



Vision, Mission And Core Values...

Jim Browne, Executive Director

In the development of our **Board Governance Policy**, we spent a considerable amount of time and energy reflecting on our Vision, Mission, and Core Values. In successive issues of *Insights*, President Abbey has presented her reports in the context of our Mission and three Fundamental Purposes. In review, we have not laid out our Vision and Core Values. Here they are.

Vision Statement

The vision of the B.C. Association of Clinical Counsellors is to affirm the well-being of all citizens of British Columbia, the competent and ethical practice of Registered Clinical Counsellors, and the integrity of the counselling profession as the foundation of the Association and be committed to:

- ensuring that practitioners meet rigorous standards of practice
- promoting personal well-being of citizens through public awareness
- leadership in the development of the counselling profession

Core Values of the Profession

Registered Clinical Counsellors:

- value people, their dignity and fundamental rights and freedoms
- respect the personal beliefs of all people
- consider the interdependence among the physical, cognitive, psychological, behavioural, emotional, moral, social, and spiritual aspects of human nature
- respect the rights of all citizens to receive competent and accountable mental health counselling services of the citizen's choice
- value the right to self-determination
- accept the responsibility to practice only in their area(s) of competence
- value the process of peer review and discipline within a system of ethical and

practice standards

- expect fair compensation for professional services provided
- value inter-collegial and inter-profession respect
- accept the responsibility that continuing education and professional development is an on-going life-long process

Our members can say with pride: *"This is who we are..."*. 🍀

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**Complete Bylaws and
Constitution enclosed with
this issue**

**Deadlines for next issue
on page 30**

Everything I needed to know...

Diane Payette, Editor

...to become a Clinical Counsellor, I did not learn in graduate school! I was not taught how to ask to be paid at the beginning or at the end of a session. So, 12 years ago, my very first client took 2 hours and 15 minutes of my time (and beginner's wisdom) and left without paying. I heard that this has happened to other therapists as well, although no one has ever shared a story remotely similar with me! I understand: there are things all of us want to keep to ourselves...

In graduate school, I did not learn how crucial it was to never, ever, yawn during a therapy session. It is absolutely pointless to explain to the client after your innocent yawn that you had a very heavy lunch or that you just need to open the window for fresh air; your client will leave the session 100% convinced that her/his story is, by far, the most boring you have ever heard in your entire career. They might come back for another session, but never fully believe that "the yawn" had nothing to do with them. Now, after all this time, I am proud to share that I can yawn right in front of a client in distress, by simply smiling compassionately and clenching my teeth. If I can get over the yawn without the client noticing, I can do the rest of my job.

In graduate school, no one bothered telling me never to look at my watch or the clock on the wall while the client is talking and looking at me. So I have developed a few tricks over the years to prevent that faux pas and I would be more than willing to share some of them with you. I also wanted to mention the stomach growling, but really, it typically turns into a simple distraction and usually the client does not read too much into it. Now, who has ever made the mistake of scheduling two clients at the same time??? Not me!!! So I cannot comment on that one! But what about not

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Sights on the Internet

This directory is an exploration exercise in navigating the maze! In each issue, we focus on a website that is of interest to you. For this issue, I was inspired by an outstanding article written by Don Peterson in the Saturday, July 27th issue of The Vancouver Sun.

www.nedic.ca

The National Eating Disorder Information Centre (NEDIC) is a Toronto-based, non-profit organization established in 1985 to provide information and resources on eating disorders and weight preoccupation. NEDIC began as a result of the concerted efforts of a group of health-care providers. Based on a national needs assessment undertaken in 1983 by the Health League of Canada, a proposal was made for initial funding of an information centre which would focus on eating disorders and socio-cultural factors influencing the health related behaviour of women. NEDIC has a philosophy which promotes healthy lifestyles and encourages clients to make informed choices based on accurate information. They do not promote dieting or other behaviours which limit the full expression of our humanity. Their website is worth a visit!

There is so much useful and quality information on this website that it is difficult to know where to start this review. They have a wonderful newsletter that covers some of the following issues: Eating Disorders and Weight Pre-occupation, Treatments, Prevention and Self-Care, Body Image and Self Esteem, Society, Media, and Eating Disorders, Family and Eating Disorders.

