

FALL 2021

# INSIGHTS

THE BC ASSOCIATION OF CLINICAL COUNSELLORS' MAGAZINE

Insights, tips, and  
therapies for connecting  
with and helping  
Neurodivergent clients

A WHOLE-PERSON  
APPROACH TO  
SUPPORTING  
NEURODIVERSITY

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OBSERVATIONS  
FROM AN RCC WHO  
WORKS WITH PEOPLE  
WITH AUTISM

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HELPING FRONT-LINE  
NURSES COPE WITH  
THE ANGUISH OF  
COVID-19

PERSPECTIVES ON  
**NEURODIVERSITY**

FOUR RCCS SHARE THEIR VIEWS ON ASPECTS OF  
LIVING AND WORKING WITH NEURODIVERSITY





## Meet Michael Radano, BCACC's Executive Director

### Tell us what brought you to BCACC.

Several factors came into play in my choosing to join BCACC. I wanted to stay in the not-for-profit sector and continue to do work that has impact on the human condition, spend more time in Victoria, and leverage all my skillset and previous experiences. My family has benefitted and continues to benefit greatly from clinical counselling, and we have seen first-hand how many people have been helped through counselling. I believe that by enhancing the Association and ensuring that it can deal with its strategic challenges, I will indirectly be helping our members continue their good work.

### What strengths and experience do you feel you bring to your work as BCACC's Executive Director?

The most relevant strengths and experience would be the fact that I have successfully managed associations of professionals with both regulatory and member services. The key aspects include government relations, advocacy, member satisfaction, protection of the public, and public service.

### What do you think the membership's biggest strength is right now?

The membership's biggest strength is the societal impact it has in enhancing the lives of British Columbians through improved mental health. This has been



especially true given the detrimental effect the pandemic has had on most people's mental health. The Association refers 200,000+ people every year to its membership.

### What are your immediate goals for BCACC?

Our membership must be prepared for the eventual creation of a regulatory college by becoming listed in a full BCACC member registry and by engaging in regular continuing professional development. BCACC needs to continue to increase member benefits and take a more active role in educating the public about the profession

of counselling. Advocacy for the membership will be enhanced and must also include advocacy for public access to the services of our membership.

### How will you measure success in your role and goals at BCACC a year or two down the road?

My vision would be for BCACC to be the hub for clinical counselling in British Columbia. A hub which will promote the counselling profession, be consulted on major policies, be the trusted source for public education regarding mental health, and one which is the pride of its members and staff.





#### A note about language

Through the course of developing this issue of *Insights*, we have been learning about the language around neurodiversity and how it is evolving. You may note some inconsistencies in how terms are used in this issue, which recognizes that the way people talk about neurodiversity is often a personal decision. We look forward to more discussion on the subject.

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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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In the spirit of reconciliation, BCACC acknowledges and respects the Indigenous people upon whose traditional territories we work and live throughout the province.

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**At the beginning of therapy, I encourage clients to unmask. We spend time exploring how masking and trying to adhere to ableist shoulds may be contributing to stress, depression, anxiety, overwhelm, and burnout.**

# HOW TO EMPOWER NEURODIVERSITY

BY NATASCHA LAWRENCE, RCC

**T**here is beauty and wisdom in human diversity. Differences in how we think, communicate, move, act, and relate; these neurological variations are a vital part of humanity. There is no right, better, or ideal type of neurological functioning. These are the primary tenants of the Neurodiversity Paradigm.

Understanding neurodiversity requires learning about neurominorities from the experts — folk within that community. Listening to their stories and expertise — learning about the specific ways of being, sensory and communication needs, and preferred accommodations allows clinicians to provide neurodiversity-informed care.

Be mindful of language. Some neurominorities, though there may not be a consensus between all members, prefer identity-centred versus person-centred language. For example, many within the Autism community prefer Autistic rather than “a person with Autism.” In my work, I always ask my clients their preferred language and terminologies. Often, this is the first time anyone has asked how they feel about their diagnos(es). For some, neurodivergence is linked to identity, community, and culture, while others may have complex or ambivalent opinions. I am to provide the space to explore these feelings.

Respecting neurodiversity means not focusing on gatekeeping which conditions are neurominorities and who

## TERMINOLOGY

**Neurodiversity:** Term coined by Judy Singer (1998) highlighting human neurological-functioning diversity. Neurodiversity refers to more than brain or neurocognitive functioning, but all neurological functioning. Neurodiversity is a biological fact.

**Neurodiversity Paradigm:** A social activist movement that promotes that there is no standard or ideal type of neurological functioning. The Neurodiversity Movement focuses on dismantling ableism and oppression and seeks civil rights, equity, respect, and full societal inclusion for the neurodivergent.

**Neurodivergent (ND) (noun or adj.):** Broad term coined by Kassiane Asasumasu (2000) describing someone whose neurology functions in ways that diverge significantly from dominant societal standards of normal. Neurodivergence, or the state of being neurodivergent, can be largely innate or acquired or a combination of both. Not synonymous with Autistic. A person’s neurological functioning that diverges in multiple ways can be multiple neurodivergent.

**Neurotypical (NT) (noun or adj.):** Having a style of neurological or neurocognitive functioning that falls within the dominant societal standards. Not synonymous with Allistic.

**Neurominority (noun or adj.):** A neurodivergent population who share a similar form of neurodivergence. Some neurominorities include Autism, ADHD, dyslexia, FASD, and TBI. It is also possible to be neurodivergent without being a member of a neurominority group.

**Neurodiverse:** A group (not used to describe individuals) where one or more members’ neurological functioning differs substantially from other members. The opposite is neurohomogenous.







**Though anyone can have challenges or areas they want to focus on, neurological differences are not necessarily a problem that needs to be resolved.**

can be considered neurodivergent. Though assessment should be accessible for all, neurodiversity-informed care accepts self-diagnosis. Diagnosis is a privilege not everyone can afford. Respecting neurodiversity also means respecting the autonomy and rights of the person, including the right to refuse treatment. All people should have freedom from seclusion, restraint, and abuse. Non-verbal cues need to be honoured and promoted. From the Neurodiversity Paradigm, verbal speech is not the only way to communicate.

Affirming neurodiversity provides a space that honours the authenticity of our clients. Therapy should focus on identifying individual strengths and unique abilities rather than promoting or forcing neuronormative goals. I don't believe any of my clients are broken or need to be fixed or have puzzle pieces that need to be put back together. They are whole worthy beings whose neurodivergence can provide a specific path to healing. At the beginning of therapy, I encourage clients to unmask. We spend time exploring how masking and trying to adhere to ableist standards may be contributing to stress, depression, anxiety, overwhelm, and burnout.

Celebrating neurodiversity focuses on de-stigmatizing and de-pathologizing differences in neurological functioning. Though anyone can have challenges or areas they want to focus on, neurological differences are not necessarily a problem that needs to be resolved. Rather than

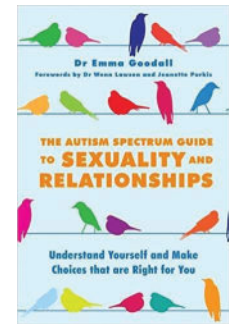
teaching neurotypical social skills, play, organizational techniques, or coping skills, learn how your client best navigates their environments. Be open and curious. Provide time to experiment in and between sessions. I no longer teach neurodivergent social skill groups; instead, I ask schools to teach whole classrooms about neurodiversity and how to be kind to communication, learning, and play differences.

Empowering neurodiversity is the ultimate goal. Advocating for accommodations, eliminating prejudices, and dismantling ableism and oppression move forward the neurodiversity social justice movement. Disability status is complex and not inherent with neurodivergence. From the Social Model of Disability, barriers in accessibility create disability. For example, not providing alternative or augmented forms of communication (AAC) may create communication disabilities. Everyone deserves to have their needs honoured. Eliminating barriers to understanding, respect, affirming care, and equity allows us to see through the beauty of a neurodiversity lens.

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*(Fatima) Natascha Lawrence, MA, RCC, BCRPT (she/her/hers) is a BIPOC Queer Disabled ADHDer of mixed Asian ancestry. She is a first-generation Canadian settler. She is the co-founder of the FASD Institute and the Empowering Neurodiversity (END) Model™.*

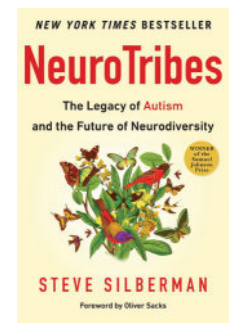
## KEEP LEARNING



### **The Autism Spectrum Guide to Sexuality and Relationships: Understand Yourself and Make Choices that are Right for You**

By Emma Goodall  
(Jessica Kingsley Publishers, March 2016)

Unravelling the complexities of relationships and sexuality, this straight-talking guide will help you to navigate the associated social, emotional and physical issues.



### **NeuroTribes: The Legacy of Autism and the Future of Neurodiversity**

By Steve Silberman  
(Avery; Reprint edition, August 2016)

*Wired* reporter Steve Silberman unearths the secret history of Autism, long suppressed by the same clinicians who became famous for discovering it, and he finds surprising answers to the crucial question of why the number of diagnoses has soared in recent years.



## BCACC launches Approved Clinical Supervision program

BCACC members are encouraged to watch for the launch of our Approved Clinical Supervisor (ACS) program. The goal of this program is to enhance the culture of clinical supervision and consultation among the membership by creating a framework, criteria, and pathway to an amended designation for BCACC members: Approved Clinical Supervisor (ACS).

### What does it mean to hold the ACS designation?

Under our new program, successful applicants will be able to use the designation RCC-ACS to identify themselves as a BCACC Approved Clinical Supervisor in their communities. In addition, Approved Clinical Supervisors will have a profile listing on BCACC's brand new Find A Clinical Supervisor tool, which will reside on the BCACC website.

### Why apply for the ACS a designation?

Acknowledging the important role that clinical supervision and consultation has in the profession of counselling, BCACC will be creating a new, standalone search tool: "Find a Clinical Supervisor." We will also be discontinuing the Clinical Supervision listings on the "Find a Counsellor" tool in the fall of 2022. Those members who have applied and received their RCC-ACS designation will be the only Clinical Supervisors to be listed on the "Find a Clinical Supervisor" tool.

**For more information and for application criteria** watch for BCACC email broadcasts and information to be posted in the member portal.

## FIND A COUNSELLOR TOOL

### Have you updated your profile lately?

Did you know that BCACC's Find a Counsellor tool receives between 17,000 and 19,000 visits per month? Now is the perfect time to make sure your profile is up to date and you are being found by potential clients. Log in to your Member Account (<https://members.bc-counsellors.org/>) and update your information on the Public Profile Tab.

### What about the rest of your information?

While you're logged into your account, access the Member Information tab and check that BCACC has your most current information including:

- ▶ Your email address
- ▶ Your mailing address
- ▶ Your most current insurance information

# COUNSELLING IN A CHANGING WORLD

On June 17, 18 and 19, 2021, BCACC hosted attendees for three days of learning and connection at our first virtual conference, *Counselling in a Changing World*.

