, developing trust, and learning what does and doesn't work.

"I try to be mindful that if I've just recently taken on some new clients, even if I technically have space, I might hold off on bringing in yet another new one until I am at that point where I have a sense of who everyone is and what they need."

Intensity can also relate to specific concerns and would be different for each practitioner.

"For example, I love working with clients who could be considered 'depressed' or stuck, whereas another clinician might feel drained after sitting in that kind of heavy energy. We're all impacted by different presentations in different ways."

Be honest with yourself about what work you love and what work drains you when determining your services and clientele.

"If your work is not also filling you up, eventually, there won't be anything left for you or your clients."

You also need to consider what kind of energy your clients may be bringing into the room, especially sessions near the end of the day, and book accordingly.

## SAYING **NO** TO CLIENTS — NICELY

**Saying "no" is hard for a lot of people, especially helper types, like counsellors.**

**"We may feel like we're a bad person or therapist if we refuse somebody who is reaching out," says Hummel.**

**But you can't say "yes" to everybody, even if they are perfect clients for you.**

**"Because sometimes, even though someone is a perfect client, they may not be a perfect client for you that day given your current caseload or current circumstances or while you're managing your health or your family or if your energy is needed elsewhere."**

**To stay firm about her work boundaries, Hummel determines a set number of hours/sessions each week.**

**"If those sessions are full, then I'm full for new clients. If I say yes to another new client at that point, I'm essentially saying no to the existing clients I have already committed to."**

**Instead, she recommends keeping a referral list of other counsellors who either have similar specialties to you or work in a similar way to you that you can share with new inquiries.**

**"The way I look at it is, sometimes the best way we can help is not by taking on a client ourselves, but instead, by connecting them to another counsellor who has bandwidth to see them now."**

**When she tells an inquiring client she's full, she gives them the names of at least three other counsellors with a description of how they work so clients can make an informed choice. It gives the client somewhere to turn, and at the same time, helps someone else build their practice.**

**"If your cup is running over, you have more to share with everyone around you."**

**The way I look at it is, sometimes the best way we can help is not by taking on a client ourselves, but instead, by connecting them to another counsellor who has bandwidth to see them now.**

"If at all possible, I try to book sessions I know need more intense focus on my part earlier in the week and/or early in the day so clients get me at my freshest."

## INCORPORATING VARIETY

Another way to make small shifts in a caseload is by including a bit of variation. Although having a clinical niche is important, particularly in private practice, it also has the potential to lead to a pattern of seeing only clients with the same concern. After a while, the work may become repetitive and emotionally exhausting.

"If you're hyper-focused on one issue all day, every day, it can sometimes get to the point where you just can't hear that story again, and you can tip into compassion fatigue."

To counteract this and still have a specialized practice, she recommends counsellors have three core specialties or three shades of the same specialty. For example, perhaps you're a counsellor who specializes in intimate partner violence, which means hearing very difficult stories. You may want to consider opening your practice to work in relationships and boundaries.

"It means you can have different kinds of conversations and work with people at different stages."

You may also want to consider variety in the types of services you offer. For example, you could add speaking, workshops, or group work (among others) to your clinical practice as a way to use your counselling training but in a different way.

## HOW MANY SESSIONS AND WHEN

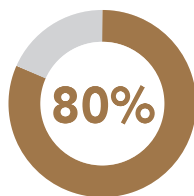
Something else to be realistic about is how many people you can see in a day and on how many days in a week.

"Ideally, we don't want to run our life or our practice at 100 per cent at all times, because if something unexpected happens, there's no reserves to pull from," says Hummel. "It's one thing to push hard for a couple weeks, but if pushing hard becomes your new normal, you can only maintain it for so long. It's a recipe for burnout"

She recommends experimenting with your schedule to find your 80 per cent, which will be different for everyone. Hummel describes 80 per cent as: "The number of clients you could see in a day or a week where you have as much energy and bandwidth for your first client as your last, and still have something for yourself and your loved ones at the end of the day. That is what we want to aim for."

Aiming for 80 per cent allows you to absorb the inevitable ups and downs that come with life with less chance of them impacting your work. This also allows you to push a little harder for short periods at work without it spilling into your personal life.

"Of course, this is a best-case scenario, and when things we could never plan for happen, we just hold on and hope for the best," she says. "But if you have a structure built in to absorb changes, you and your practice tend to be more resilient."




Aiming for 80 per cent allows you to absorb the inevitable ups and downs that come with life with less chance of them impacting your work.

## WHEN YOU NEED MORE HELP

What do you do if you feel like you're losing control?