Pre-conference workshops by Dr. Bruce Perry and Dr. Alfried Längle kicked off the conference, followed by two more days packed with 10 memorable presentations focused on the changing nature of counselling in the world.

Bringing together global thought leaders in health, the conference featured keynote presentations by Dr. Dixon Chibanda (<https://www.friendshipbenchzimbabwe.org>) and Dr. Nicole Redvers ([https://bc-counsellors.org/ciacwconference-](https://bc-counsellors.org/ciacwconference-speaker-spotlight-dr-nicole-redvers/)

[speaker-spotlight-dr-nicole-redvers/](https://bc-counsellors.org/ciacwconference-speaker-spotlight-dr-nicole-redvers/)), as well as a compelling presentation on the state of the opioid crisis by Geri Bemister-Williams, interventionist and human behavioural assistant (<http://www.nic.bc.ca/about-us/nic-faculty/faculty/n0126139/>).

The conference was graciously opened and closed by Elder Dr. Roberta Price.

Conference attendees remarked on a similar message brought forth by very different, international presenters: the importance of community support in mental health and recognizing the value and wisdom in the integration of Indigenous wellness practices with Western wellness practices.



When we take time to really be with someone, to try to understand their experience and validate their feelings, that is when the magic of connection really happens. This is the type of world I want to live in...





# WORKING WITH AN OPEN HEART

## OBSERVATIONS FROM AN RCC WHO WORKS WITH PEOPLE WITH AUTISM

BY REBECCA FARNELL, RCC

I love people. I always knew I wanted to work with people, and I have done so in many different capacities. My journey to becoming a counsellor has taken many twists and turns.

More than 15 years ago, I had a life-changing summer job working in a camp for children with special needs. From there, my whole trajectory changed. I like to say that a part of my heart opened and I discovered an area of interest I never knew existed. I found a passion and a purpose. I started working as a support worker for individuals with special needs, then as an educational assistant. Later, I helped lead summer camps for teens with Autism. Over the course of my life, I have continued to provide respite care for many families and feel honoured to have shared a part of their lives.

In 2013, I was challenged with a question: “If I could do anything in the world, what would I want to do?” Without hesitation, I replied: “I would get my masters, become a counsellor, and help individuals with ASD and their families.” I was then asked: “So, what is stopping you?” I replied:

“People don’t actually live out their dreams, do they?” I am delighted to say that I went after my dream, went back to school, and became a counsellor. I now have the absolute honour of working with a variety of people with a diverse set of abilities.

I count it an extreme privilege to have people share their lives and thoughts with me. This is something I never want to take for granted. I truly believe each person I get to work with teaches me something new, and I am better for knowing them. Each of my clients demonstrates bravery as they recognize the need to address certain issues in their lives, make some changes, and trust me to help them in this journey.

It is vital for me to point out the tremendous place of privilege that I work from. I am in no way an expert on neurodiversity, nor do I know what it is like to live as a person with ASD. I want to use my place of power and privilege to bring more awareness and centre the voices of those with neurodiversity.

Over the past number of years, I have worked with many individuals

with neurodiversity in a counselling setting. I would like to share some of my learning and insight with you.

### WORKING FROM A STRENGTH PERSPECTIVE

I work from a person-centred approach. I believe in the inherent worth of each person. I have found it can be helpful to try and connect over the interests that the client enjoys. I am working with one individual who loves comics. For several sessions, I tried some different ways to engage him, but everything seemed to fall flat. One day, I offered him a big piece of paper and asked him to draw a comic. I was not prepared for what happened. It was as if he had unlocked this part of himself, and I was now privy to his inside world. His comic was coming alive, complete with characters, voices, and sound effects. But more importantly, he was coming alive. All these ideas had been inside him — he simply needed the right outlet to let these thoughts out. We spoke about the creativity he showed. We spoke about how all these ideas were inside his mind.

Connecting over something

## What I really wish you knew

A few years ago, I interviewed a few individuals with ASD and asked them what they really wished people knew about their experience. I was curious to know what they wished counsellors knew. I found the answers to be helpful.

### ♥ BE GENUINE

*"Be as genuine as you can be. People with ASD can tell when you are lying."*

*"Make it clear you want to help and that you care. Just because you cannot see my feelings, doesn't mean you cannot hurt them."*

### ♥ BE PATIENT

*"Don't assume you know what I need. Give me wait time to formulate on my own. I have more brain cells than you do, so give me time. You cannot expect to see progress every day."*

### ♥ DON'T TRY TO MATCH-MAKE FRIENDSHIPS

*"We don't necessarily want to meet others with ASD. They can be annoying. We don't necessarily want another special-needs friend, because sometimes people with special needs don't have the same special needs as you and you don't always get challenged."*

### ♥ TRUST MUST BE EARNED

*"I have a lack of desire to express my emotions due to fear of being judged. With ASD, trust is earned. It is difficult to earn and easy to lose. We think differently, and we don't automatically think of family and friends to be trustworthy. You need to prove that you can be trustworthy."*

meaningful to him was honouring for him. This showed him that what he likes is important. Comics continue to be a point of connection for us during our sessions, and we can discuss issues using the platform of comics. I understand not every client with neurodiversity will have an interest that can be used in a therapeutic setting; however, as professionals, it is our responsibility to dig deeper and find areas of interest to build connection and rapport. I continue to be surprised by clients and their vast areas of interest and appreciation.

### THINK OUTSIDE THE BOX

As a person-centred counsellor, I continue to find new ways to connect with clients, and this is particularly important with clients who are neurodivergent. Building a connection in person can be challenging on the best of days; however, with the increased use of video sessions, the ability to connect becomes even more challenging.

Verbal communication can be difficult for individuals with neurodiversity. I am reminded of Temple Grandin, who shared that she thinks best in pictures. I experienced this with one client. I was trying to check in and gauge how he was doing — the answers were static and the conversation seemed stalled. Enter technology. This client used the chat feature and used emoji characters to express himself.

The seemingly simple drawings revealed far more than a few words. The emojis ushered in a deeper conversation, far richer than I could have imagined. The emojis provided an opportunity for the client to lead the conversation as I attempted to guess and understand the meaning behind

the picture. Another by-product of this method of communicating was the opportunity for this client to see that I did not have all the answers. Often, I did not understand the emojis, and my client was able to correct me — he became the expert of his experience.

The symbolism of the emojis has provided us with a baseline and reference for our future sessions, and I am thankful for the opportunity to use technology to build connection.

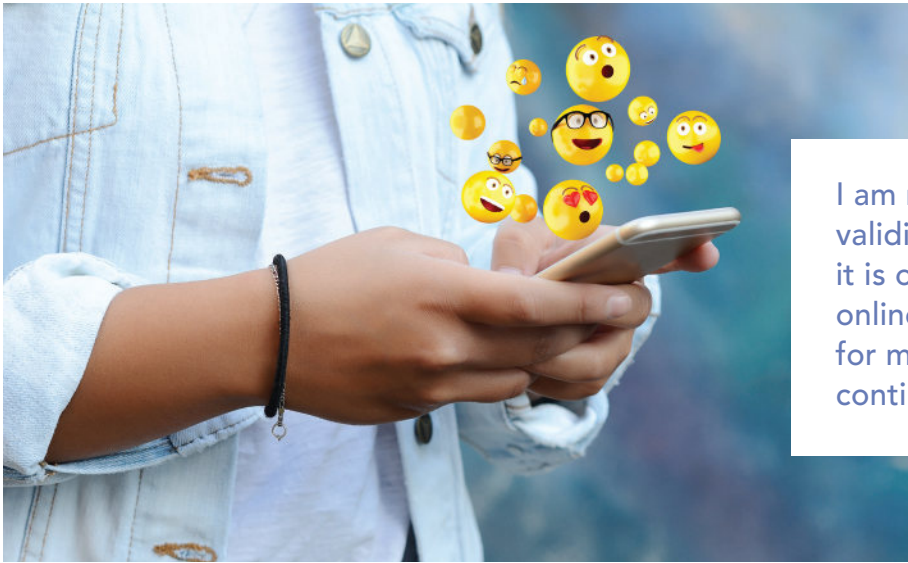


Verbal communication can be difficult for individuals with neurodiversity. I am reminded of Temple Grandin, who shared that she thinks best in pictures.

### NEED FOR BELONGING

I believe everyone has a need for belonging. We all have a question deep inside us "Who gets me? Where do I belong?" I had one client share with me that they had a crush on someone. His face lit up as we spoke about the crush. We spoke about appropriate conversations and even tried our hand at pick-up lines. (I was told my pick-up lines were "cringy.") This interaction reminded me that folks with neurodiversity are more than a diagnosis and a list of strategies. A diagnosis does not capture the entirety of who they are.





I am reminded not to lessen the validity of something just because it is online. During the pandemic, online connection has been a lifeline for many. It is my opinion that it will continue to be true in times to come.

I have a client who is very involved in the online gaming community. As I asked more and listened, this client shared about their experiences being reflected and mirrored in some of the online characters. This community validated their experience — it is not simply a game. I admit I have been too quick to dismiss the experiences found within the gaming community. However, this client speaks with an openness and newfound confidence about their challenges as they see some of the same challenges personified in the online world. I am reminded not to lessen the validity of something just because it is online. During the pandemic, online connection has been a lifeline for many. It is my opinion that it will continue to be true in times to come.

#### **SUPPORT THROUGH THE LIFESPAN**

It is important to remember that folks with neurodiversity grow up. ASD does not end at childhood. With each new stage in life, new situations present themselves. Increased independence and finding employment are deep desires for many. It is vital to ask

individuals where they see themselves. What dreams do they have for their future? What roadblocks stand in the way?

Many folks wonder about disclosing their diagnosis to employers. This is a very individual question, and one that needs to be thought through carefully and respectfully.

As neurodiversity gains more acceptance and awareness, some adults are questioning if they might be neurodivergent and if they should pursue an official diagnosis. Once again, this is a personal decision. As a counsellor, it is my responsibility to listen to the perspective given and provide resources when needed.

Many folks with neurodiversity are in loving relationships and navigating the challenges that come with sharing their life with someone else. It is important to have counsellors who can work with the couple to allow each person the opportunity to understand the perspective that each partner brings.

#### **FINAL THOUGHTS**

I am honoured to do the work I do. This is a privilege that I never want

to take for granted. And it begs to be repeated, because once you have met one person with ASD, you have met one person with ASD. Each person is unique. Each person brings their own experiences. As a counsellor, it is our job to bring curiosity to each client we meet.

We are made for connection and belonging. People want to know they matter and that someone cares for them. Sadly, we live in a world that sometimes makes it difficult for people to connect with one another and be heard. However, when we take time to really be with someone, to try to understand their experience and validate their feelings, that is when the magic of connection really happens. This is the type of world I want to live in: where people are valued for who they are and how their strengths and gifting bring diversity and colour and, ultimately, connection to the world. ■

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*Rebecca Farnell, MC, RCC, is an associate at Alongside You in Ladner, BC. She loves working with children, teens, and adults alike. [www.rebeccafarnell.com](http://www.rebeccafarnell.com)*

# ALL OF ME

## A WHOLE-PERSON APPROACH TO SUPPORTING NEURODIVERGENT CLIENTS

BY MEG KAPIL, RCC

**P**icture eye rolls, big sighs, and expressions of disappointment and scorn with all of these statements:

- ▶ *“You’re not responsible.”*
- ▶ *“Why aren’t you trying harder.”*
- ▶ *“You’re not living up to your potential. You’re really smart but you don’t bother to get organized.”*
- ▶ *“What’s wrong with you? There no reason to freak out over something so small.”*
- ▶ *“You just don’t seem to ‘get it’ — we don’t want to hang out with you.”*

If you are neurodiverse or support neurodiverse clients, these statements will ring all too true for you. Just imagine hearing statements like this all your life. This is the reality of being neurodiverse in a neurotypical world.

At the receiving end of these statements is often a sensitive, creative, kind, and deeply wounded person. By the time they reach you, a counsellor, they may have layers of armour to defend against further cuts, a troublesome belief of being “unworthy” or “bad” in some way from all the negative feedback, and many patterns of reacting that look maladaptive to many. The often-intense actions and reactions of neurodiverse individuals

make sense when you understand their experience.

Many of the clients I have been fortunate to spend time with have been children, youth, and adults with neurodiverse presentations, including Autism, ADHD, sensory processing challenges, and many twice-exceptional individuals (e.g., ADHD and gifted). I have a deep appreciation for the exceptional hearts and minds of these neurodiverse individuals as well as compassion for the challenges they face as they navigate a neurotypical world.

### THE PUZZLE PIECES

Neurodiversity includes people with different types of brain function and those differences are normal and should not be stigmatized. It is essential not only to understand and support neurodiverse individuals, but also to help guide the other members of the person’s predominantly neurotypical system (e.g., teachers) and family members who may or may not be neurodiverse as well.

While some information can be gained from the diagnostic criteria (e.g., the DSM-V), and this “common language” can be important for communicating

**Understanding the puzzle pieces of neurodiversity is essential to being able to “see” why certain behaviours and reactions make sense and guide your approach to support.**







**For individuals with ADHD, attending to the common pattern of rejection sensitivity and understanding some of the neuroscience reasons for this pattern is a critical focus for building self-compassion and healthy self-concept.**



with clients and other professionals, diagnostic labels do not capture the nuances and complexity of experiencing the world through a neurodiverse lens and do not incorporate current research and perspectives.<sup>1,2,3</sup>

Understanding the puzzle pieces of neurodiversity is essential to being able to “see” why certain behaviours and reactions make sense and guide your approach to support. For example, attending to co-regulation of emotion and stress responses along with the uniquely sensitive nervous systems of neurodiverse individuals is essential. This builds the foundation for addressing other challenges, including interpersonal communication and regulation of learning. For individuals

with ADHD, attending to the common pattern of rejection sensitivity and understanding some of the neuroscience reasons for this pattern is a critical focus for building self-compassion and healthy self-concept. Also, for individuals with ADHD in particular, typical areas of learning challenges include an interest-based nervous system (not just inattention), difficulty with nonverbal working memory (e.g., the ability to “picture” the end result), sequencing, conceptualization of time, and other executive function challenges.

With all of the puzzle pieces to consider, it is imperative that neurodiversity is approached with the whole person in mind and with a strong understanding of the interweave

of mental health, stress and emotion regulation, and regulation of learning. This holistic perspective towards thriving, optimal functioning and flourishing mental health is built on understanding the neurodiverse mind and presenting practical strategies and processes to support this aim. Mental health is widely viewed as a state of well-being that supports individuals to cope with stressors, work productively, and function as a contributing member of society.<sup>4</sup> This is indeed what we are working towards in our support of neurodiverse clients.

While it may seem daunting to address all of these pieces, a research-supported three-layer approach to mental health can guide your work.



## LAYER ONE STRESS AND EMOTION REGULATION

A neurodiverse nervous system is often predisposed to heightened sensitivity and the perception of threat from interoceptive information (e.g., internal physiological and cognitive information)<sup>5</sup> and external sensory input. These factors contribute to how emotion and stress are constructed within a neurodiverse system as more overwhelming and more threatening. This interpretation is what fuels the big reactions and actions from neurodiverse individuals; these are, in effect, stress behaviours.<sup>6</sup>

A neurodiverse system is often experiencing a situation differently than a neurotypical. In school, for example, a student may remember previous experiences of feeling overwhelmed or ashamed

accompanied by unpleasant body sensations (e.g., knot in the stomach, pounding heart). With this understanding of what is happening within the neurodiverse system, it is not a surprise that the neurodiverse person experiences more stress, anxiety, or overwhelm<sup>7</sup> and the prescribed action is defensive behaviour (e.g., anger, frustration, task avoidance) in response to this experience of “threat.” In other words, the survival system is activated which takes precedence over other systems. Thus, the priority becomes regulation of the stress and emotional response first. Without addressing this important first layer, tackling behaviour, communication, and learning challenges will be minimally effective.



**A neurodiverse nervous system is often predisposed to heightened sensitivity and the perception of threat.**



**Without practical support and understanding, the neurodiverse person really is at risk for rejection and neurotypical assumptions that they crossed a boundary or made a social misstep “on purpose.”**

## LAYER TWO

### INTERPERSONAL AND INTRAPERSONAL COMMUNICATION

Neurodiverse minds often face challenges with interpersonal (e.g., attunement and social skills) and intrapersonal relationships (e.g., self-compassion, strengths, trauma, rejection sensitivity). From the description in layer one above, we know neurodiverse systems include a sensitive threat-response system (e.g., HPA axis, sensory information)<sup>8</sup> that will contribute to a neurodiverse person interpreting a cue as a threat, criticism, or rejection when it might appear neutral to another person.

With respect to interpersonal relationships and communication, from this understanding that neurodiverse minds may interpret a neutral cue as a threat or rejection and that they struggle to “read the room,” it follows that social interactions can be really difficult and upsetting.<sup>10</sup> The first priority is to support neurodiverse minds with attunement, that is, being able to interpret social cues and accurately read the experience of others. For example, consider a neurodiverse child (or

adult) interrupting and perhaps talking over others. Instead of assuming this action has negative intentions and criticizing them with a focus on “bad behaviour,” support their ability to tune into the social scene by finding out what they saw and sharing what you noticed. This curious and compassionate reflection paves the way for interpersonal development.

Without practical support and understanding, the neurodiverse person really is at risk for rejection and neurotypical assumptions that they crossed a boundary or made a social misstep “on purpose.” The myriad negative interactions and criticisms experienced by neurodiverse individuals can lead to considerable experiences of shame and corresponding negative self-perceptions that mirror what they have heard from others, resulting in a problematic intrapersonal relationship. Support neurodiverse individuals to know, appreciate, and accept their unique minds and leverage their strengths to grow self-compassion and healthy self-perceptions.



**Many learning challenges co-exist with neurodiversity. Some examples include challenges with time, sequencing, and poor working memory...**

## LAYER THREE REGULATION OF LEARNING

Even though I have presented them sequentially, these three layers interact reciprocally and do not have to be addressed in a linear manner. For example, look for moments of regulation and get to work on layer three right away, but go back to layer one and layer two when the individual is dysregulated. Addressing learning and strategies can be ineffective when the individual is in a dysregulated state.<sup>11, 12, 13</sup> The layers interact reciprocally, and you will be more successful by attending to all three. Challenges with learning can be incredibly defeating, create a gap between potential and performance, and contribute to both poor stress and emotion regulation (layer one) and low self-

worth/self-compassion by contributing to faulty negative self-beliefs (layer two).

Further, many learning challenges co-exist with neurodiversity. Some examples include challenges with time, sequencing, and poor working memory, and learning disabilities such as dyslexia and dysgraphia will need to be addressed specifically.<sup>14</sup> Consider continual and reciprocal process of awareness and change, addressing regulation of learning is intentional and strategic. Very simply, address the learning challenge area, come up with an evidence-based strategic approach, define how you will know progress has been made, reflect on whether any changes or adaptations are needed, and repeat.

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For example, for a person who struggles to organize big projects, recognize that contributions to this challenge may be from an interest-based attention system, poor non-verbal working memory and time conceptualization, and reward-assessment challenges. The solution is to provide a “picture” of the end point first. Thus, an actual visual of what “project X” looks like or a clear description of what is required for the completed project. Help the person to create a visual map (including tracking time) in terms of how to get from the start to the end point. Then, provide them with support to get started and help generate interest by activating prior knowledge and generating curiosity about the project. Develop check-points along the way, and reinforce efforts and progress proximally.\*

### BEING WELL AND DOING WELL

With the mind and development increasingly viewed as relational,<sup>15, 16, 17</sup> the three-layer approach truly considers the

neurodiverse person as a whole system of experiencing and interacting. This neurosequential and trauma-informed approach addresses unmet needs and lagging skills and includes both “being well” (emotion/stress regulation and relational consideration) and “doing well” (regulation of learning) in the quest for flourishing mental health and thriving for neurodiverse individuals. Most of all, this informed way of moving with the neurodiverse people in your counselling practice and your life is respectful and honours the unique gifts and strengths of these beautiful hearts and minds.

*\*See Meg Kapil's blog post on the BCACC website for additional strategies and suggestions regarding interest-based attention system, non-verbal working memory and time conceptualization, and reward assessment. ■*

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# THE RIGHT TO STAND UP FOR THEMSELVES

## INSIGHTS, TIPS, AND THERAPIES FOR CONNECTING WITH AND HELPING NEURODIVERGENT CLIENTS

BY ROBIN COLLINS, RCC

**N**eurodiversity merely means the natural differences in brain functioning and behavioural traits between individuals. These differences can be significant enough to be diagnosable: ASD or ADHD are examples. Some diversity can be genetic, but neurodiverse traits can be a result, or symptom, of life experiences causing the prolonged activation of our stress response system, diverting energy away from non-life-saving body functions such as brain development. Significant traumatic events can cause changes in neuro-functioning and behavioural responses.

If pushed, I would have to state that the majority of the people I work with are neurodiverse. Their view of the world, their relationships, and their goals for life are different from what may be seen with “neurotypical” individuals. I have been navigating these — sometimes subtle and at other times obvious — differences for so long that I no longer consider them as different but as unfulfilled needs. I speak mostly about youth and adolescents, but I work with adults in much the same way.

**Being diverse comes with the feeling of being different or “other than.” This is not a comfortable place to exist in — it tends to heighten our sense of threat. Horses are able to redirect focus while providing a feeling of absolute acceptance.**

#### **NEURODIVERSITY AND EQUINE-ASSISTED COUNSELLING**

Many of our responses to the world and to life’s stressors were once appropriate. But these coping mechanisms are no longer helpful since the situation that developed them is in the past. Working with horses can highlight these patterns in a very gentle and non-threatening way. Human-horse relational interactions highlight the subtle reactions that individuals have when engaging in human-human interactions. Generally, the subtle beginnings of negative patterns are overshadowed and discounted by the more obvious and impactful behaviours. More often than not, the people I work with have no previous horse experience. For them to make the commitment to

come out to the barn to work with horses indicates a desire and openness to learn.