"It's so important that we are getting our own support — personally and professionally — so we can keep showing up for ourselves and our clients for the long run," says Hummel.

It's very easy for a practice to slowly become overwhelming.

"Adding one extra client here and there, starting a little earlier, ending a little later, not taking vacation just this once, or just the added pressure of outside responsibilities sneaking in — it isn't always something that happens in an instant, but the cumulative effect can be devastating over time."

As life gets busier, it's easy to not notice the increased caseload, diminished self-care, or complexities of personal life that can come from too many commitments and not enough of you to go around. Hummel believes strongly that every counsellor, particularly those in private practice, should have supervision, consultation, and therapy built right into their business model. For her, that kind of self-care is non-negotiable.

"I've had times in my work where I needed to pivot and focus on my own health while still having to pay my bills and meet the needs of the existing clients who were depending on me. There's no shame in saying, 'I need to also take care of myself.' We need to follow our own advice as counsellors."

## CONTROLLING YOUR OWN CALENDAR

**While there might be some advantages to using an online booking app for your practice, Hummel doesn't recommend letting clients book themselves if you are trying to balance your caseload.**

**"Some counsellors love having their clients book online because it can be convenient and cuts back on admin. I find it means I have no control over who my last session is for the day or who my first session is or which day of the week they are in."**

**Instead, she books the next two sessions while she is in session with the client.**

**"This gives me a clearer sense of my availability over the coming weeks and months to determine if there are any open spaces once existing clients have claimed their spots. It also means if a client needs to cancel their next session, we already have another one in the schedule, so people don't lose their spot as I tend to book quite far in advance. I then transfer those sessions into an online calendar that sends reminders, but I book them in myself so I'm in full control of my calendar and my time."**

# Working When You're Emotionally Drained

## REFLECTIONS ON THE IMPORTANCE OF SELF-CARE

BY ESHA CHAKRABORTI, RCC

What would you do if you woke up with the flu and wanted to stay in bed? You would probably take a sick day. What if you were dealing with heartbreak or grief? You might take a self-care day. But how many days would you take for a terminally ill family member?

As a private practice clinician, there is a unique struggle between getting paid to help others and taking time off for our own emotional needs.

Two years ago, when my family dog of 16 years was ill, I limited my number of clients and spread sessions throughout the week to manage vet visits and home care. Though I was focused and grounded while working with clients, I worried about my family's needs during breaks. I felt guilty if I couldn't attend a vet appointment. I knew I had limited time with my dog, and I wanted to support him and my family.

But I also felt guilty taking time off because of the loss of income and for cancelling clients. I often wondered if I would have more support if I was working for a company. I imagined time off for vet appointment days, support from co-workers, and paid self-care days. My normally cheerful attitude and positive morale drained away.

One day, when I didn't go to a vet appointment, I got the dreaded phone call that my dog had passed away during the vet visit. It was the middle of my workday. My receptionist cancelled sessions with my remaining clients. I took a week off but, still, it was difficult to come back to work. I procrastinated about writing up client notes from that day, because I wanted to forget it completely. I recall being worried I would lose clients due to my unprofessional manner of cancelling sessions followed by a weeklong absence. Ultimately, things went back to normal, but that situation made me realize I needed a better self-care plan.

We can't be present for our clients, if we aren't grounded in our own lives. Taking time off as a private practice clinician means losing income, which could result in more difficulties and stressors. When there is financial instability, it often means we are working when we are emotionally drained. But self-care and being prepared for expected and unexpected emotional situations are important. I am still working towards finding a balance with my self-care, but I hope my situation helps you reflect on how you are managing your emotional needs.

Ask yourself this: What are you doing to take care of your emotional needs? Do you have a plan for yourself and your business if you need time for a family problem, terminal illness, or critical situation? You owe it to yourself to give it some thought.

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*Esha Chakraborti, RCC, sees clients in Vancouver, Maple Ridge, and via Tele-Health and enjoys counselling young professionals who are experiencing life transitions. She is also a third-year Psy.D student at Adler University. esha@reliefcounselling.com*

**"I felt guilty if I couldn't attend a vet appointment. I knew I had limited time with my dog, and I wanted to support him and my family.**

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In addition, you have the option to add on other components that would cover you in the event of loss of income, critical illness or for more robust travel insurance.

**Coverage you can afford and no medical questions on the Basic plan.**

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You can call her at (778)533-4676 or email her at stephanieritchie@shaw.ca.
Stephanie can answer your questions and assist you with the enrollment process.

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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
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- Member rates for hotel reservations and booking software

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- Connection to the counselling community
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- Annual networking opportunities
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