As the therapeutic relationship grows and we begin to journey into difficult areas, the horses become lighthouses or touchstones, showing us the way while keeping us firmly grounded in the present. Being diverse comes with the feeling of being different or “other than.” This is not a comfortable place to exist in — it tends to heighten our sense of threat. Horses are able to redirect focus while providing a feeling of absolute acceptance.

I worked with a very young individual who has significant developmental delay coinciding with past sexual abuse. She has never felt safe or accepted by anyone or anything. When she came to me,

## TRAUMA, COMMUNICATION, AND NEURODIVERSE NEEDS

**W**hen I went into private practice, I did not mean to specialize in youth who have experienced trauma. But these are the people who find me, and over time, I have learned skills to help in my work. Trauma impacts developmental growth. This has been studied and shown by Dan Siegel, Bessel van der Kolk, Pat Ogden, Peter Levine, and Dr. Bruce Perry, to name a few. People who experience either singular traumatic stressors or chronic traumatic incidents respond differently to the world. To help individuals, caregivers, family, and other supports understand these differences, I have incorporated Dr. Bruce Perry’s Neurosequential Model of Therapeutics into the work I do. I find this model helps to provide a common language, which makes interactions more successful, and is one of the most helpful outcomes I have found.

Communication is almost always



Communication is almost always the biggest breakdown. Once this issue has been addressed, I generally see very quick improvements. The individuals feel less isolated and family breakdowns are less frequent.

the biggest breakdown. Once this issue has been addressed, I generally see very quick improvements. The individuals feel less isolated and family breakdowns are less frequent. When breakdowns happen, it is much easier to reconnect afterwards with a common language. The reconnection of the relational bonds strengthens and builds more resilience within and between

those individuals which, in turn, helps heal past traumas and protects from future traumas.

The children and youth I work with have, for the most part, spent some time away from their family of origin or are permanently in care. The causes for children being removed from their family of origin are significant, but the new placement they find themselves in



her goal was to ride. For months, we worked on understanding how to keep ourselves safe, how to communicate, how to move our bodies, and how to read the horse. Every day, we would stand on the mounting block, with the horse standing patiently, waiting for her to be ready. Every day, she would say she wanted to ride, and every day, she would become too scared and was unable to get on the horse. I understood why. The physical act of getting on the horse is vulnerable and can be reminiscent of past traumas, but this was her goal, and we never gave up on it. The horse she had chosen to work with was kind, supportive, and the boss of the herd. She knew how to keep her herd safe and how to train new

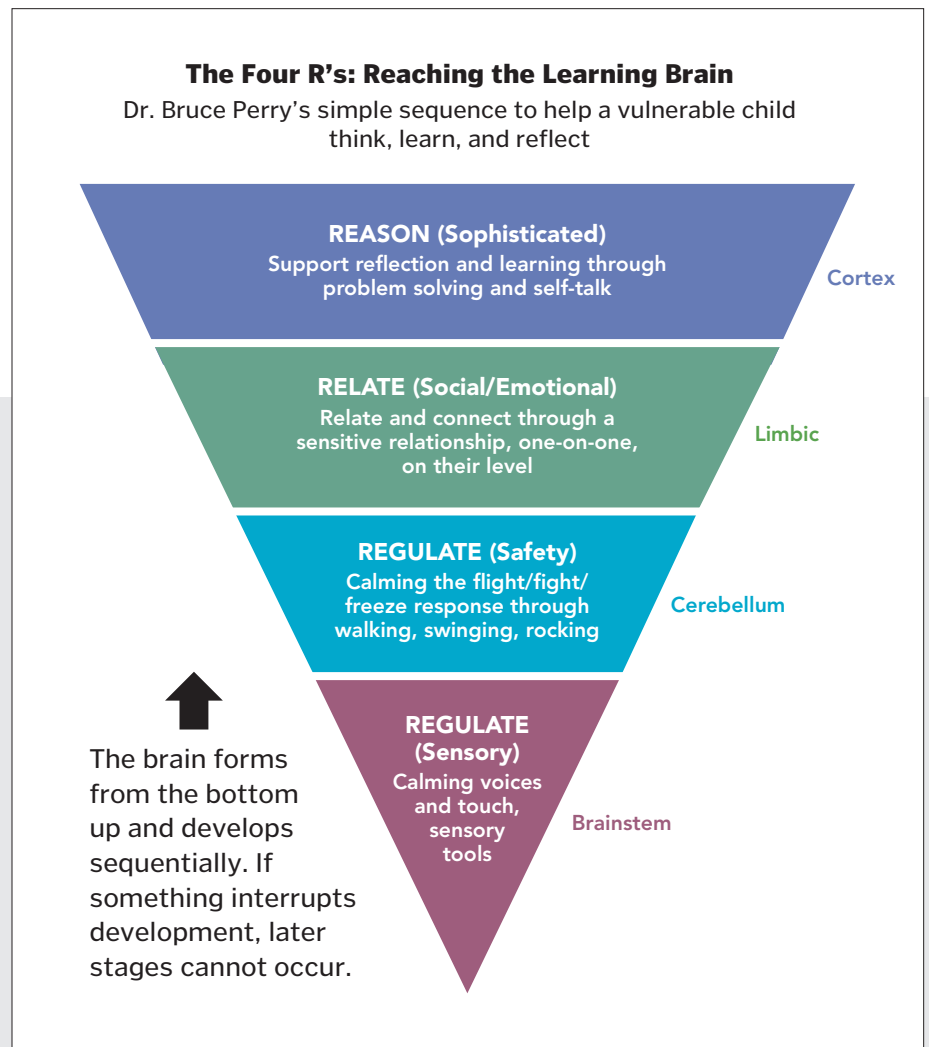
does not mean they will begin to thrive. The move will cause chaos and stress, on top of whatever they were dealing with before the move. It is human nature that we are adaptable, and we adapt to negative situations so we can survive them. Adaptation takes time, years even. It is unrealistic to believe that a simple change in living environment will make everything better. The behaviours that kept these children safe in unsafe situations will still be present in a new living environment.

As mental health professionals, it is our job to manage the expectations of ourselves, other professionals, family members, and the individuals themselves. The process of change takes time and one-hour meetings once a week will not make a significant impact if changes are not made at home. I do incorporate recommendations to families and support workers for changes in daily living and routine that support therapeutic goals. I find that families

members of the herd in appropriate communication, trust, and respect. Over the months these two worked together, this is what that patient, wise old mare taught this unfocused and scared young person.

We did achieve her goal of riding, and the joy and pride on that girl's face solidified for me why I offer

equine-assisted counselling. But the achievement of the goal was actually the least of what we accomplished together. For the first time, this client felt safe and accepted, and under these conditions, she was able to begin to grow and learn. There was a reduction in behavioural outbursts in school and at home, she was able to focus for



and support workers are more willing to implement these recommendations once we are speaking the same language. People are more willing to be supportive when they understand the importance of the recommendation as well as the intended result.

As counsellors, our job is to look

for thought and behavioural patterns, but what else? Dr. Perry's sequential brain development model has helped me. If we develop sequentially then we can manage our behaviours by making intentional changes based on sequence of events and adding activities that stimulate specific neurodevelopment.

**The mental health benefits of physical exercise have been well studied and recommended for years. The rhythm of walking, physical stimulation, and regulating activity helps to increase comfort level and engagement.**

longer periods of time, and she learned how to use her words to express some of her thoughts and needs.

The wise old mare has now passed, and the young person knows this, but she still remembers her and reminds me of things they used to do together and will sometimes request that we try those activities with other horses. The strength of the bond these two shared was profound and has become a resource for this client to use far into the future.

#### **THE BENEFITS OF PHYSICAL EXERCISE**

While I am fortunate to be able to offer equine-assisted counselling, I recognize this is a specialty and is not available to every individual or counsellor. And not every person is interested in working

with the horses, so I also offer to go for walks or hikes with clients. The mental health benefits of physical exercise have been well studied and recommended for years. The rhythm of walking, physical stimulation, and regulating activity helps to increase comfort level and engagement.

On top of that, when working with youth, consider the top complaints from teachers, family, or support workers: the youth cannot seem to focus, they are impulsive, they are disruptive, they are runners, they cannot sit still, etc. This is a symptom of an unfulfilled need. These young people are dysregulated. Attempting to physically confine this energy behind a desk or within a house will only cause their need to grow exponentially into the explosive





behaviours we are trying to prevent. When we are dysregulated, our fight-flight-fawn-freeze response takes over. If we are unable to run to expend energy and regulate our systems, then we will fight — yelling, aggressive behaviours, physically attacking.

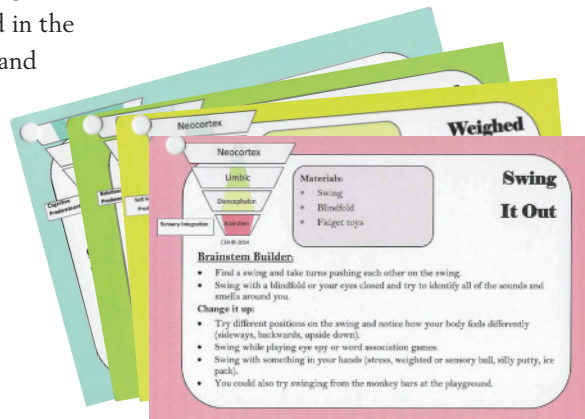
When we are overpowered in the flight and fight, we will fawn and freeze. This looks like the person is not listening, because they are not — they are dissociated. What do adults do when children are not listening to them? Snap their fingers in front of their face and say, “Are you listening to me?” How is this action perceived by the child? It is a threat — “You’d better listen to me or else...” — which shuts the child down further.

Something I say to all the people who come to see me is that nothing they say or do will ever insult me, and we can pause at any time. This takes the pressure off of them. They do not need to monitor their words or actions as closely, and it allows me to be more curious in my questions. When action begins to happen as a result of heightened emotion, that is when we take a pause. Silence is a powerful entity. Rarely do we allow ourselves the gift of silence.

### **NO MATTER THE REASON BEHIND IT, NEURODIVERSITY REQUIRES CURIOSITY**

Once a diverse pattern or type of interaction is identified, then curiosity is a wonderful approach to take. By my becoming the student, the youth I work with are given the unique experience of being a teacher. The role of teacher brings with it feelings of choice and control, which provides feelings of safety and comfort that, in

turn, increases willingness to engage — something many of us find difficult to pull from teenagers. Combining this new role with horse experiences provides fertile ground from which to bring new growth patterns.



**One of the resources I use is Brain Booster cards. These cards are based on the type of neurodevelopment that is needed. These activities are simple and can be done at home by the individual with support by family.**

Adding to this, targeted neuro-activities in daily life and supporting family education through common language practices brings together all invested parties, strengthening relational ties. One of the resources I use is Brain Booster cards. These cards are provided by Hull Services and are based on the type of neurodevelopment that is needed. These activities are simple and can be done at home by the individual with support by family.

So often, people who feel or are seen as different are made out to be “other than.” The nature of evolution has created an innate safety mechanism within us that anything that is different or other than the majority of the collective whole is dangerous. The white gazelle will be ostracized from the herd because they put the whole herd in danger. This is the

same premise human nature operates on. If actions or thoughts are seen as different, then the individual becomes unpredictable and puts the entire herd in danger. Most of us believe we are open and accepting of people, but to someone who has experienced bullying, exclusion, derision, racism, or bias, even subtle inequities will be noticed by their highly sensitized systems and used as one more example of their unworthiness.

By combining the ideas of curiosity, client as teacher, openness to challenge/insult, and taking a pause, we can open ourselves to exploring challenging topics. We give the reins of the relationship to clients if they can reflect on and tell us in a safe environment if we, as counsellors, have ever done or said something that they perceived as degrading or down putting. This may be the first time the client has had permission to name their experience. In the safety of the therapeutic relationship, they begin to learn that they have the right to stand up for themselves and build safety into their own lives and relationships.

This article has aimed to explain some of my experiences with neurodiverse clients. In closing, I hope I have been able to give you some small insight into my experiences. ■

*Robin Collins, RCC, is a member of the Tk'emlups te Secwepemc Nation. She specializes in clinical mental health with a concentration in equine-assisted mental health. She is certified in Dr. Bruce Perry's Neurosequential Model of Therapeutics and is a member of Professional Equine Facilitated Wellness. Robin has a lifetime of experience with horses and a highly developed sense of empathy. Learning the skills to become a counsellor was also her way of learning the tools she needed to manage her empathic tendencies and responses.*



# PERSPECTIVES ON NEURODIVERSITY

Four RCCs share their views on aspects of living and working with neurodivergence

BY CAROLYN CAMILLERI





**W**hat is it like to be part of neurominority? What are some of the main challenges you have faced? What helps and what doesn't? How do you feel about the diagnosis process? If you could change something about how people think about neurodiversity, what would you change?

Believing that the best way to understand neurodiversity is to ask people from within the community, we did just that. The following four sections are excerpts from interviews and written contributions from RCCs from neurodiverse communities. Each was given a series of questions, and they chose the question or questions they wanted to answer to make this meaningful for them and to get their message out to other RCCs. The responses are anonymous to protect their privacy.

■ **ATTENTION DEFICIT HYPERACTIVITY DISORDER**  
**Known since age 33**

First, I want people to really work on the distinction between different and wrong. Normal and broken. These are false dichotomies and they do a lot of harm. If I do things at the last minute but still get them done and you do things methodically and get them done, one way isn't necessarily the right way. They are different ways.

Second, I want both neurodiverse folks and the people who live and work with them to recognize the diversity of not only our presentation and ability, but also the diversity of the impact of those differences on everyone's lives. I might love the energy and creativity of my brain, but it may have a negative impact on my relationships due to my difficulty being present in the moment with the people that matter most. My forgetfulness may be aggravating to you but it also really damages my self-esteem when people roll their eyes or get irritated with it. ADHD tendencies may be a superpower

in some contexts, but in others, they are a huge barrier, if not an outright curse. These different faces and presentations don't cancel each other out. They just coexist and for that reason, we defy categorization.

Third, I want all people in the education field to be required to complete courses on developmental psychology, attachment trauma, and basic brain science, so they will be better equipped to help those who need help the most. I realize many people in the field of education weren't planning on a career in mental health, but that's the reality of where we are and not only individuals but also institutions and systems need to recognize that reality.

Fourth, I would reduce the barriers to proper assessment, diagnosis, and treatment. Our system is very top-down and does not allow the people who spend the most time and are most intimately familiar with the day-to-day lives of people with ADHD to have any more than a passing contribution in the diagnostic process. GPs refusing to educate themselves and, thus, relying on a purely medical model left over from their med-school textbooks is irresponsible at best. These GPs may eventually and reluctantly refer their patients to psychiatrists, who will spend less than 10 minutes reading off a checklist without taking a family history, asking about trauma, or other factors. This approach is a great disservice and a great disrespect to the individuals for whom ADHD is a life-changing variable. Empowering masters-level clinicians who have demonstrated expertise to be more included in the diagnostic process is helpful for all levels of care.

■ **GIFTED**  
**Known since age 12**

I was tested for a gifted program at school in Grade 7. I remember sitting in the room with the teachers, probably a school psychologist, and my parents, and they were

Our system is very top-down and does not allow the people who spend the most time and are most intimately familiar with the day-to-day lives of people with ADHD to have any more than a passing contribution in the diagnostic process.



We need more counsellors who would just listen to parents and to their yearning of wanting their child just to be accepted and loved for who they are unconditionally.

talking about the results of the test I wrote. My dad summarized it for me, saying I had a really high IQ. I'm Chinese Canadian, and there are a lot of myths about what it means to be gifted. At the age of 12, my biggest takeaway was that I'm pretty special — that it was a great thing to be gifted.

But there were not just strengths — there were also challenges. My challenges were not told to me. Now as an adult who works with the population I work with and with my own children, I am pretty positive that I'm twice exceptional with an issue with executive functioning, so ADHD.

The cultural assumptions with some neurodiversities need to be addressed. When I was 12 and I found out I was gifted, I wish somebody had told me I also had ADHD. Because of the cultural narrative, in my culture anyway, ADHD is looked at as misbehaviour. It's given a bad rap. And I think that's the trickiest for myself as a parent to navigate, even with my own children. I keep hitting a wall with having to advocate, and I have to keep on advocating. I keep having

to tell people — friends and family — what neurodiversities are and what my children's challenges are. A lot of times, I get blank faces back. The stigma is worth talking about, because we're talking about a cultural shift of a narrative, and it's not really the responsibility of just these families.

What are some things we can do? If we already know there is a tapestry of children and adults out there, then I think as a group, as a community, we really need to talk about universal practices. Counsellors can really help people understand the language. I'm saying, "twice exceptional," but what does that mean to a parent? When I say the word "gifted," I use it because I know it doesn't only come with strengths, it also comes with deep, deep challenges. We need to teach that.

We need more counsellors who would just listen to parents and to their yearning of wanting their child just to be accepted and loved for who they are unconditionally. I am journeying with my own child, and it's hard, even as a trained counsellor, who works daily with these populations. My own upbringing



Before we can actually appreciate the tapestry,  
>> we really have to be okay that it is a tapestry —  
that we're not looking for uniformity.

still goes before me, and it is really a long journey. I want someone to say to me that it's okay that it's hard, that it's the path less taken so, of course, it's hard.

How do we be more inclusive? I would love to have more conversation as a group of counsellors. Is there something we can do to be more inclusive as a whole? And can we work with other associations that work with children and families to have more dialogue about how we need to shift in our posture?

That's why I wanted to connect here, to make a stance and to share my story about how beautiful different strengths and challenges are in making up the tapestry of people we care for. But before we can actually appreciate the tapestry, we really have to be okay that it is a tapestry — that we're not looking for uniformity.

■ **AUTISM SPECTRUM  
DISORDER, ATTENTION DEFICIT  
HYPERACTIVITY DISORDER**  
Known for one year

Our society needs more Neurodivergent voices. Mine is raw, as I unmask and work through the trauma I've experienced as a Neurodivergent individual in this society.

I didn't know I had lived a life of oppression as a marginalized person, because it was the only thing I ever knew. I didn't know the horrific, dehumanizing ways people like me had been treated throughout history — but the awareness lived in my body. So, of course, like so many other Neurodivergent folk, I masked to survive, and that was under my awareness for over 40 years.

Last year, after my child was given an ASD diagnosis, I took a deep dive into learning everything I could about autism. I didn't know at the time about the toxicity of the medical model. Claiming autism is "caused by" something is inaccurate and harmful. Claiming that all forms of neurodivergence are "disorders/deficits/dysfunctions" and need to be "fixed" is dehumanizing. At that time, I believed this though, because I had unconsciously normalized the feeling of being "defective."

The root system of how Neurodivergent folk are marginalized is the same as with every other type of marginalization. The core of this is the "standard" these systems are built on and who they are for. It's as Resmaa Menakem says — it's structural and philosophical. These systems were designed and built for white, cisgender, heterosexual, neurotypical, non-disabled (and the list goes on) males, and everything that does not fit into that standard is considered a "deviant."

It wasn't until learning from Neurodiversity advocates that I realized there was never anything "wrong" with me or my child. Our incredible minds are exactly the way they were meant to be. The only problem is the ignorance perpetuated by the medical model and the standardized education system. As Kristy Forbes says, "I am not a medical disorder... it pathologizes a human being and others them."

To see your child through this dehumanizing lens is horrific, and I now know this was my relational trauma with my mother because she saw me through

that toxic lens. So instead of being a place of refuge for me, she was a place of threat.

I was not safe to be myself — I needed to hide and cut off parts of myself to keep that vital connection. It makes sense how this led to a disorganized attachment, a lifetime of self-loathing and, yes, wanting to escape this world that was actively rejecting me. As Lisa Morgan says, "Understanding autism and the culture of autistic people, so autistic people do not have to mask/camouflage their autism is suicide prevention."

As therapists, it's our responsibility to understand all areas of marginalization and the depths of suffering in each area — otherwise, we're going to unconsciously minimize it, because that's how privilege works.

In the beginning, after reading what the medical model writes about autism, I felt the terror of seeing my child through that toxic lens. Through learning from Neurodiversity advocates, my entire life made sense, and I began to dismantle the oppression within myself by processing,

reorganizing, and integrating my trauma and marginalization I had experienced. My husband and I work daily on decolonizing our parenting to ensure our child is free to live life on their own terms and celebrate the incredible being they are.

As therapists, it's our responsibility to understand all areas of marginalization and the depths of suffering in each area — otherwise, we're going to unconsciously minimize it, because that's how privilege works. We need to be a safe space for marginalized voices because they are the experts on how to develop integrative systems that allow

As Lisa Morgan says, "Understanding autism and the culture of autistic people, so autistic people do not have to mask/camouflage their autism is suicide prevention."

the whole person to be present, instead of having to cut out parts of ourselves that don't fit into constricted systems. Such as standardized education, which was designed and built for neurotypicals and actively oppresses Neurodivergent students.

For example, Neurodivergent folx definitely do not need to "learn social skills." What is required is that neurotypicals learn Neurodivergent expression, instead of ignorantly labelling it as "wrong" and something that needs to be "fixed."

So many parents have joined the Neurodiversity Movement to dismantle this oppression and feel the liberation of unschooling their children. If that is not an option, many times they become strong advocates. Many teachers and administrators are advocates as well.

If we want these institutions to be safe for Neurodivergent folx and

all marginalized people, we need to be actively decolonizing our practices and be part of decolonizing parenting, education, and medicine beyond band-aid approaches and performative measures. Therapists need to know enough about neurodivergence to know their own limits. Also, Neurodiversity consultants should be a required part of any training for counsellors. We need to be a space outside of the oppression and outside of these distorted hierarchies. But first, we need to dismantle them inside of ourselves to be safe spaces for our clients.

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#### **AUTISM RESOURCES**

Kristy Forbes: <http://www.kristyforbes.com.au/>

Lisa Morgan: <https://autism-crisis-support.com>

Neurodivergent Therapist Neurodiversity Collective: <https://therapistndc.org>

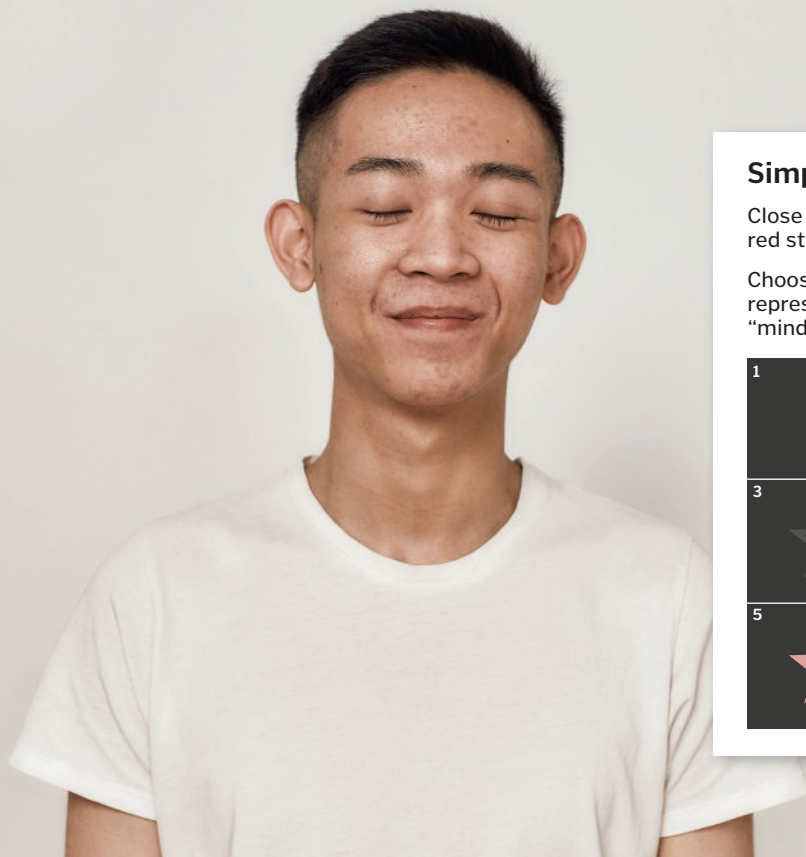
Kieran Rose, The Autistic Advocate: <https://theautisticadvocate.com>

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>> I had no idea people could actually see pictures in their heads. So many mysterious interactions with people over my lifetime suddenly made sense.



### Simple Aphantasia Test

Close your eyes and imagine a red star.

Choose the number that best represents what you saw in your "mind's eye."



Challenges included little things like people asking me to picture things, trying to draw something, or even a counsellor asking me to get a clear mental image. I've always known if I witnessed a bank robbery, I'd be useless. I can't remember what anyone is wearing because I can't see it in my mind. I will remember visual details if something catches my mind and sticks in my memory for some reason, but I can't just pull up an image.

It is important for counsellors to know aphantasia exists so they aren't making aphants feel uncomfortable or ashamed. I think most people don't even know they have it when they do have it, so if we are asked to picture something

and we can't, that might embarrass us.

I tend to say "get a sense of" or "notice" rather than "see" in case someone can't actually see a visualization. Remember that aphants can conceptualize things — we just can't picture them. Research shows that rather than picture with our visual cortices we use our frontal lobe to imagine (as an aside, even the word "imagine" contains the assumption you can see with your mind's eye). We get a sense of where things are rather than looking at them in our brains. We can still sense our somatic sensations without a visual image, and we can get a sense of our inner child and even what they are wearing. We can't see a crisp, clear image though and, often, we see no image at all. ■

### ■ APHANTASIA

#### Known since age 35

Interestingly, I first heard about aphantasia from a client. Nonetheless, we were able to do what you might call a "visualization" in that session. Instead of asking her to "picture" where her five-year-old self was, I asked her if she got a sense of where she was. It was basically the same as doing it with a — I'm going to call it — "mentally sighted" person for all intents and purposes.

That evening, my partner was losing his mind to discover that he had aphantasia. He showed me a test, and I was shocked. We both have it. I had no

idea people could actually see pictures in their heads. So many mysterious interactions I'd had with others over my lifetime suddenly made sense.

This diversity is not particularly disabling, but it was interesting to learn why so many things didn't make sense to me. For example, people would describe a scene to me and ask me to picture it. I couldn't and they would never understand. I sometimes thought there was something wrong with me. At one point, I thought maybe I didn't love people because I couldn't picture their faces. Discovering it is a neurodiversity put a lot of concerns to rest.

# HELPING FRONT-LINE NURSES

## COPE WITH THE ANGUISH OF COVID-19

BY ARTHUR ROWSHAN, RCC

**C** COVID-19 has wreaked havoc the world over. It has not only caused millions of deaths but also has increased the prevalence of anxiety, depression, loneliness, social isolation, and post-traumatic stress disorder. Emotional well-being is being challenged like never before by the psychological consequences of coronavirus.

As the world battles the pandemic, recent data shows that the hardest hit are the front-line healthcare workers<sup>1</sup> and, particularly, nurses.<sup>2</sup> The pressure on nurses has been unrelenting since the beginning of the pandemic. Aside from the anguish of watching their patients struggle with and die of a deadly virus, they also face the fear of infecting family.<sup>3</sup>

This article explores their experience of anguish amidst the COVID-19 pandemic and suggests a therapeutic strategy to help these professionals. The aim is to offer a diagnostic clarification and a homework assignment conveyed with a particular therapeutic language to heal the emotional pain caused by the pandemic.

### SUFFERING IN SILENCE

At the beginning of the pandemic, every day at 7 p.m., people around the world cheered for their front-line

healthcare workers. We all went on our balconies, rooftops, and sidewalks to perform a nightly ritual of clapping or banging pots and pans. Gradually the cheering stopped, and the number of pandemic deniers increased.

In mid-April 2021, Kendall Skuta, a B.C. nurse, posted an emotional plea on Instagram after watching a 60-year-old patient die of COVID-19. Skuta wrote: "Please, I'm begging you all. Stay home, wear a mask, and get vaccinated if you're eligible. We are all exhausted, and I don't know how much more pain my heart can take."

Christine Sorensen, the BC Nurses' Union, said: "Before the pandemic, nurses were being greatly impacted by the nursing shortage and burnout due to high workloads."<sup>4</sup> According to Sorensen, even long before the current health crisis, nurses "have been suffering in silence for too long."

A survey conducted by researchers at the University of British Columbia showed a strong link between the COVID-19 pandemic and nurses' deteriorating mental health.<sup>5</sup> According to this survey, burnout and anxiety have increased among nurses with high levels of emotional exhaustion. Dr. Farinaz Havaei, the head researcher and an assistant professor at the UBC school of nursing, says the findings show "trends of worsening





The pressure on nurses has been unrelenting since the beginning of the pandemic. Aside from the anguish of watching their patients struggle with and die of a deadly virus, they also face the fear of infecting family.

mental health among B.C.'s front-line nurses." This study revealed that 80 per cent of nurses are fearful about contracting the virus at work and 86 per cent are concerned about bringing it home. Moreover, about half of nurses reported not having confidence in their personal protective equipment.

#### **ANGUISH IS NOT ANXIETY**

In the light of the above information, I would like to address the differences between anxiety and anguish. Often these two disorders are used interchangeably, and confusion about them may lead to inexact diagnosis and inappropriate treatments.

While anxiety is an adaptive activation of our organism that becomes pathological when it exceeds a certain threshold, anguish is an intense state

of distress that does not offer anything positive.<sup>6</sup> It is a continuous feeling of discomfort, a state of negative expectation regarding future events, with the conviction that things will inevitably get worse.

Individuals struggling with anguish feel they are faced with a punishment from which they cannot escape and live in a state of subjugation waiting for it to take place. This feeling of helplessness and defeat leads to a depressive crisis. They feel unable to change their situation and harbour expectations of an inevitable and impending doom. Their pessimistic outlook causes them to expect the worst to happen.

Moreover, they feel incapable of preventing or stopping their own catastrophic prophecies. They feel certain that bad things are going to

happen no matter what they do. They become convinced that it is useless to do anything about the state of affairs.

Unlike anxiety, which is more associated with the state of arousal and panic, anguish is associated with a depressive state. They feel no matter how much they combat the present or the immediate future, they will never win the battle.

The studies on depression have highlighted that at the centre of this disorder lies an attitude characterized by resignation.<sup>7</sup> When there is no possibility to overcome certain obstacles, individuals surrender themselves to a present that is unbearable. They give up and succumb to the torment of the agonizing present moment.

Thus, depression is the most frequent

corresponding symptomatology of anguish with its specific psychosomatic effect. While the solar plexus is the seat of anxiety, the abdominal area acts as the nest of anguish.

### A STRATEGY TO TREAT ANGUISH

Before suggesting a strategy to treat anguish, I will give a short introduction of the model behind this intervention. The technique and its corresponding communication style are based on Brief Strategic Counselling (BSC). The BSC model uses a structured and pragmatic approach to the treatment of psychological problems. The focus of therapy is on the client's attempted solutions, which maintain or even exacerbate the problem.<sup>8</sup> For clients struggling with anguish, common-sense solutions such as distraction and avoidance of pain are often self-defeating. Generally speaking, attempted solutions fall into three categories: action is necessary but not taken, action is taken when it should not be, and action is taken at the wrong level.<sup>9</sup>

As proposed by Paul Watzlawick and his collaborators at Mental Research Institute of Palo Alto, a strategic clinician follows a four-step process:<sup>10</sup>

- 1) A clear definition of the problem in concrete terms,
- 2) An investigation of the solutions attempted so far,
- 3) A clear definition of the concrete changes to be achieved, and
- 4) The formulation and implementation of plan to produce this change.

In the BSC model, the search for a solution is not directed toward the past but rather is focused on the present. The key questions are not "Why does this problem exist?" or "Why does the client have this disorder?" but "How

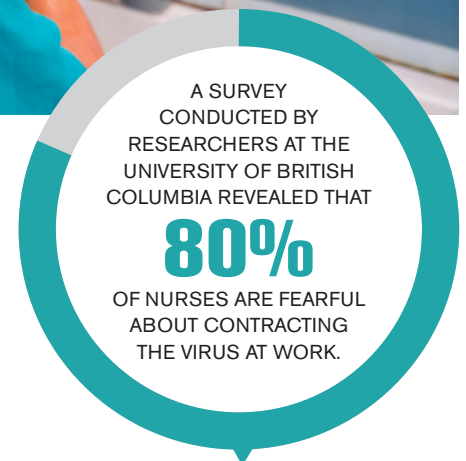


does this problem persist?" and "What is required to change it?"

Strategic counsellors aim at breaking the dysfunctional cycle created by clients' unhelpful actions. The goal is to provide effective tools for clients to take control of their life. The recommended strategies are not the result of strokes of counsellor ingenuity in moments of creativity. These are the fruit of a complex theory and painstaking forms of investigation dedicated to developing effective and, at the same time, apparently simple solutions to complicated problems. Thus, the strategic intervention proposed in this article belongs to an internationally recognized and evidenced-based model.

### THE THERAPEUTIC HOMEWORK

Although in some cases pharmacotherapy can be helpful, sedation of the physiological symptoms is not the most appropriate solution to anguish. The clinicians must help their clients change their perception of considering themselves as a victim. Furthermore, in these cases, when sedation reduces the symptoms, it could inhibit the individual's resources, thus, initiating a vicious pathological



**86 PER CENT** ARE CONCERNED ABOUT BRINGING IT HOME. ABOUT HALF OF NURSES REPORTED NOT HAVING CONFIDENCE IN THEIR PERSONAL PROTECTIVE EQUIPMENT.

cycle: "I am better with the medication, but I feel even more powerless because my physiological reactions are numb."

Among the most common dysfunctional attempted solutions of front-line nurses who suffer from anguish is to avoid looking at "the beast that devours the soul." Although distractions may offer temporary relief, it is hardly ever the solution. Contrary to conventional wisdom, the most appropriate course of action is just the opposite: clients must dedicate a specific space, time, and procedure to face their anguish. Namely, in the morning, they must foresee all the most terrible and most feared outcomes and



write them down and describe them in detail on paper. Then, they let the day pass and, at night, check if those catastrophic predictions have been fulfilled.

Checking at night which of their dire predictions have been fulfilled is a way of dismantling the mechanism of catastrophic thinking. Even if their catastrophic predictions come true, this procedure makes those negative thoughts more acceptable and easier to manage. The act of writing, as numerous investigations have shown,<sup>11</sup> immerses us completely in our suffering but also allows us to get away from it.

The exercise of writing ominous expectations allows individuals to develop an emotional distance precisely because they accept its inexorability. The description makes the dire situation more acceptable and progressively desensitizes the anguish. In one of his poems Fernando Pessoa wrote, “When I write what I feel, I reduce the fever of feeling.” Repeating this exercise daily gives clients the ability to accept the unacceptable. Moreover, daily transcription of suffering creates a habituation effect.<sup>12</sup> The repeated exposure to distressing stimuli lessens their impact on the individual and provides further relief.

## COMMUNICATION STYLE

Aside from being highly empathic and creating a safe environment for these clients, clinicians must speak the language of anguish to consolidate client trust. Those living with anguish need a non-judgmental space, as well as strong emotional validation; otherwise, they will not follow the assignment because they are afraid of facing their pain. For this reason, clinicians must use evocative language to gently persuade

these clients to follow through the above homework.

Since each person is unique, there are no universal canned phrases to utilize with our clients. However, here are few aphorisms and evocative imageries for counsellors to incorporate in their dialogue to validate their clients’ experience of anguish:

## The exercise of writing ominous expectations allows individuals to develop an emotional distance precisely because they accept its inexorability.

“You feel that there is no way to escape from this beast that devours your soul.”

“You remind me of a character in *The Book of Amos*: “You flee from a lion, and a bear meets you; and you take refuge in your house, but as you lean your hand on the wall, a serpent bites you.”

As Honoré de Balzac said: “Resignation is a daily suicide.”

The poet Robert Frost, once said, “The best way out is always through.”

## THE BATTLE AHEAD

Although counsellors can help healthcare workers deal with their anguish, other changes must also be implemented as preventive measures. One study revealed that front-line nurses have asked to be included in decision making and for visible leadership during this turbulent time.<sup>13</sup> The same study found that healthcare workers have five key requests to their organizations during the pandemic: hear me, protect me, prepare me, support me, and care for me.

As COVID-19 vaccine doses continue to be administered, front-line

nurses are beginning to see the end of their fierce battle with this virus. However, the COVID-19 variants and possible mutations still haunt front-line nurses. Since this battle seems to be a long one, counsellors must hone their skills to be ready to help individuals affected by the psychological impact of this daunting crisis. As Marcel Proust said, “The real voyage of discovery consists not in seeking new landscapes but in having new eyes.” ■

Arthur Rowshan, MC, RCC, PhD, is a counsellor in private practice in Kelowna. He also offers training courses in Brief Strategic Counselling. [www.arthurrowshan.com](http://www.arthurrowshan.com)

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# THE MISSED NEURODIVERSITY

ADVOCATE FOR RECOGNITION AND RESOURCES FOR GIFTED INDIVIDUALS



Debbie Clelland has been learning about giftedness personally and professionally since 2003. She teaches in the Counselling Psychology Masters Programs at Adler University and has a part-time private practice supporting giftedness with parents and adults: [www.DebbieClelland.com](http://www.DebbieClelland.com).

**W**orking with gifted people and their families is a passion for Debbie Clelland, an RCC since 1997. Her decision to become a counsellor was inspired by seeing the difference her mother, also an RCC, was making in people's lives.

In 2003, everything changed for Clelland when her children, then ages seven and nine, were assessed as gifted. As is typical for many gifted children, the assessment was recommended by teachers because of behavioural issues. While assessment meant some individualized education was available for her children, that was it.

"We got to the end of the support road very quickly, but that was definitely not the end of the support we needed as a family," says Clelland.

Like any parent, she had many

questions. What is giftedness and where does it come from? Why are the behaviour problems happening and what should I do? Does it sound like we think our children are somehow better than others, which, of course, we don't? What does it mean for our family?

Fortunately, Clelland found a strong parent organization called the Gifted Children's Association of BC. She also decided to pursue a PhD in Educational Psychology with her thesis under the supervision of Dr. Lannie Kanevsky, who is known for her gifted education courses for teachers. Since then, Clelland, who teaches at Adler University, has been helping gifted people and their families in her private practice and advocating for better resources and support, including the recognition of giftedness as a neurodiversity.

**What is giftedness, and how does it help to have giftedness recognized and understood as a neurodiversity?**

My favourite definition of giftedness was developed by the Columbus Group, a group of psychologists, counsellors, and parents. They say:

*"Giftedness is asynchronous development in which advanced cognitive abilities and heightened intensity combine to create inner experiences and awareness that are qualitatively different from the norm. This asynchrony increases with higher intellectual capacity. The uniqueness of the gifted renders them particularly vulnerable and requires modifications in parenting, teaching, and counseling in order for them to develop optimally."*

I want to emphasize that giftedness is one form of neurodiversity, and it is not exclusive. Many people



have giftedness as one part of their neurodiversity experience, and they may also have other kinds of diagnoses, for example ADHD. In the past, it's been called being gifted and twice exceptional if you have an additional diagnosis or learning difference (e.g., dyslexia). But many people have more than two, and the more common term these days is "multi-exceptionality." When I'm talking about gifted, I'm talking about anyone who includes giftedness but may also include other kinds of multi-exceptionalities.

If giftedness can be recognized, it can be accepted as a special need, so they hopefully get consistent support in the educational system and their parents are supported as parents of special needs children. Support psychologically with adapting to having a special needs child and practically with the education system. If giftedness is recognized, maybe the school system and the community systems of mental health would be able support the needs. And potentially, it may be accepted that you don't grow out of giftedness as an adult. The asynchronous development levels out to a certain extent over time so it doesn't seem as extreme, but it doesn't mean your neurodiversity has changed. It just means that you've learned how to live in the world and perhaps pass as a "normal person." Because being bright or standing out is not really accepted.

### Can you give us an example of new research that recognizes giftedness as a neurodiversity?

The very exciting thing is that we now have a lot more to rely on to help us all understand that giftedness actually is a real thing. The work I'm mostly referring to is by Nicole Tetreault. She defines herself as a neuroscientist, but she has focused quite a bit on giftedness. She says every single person

has a unique brain map — similar to a fingerprint — called neuro-individuality. Gifted individuals are hardwired differently. Tetreault says:

*"Their differences encompass brain anatomy, bodily perceiving, sensory processing, levels of intensity, increased sensitivity to bodily sensations, emotional intelligence, and elevated responses to the environment. They have a unique biology from their brain maps to their genetics to their sensory processing to their emotional processing to their bio rhythms. Every individual navigates in his or her own way. In the human population, there's a vast array of ways to do that."*

### Most people think of gifted people as being really smart: what is actually happening?

This is where the myths come from that gifted people will be fine on their own. They do have some potential opportunities for fitting into a super-smart category, but this is why the neurodiversity research is so important.

The 30 years of brain studies talk about 11 different domains of brain differences and brain maturity. That means there are different ways the brain is maturing in an asynchronous way, especially during adolescence. Gifted people learn at an accelerated rate.

They have more intellectual challenge

creating more flow in their brain. They process emotion in a more mature manner compared to same-age peers.

One of the most helpful things I read as a parent was written by another parent who described their child as having been "afflicted with

giftedness." As a parent, that was part of my experience: I had a child with special needs, and I didn't live in a world that knew about that or could support me in that. It's not an easy path.

And just like anyone else who has some kind of difference, they often will hide it. The parents hide it. The children hide it, especially preteen and adolescent girls. It is not a well-accepted special need. It's

**One of the most helpful things I read as a parent was written by another parent who described their child as having been "afflicted with giftedness."**



## The Brilliant Behaviours

Some of the characteristics of giftedness in children include exceptional or deep interests in and ways of demonstrating: humour, imagination and creativity, inquiry, memory and processing, sensitivity, expressiveness, reasoning, problem solving, intuition, learning, interests, moral and ethical concerns, and motivation (intense need to know/create).

For more details, go to Lannie Kanevsky's Possibilities for Learning: <http://possibilitiesforlearning.com/brilliant-behaviors/>

misunderstood, it's misdiagnosed, it leads to isolation, and that literally leads to pain perceived as pain in the brain, just like any other pain.

### **Tell us about the needs assessment you did for your PhD thesis.**

In 2009, I surveyed 525 parents in four provinces and asked them about their concerns and the kinds of information they need. In 2019, I asked a panel of experts how applicable these topics are currently. They reported 29 of the 30 top issues are still relevant today. This means we have made very little progress over the last 10 years.

Examples of the information parents need include help for their children in the school system and outside school, how to teach children to advocate for themselves, and how to teach teachers what giftedness is and what their child needs. At home, parents need help figuring out emotional development and determining their child's strengths and challenges. Concerns include feeling like their child's success depends on advocating in the school system and incredible pressure to support their child's talent development. Parents reported that their children were lacking academic challenges, were bored, sometimes had poor social skills, were disorganized or forgetful, and were troubled by perfectionism.

### **How is giftedness supported — or not supported — in BC?**

Here in BC, we have a very underserved gifted population. It's a perpetual cycle

where educators don't know about giftedness or get consistent training and support to meet educational needs. Parents don't know what giftedness is, so they don't know what they're looking for at home. We look to the schools to do the identification, but the schools aren't doing identification. That has gotten dramatically worse over the years. In BC, in 2002, they stopped providing specific funding for what they call high-incidence special needs, including giftedness. Between 2002 and 2018-2019, identification of gifted students decreased by 69 per cent.

The other thing happening in BC is a trend towards inclusive education. For example, the Vancouver School Board recently cut honours programs because they're perceived as being more exclusive for wealthy families. Well, inclusive education in general is about bringing all children into the same classroom, which works fine if you have small classrooms with trained teachers and allocated resources for differentiated learning

needs. But that's not what we have. We have the same old classrooms and inconsistent opportunities for differentiation in the way students need it. We don't have required courses for special needs for teachers. Counsellors don't know what giftedness is. BC is actually doing worse than other provinces as far as publicly funded programs and schooling. Alberta has publicly funded charter schools specifically for gifted students. Nova Scotia has a major school-wide enrichment model for differentiation and enrichment in the inclusive classroom. But we don't have that here.

**Parents don't know what giftedness is, so they don't know what they're looking for at home. We look to the schools to do the identification, but the schools aren't doing identification.**

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▶ Local support for children and families: Gifted Children's Association of BC: <https://giftedchildrenbc.org>

### **What is your message to other RCCs?**

In the needs-assessment survey I conducted for my PhD thesis, participants named "turning to counsellors and mental health professionals" as being incredibly important. It was second on the list after "written materials for gaining information." It was in the top three for "dealing with concerns" along with talking with a partner and parent support groups. Results also indicated a need for experts to help them understand what's going on and how to navigate all of it. RCCs are so important in helping families deal with giftedness. But if RCCs don't know about giftedness, then they won't understand that it's a real thing — a neurodiversity we all need to be tuned into and have information about to be effective. ■

Find more from Debbie Clelland, RCC, about giftedness in her blog post on the BCACC website.



## Listen

### TELLING OUR TWISTED HISTORIES

CBC LISTEN PODCASTS

Words connect us. Words hurt us. Indigenous histories have been twisted by centuries of colonization. Host Kaniehti:io Horn brings us together to decolonize our minds — one word, one concept, one story at a time.



### BEING WELL WITH DR. RICK HANSON & FORREST HANSON

STREAMING ON ITUNES

Featuring interviews with mental health experts like Dr. Kristin Neff, Dr. Joanne Cacciatore, and Susan McConnell, Dr. Hanson and Forrest Hanson explore the practical science of lasting well-being.



## Watch

### THE ME YOU CAN'T SEE

RECOMMENDED: EPISODE 4, "WE NEED EACH OTHER"

STREAMING ON APPLE TV+

In this new documentary-style series, Oprah and Prince Harry open the door for wide-ranging conversations about mental health. Episode 4 features Counselling in a Changing World keynote speaker Dr. Dixon Chibanda and explores how his task-sharing approach to mental health can help communities heal together.



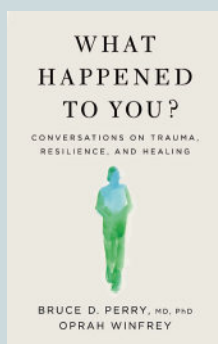
### LOVE ON THE SPECTRUM

STREAMING ON NETFLIX

This four-part documentary series following young adults on the autism spectrum as they explore the unpredictable world of love, dating, and relationships. This uplifting and insightful series celebrates diversity and difference, with participants who are warm, funny, and generously open. It sets out to teach us all lessons of love, romance, intimacy, and acceptance.



## Read

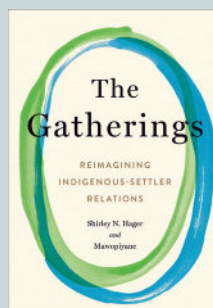


### WHAT HAPPENED TO YOU? CONVERSATIONS ON TRAUMA, RESILIENCE AND HEALING

BY BRUCE D. PERRY, MD, PHD AND  
OPRAH WINFREY

Through deeply personal conversations, Oprah Winfrey and renowned brain and trauma expert Dr. Bruce Perry offer a ground-breaking and profound shift from asking "What's wrong with you?" to "What happened to you?"

BCACC was proud to host Dr. Perry at *Counselling in a Changing World*, a BCACC virtual conference, this past June. Dr. Perry led a pre-conference workshop titled "The Impact of Trauma on the Developing Child," which elaborated upon insights explored in his book.



### THE GATHERINGS: REIMAGINING INDIGENOUS- SETTLER RELATIONS

BY SHIRLEY HAGER AND MAWOPIYANE

In a world that requires knowledge and wisdom to address developing crises around us, *The Gatherings* shows how Indigenous and non-Indigenous peoples can come together to create meaningful and lasting relationships.

The many voices represented in *The Gatherings* offer insights and strategies that can inform change at the individual, group, and systems levels. These voices affirm that authentic relationships between Indigenous and non-Indigenous peoples — with their attendant anxieties, guilt, anger, embarrassments, and, with time, even laughter and mutual affection — are key to our shared futures here in North America.

# Pivoting together

An RCC discovers meaningful new depth in the client-counsellor relationship with the shift to online sessions.

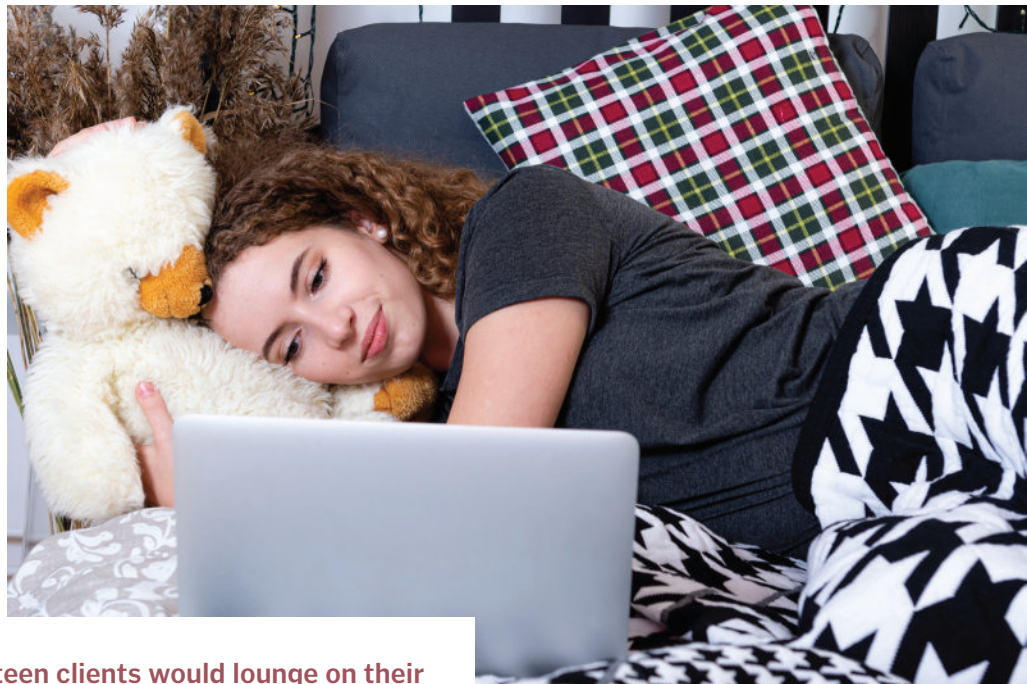
BY NICOLA DOUGHTY

**C** OVID-19 has impacted people worldwide. There has been sadness and tragedy, loneliness from social isolation, and increased anxiety and depression. Many people I've spoken to have found positive learning within pandemic restrictions, alongside their frustrations and limitations; some finding new hobbies, others learning to appreciate slowing down, and others yet, forming deeper connections through intentional communication with friends and family. People speak about flexibility and adaptability and the strength of perseverance.

As both a school counsellor and a therapist in private practice, I have pivoted my services several times. Getting used to the myriad ways of observing and tracking clients took patience, determination, and dedication. It has been fatiguing sometimes. However, of all the things that I have experienced throughout this pandemic, nothing is more positive than the impact of the client and therapist sharing this experience.

Typically, a client arrives in the office with a story to share, feelings to unpack, meaning to discover, a pathway forward to be found. The therapist develops rapport through active listening and empathy, and at times, similar enough life experiences to draw upon. I attempt to "know" my client through their eyes, words, and feelings.

But through this period, my clients and I have been living in the same external circumstances. The playing field has been



**Many of my teen clients would lounge on their beds, permitting me to see posters and pictures, stuffed animals, and other personal items. Body language revealed new messaging when clients were in their comfortable spaces.**

levelled — none of us have been spared the worry and fear of catching COVID-19 or losing someone to it. While as a therapist, I still have my set of skills and abilities, my clients were watching me deal with my own self in the moment.

Many professional conversations exist around therapists and personal disclosure. During lockdown, when my bedroom became my office, my clients learned that I have purple walls and that my daughter creates a lot of art. I also gained insight into my client's lives. Many of my teen clients would lounge on their beds, permitting me to see posters and pictures, stuffed animals, and other personal items. Body language revealed new messaging when clients were in their comfortable

spaces and, sometimes, words flowed more easily. I had clients apologize for messy spaces or comment that they had cleaned for my benefit, and we laughed over things like this. They were also beneficial lead-ins to deeper work around perfectionism, intimacy, and longing. As one client shared, "There's a different type of vulnerability in pivoting together."

Along with getting used to wearing masks, dousing ourselves with hand sanitizer, working from home, and missing family, these new dialogues created rich texture that helped build my clients' resiliency, alongside my own.

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*Nicola Doughty, RCC, enjoys co-creating non-judgmental spaces where genuine, magical, "a-ha" moments occur, working within an integrated trauma-informed approach of existential, narrative, and attachment theories.*



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<sup>1</sup> Benefits over \$5,000 only available to classes AA and Exec. <sup>2</sup> Non-occupational available. <sup>3</sup> Plans also available with short-term benefit periods. <sup>4</sup> Select from 0-day, 30-day or 112-day waiting periods.

# THANK YOU TO OUR VOLUNTEERS!



BCACC offers our sincere thank you to the dedicated RCC volunteers who sit on the Provincial Education Committee. The volunteers on this Committee work hard to plan and curate professional development events for the BCACC membership. This includes the planning and development of the BCACC Conference.

We would like to acknowledge this Committee for all their hard work and their dedication over the last 18 months planning the **Counselling in a Changing World** conference that took place in June 2021.

Thank you for the time you give to your association and to the advancement of the profession of counselling in BC.

## The Provincial Education Committee:

- ▶ Sylvie Hamel
- ▶ Faith Leather
- ▶ Amber Lowdermilk
- ▶ Laura Rhodes
- ▶ John Sherry
- ▶ Jordan White

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BC ASSOCIATION OF CLINICAL COUNSELLORS