Newsletters are available for \$1.00 each or \$45.00 for the entire set. The following abstracts are included to give the reader an idea of the content of this newsletter.

Messages From The Media March



1994 – Vol. 9, No. 1 Discusses the ways in which the media “normalizes the abnormal” and encourages an atmosphere of weight preoccupation in women with the barrage of advertisements for dieting, exercise obsession, and liposuction as solutions to the “problem” of women’s bodies. Some trends in the media’s portrayal of women and girls are cited and suggestions for writing effective letters to the media are offered.

The “Control Paradox” April 1990 – Vol. 5, No. 2 Due to the socio-cultural pressures and expectations placed upon them, women often feel out of control in their own lives, and often develop food and weight preoccupation and eating disorders in order to gain a sense of control. The paradox is that eating disorders and food and weight preoccupations are ultimately a “false and precarious” way in which to gain control over one’s life. Discusses the important “control issues” that often appear in therapy.

This is a partial Recommended Reading list posted on the site:

Breaking The Diet Habit Janet Polivy and C.

Peter Herman. Basic Books Inc.: New York, 1983

The Dieter’s Dilemma: Eating Less and Weighing More William Bennett & Joel

Gurin. Basic Books, Inc. Publishers: New York, 1982

Jane Brody’s Nutrition Book Jane Brody.

Bantam Books: New York, 1987

Intuitive Eating Evelyn Tribole and Elyse Resch.

St. Martin’s Press: New York, 1995

Making Peace With Food Susan Kano. Amity

Publishing Co: Danbury Connecticut, 1985

Socio-Cultural

The Obsession Kim Chernin. Harper & Row:

New York, 1981

The Hungry Self: Women, Eating and Identity

Kim Chernin. Times Books: New York, 1985

Anorexic Bodies: A Feminist and Sociological

Perspective on Anorexia Nervosa Morag

MacSween. Routledge: New York, 1993

A Hunger So Wide and So Deep Becky W.

Thompson. Minneapolis: University of Minnesota Press, 1994

Fat is a Feminist Issue Susie Orbach. Paddington Press: New York, 1978

Fasting Girls: The History of Anorexia Nervosa

Joan Jacobs Brumberg. Penguin Books: New York, 1988

Unbearable Weight: Feminism, Western Culture, and the Body Susan Bordo. University of California Press: Berkeley, 1993

The Thin Woman Helen Malson. Routledge: New York, 1998

Fed Up and Hungry: Women, Oppression & Food Marilyn Lawrence, editor. London: The Women’s Press, Ltd., 1987

The Invisible Woman: Confronting Weight Prejudice in America W. Charisse Goodman.

Gurze Books, Carlsbad, CA: 1995

Such a Pretty Face: Being Fat in America Marcia Millman. W. W. Norton Co.: New York, 1980

Shadow on a Tightrope Ed. by Lisa Schoenfelder and Barb Wieser. Aunt Lute Book Company: Iowa City, 1983

Radiance P.O. Box 30246. Oakland, Ca. 94604

Breaking All The Rules Nancy Roberts. Viking Penguin Inc.: New York, 1985

Sights cont’d page 3

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A Book in Sight

Sights from page 2

Competing with the Sylph L. M. Vincent. Berkeley Books: New York, 1979

The Beauty Myth Naomi Wolf. Vintage Press: Toronto, 1990

Feminist Perspectives on Eating Disorders Patricia Fallon, Melanie A. Katzman, and Susan C. Wooley (Editors). The Guilford Press, New York, 1994

Eating Problems: A Feminist Psychoanalytic Treatment Model Carol Bloom, Andrea Gitter, Susan Gutwill, Laura Kogel, and Lela Zaphiropoulos. HarperCollins, New York: 1994

Understanding Eating Disorders LeeAnn Alexander-Mott and D. Barry Lumsden (Editors). Taylor & Francis, Washington, D.C.: 1994

Anorexia Nervosa: A Survival Guide for Families, Friends and Sufferers Janet Treasure. Taylor & Francis, Washington, D.C.: 1997

Starving in the Silences Matra Robertson. New York University Press: New York, 1992

Father Hunger: Fathers, Daughters & Food Margo Maine. Gurze Books: Carlsbad, CA, 1991

Like Mother, Like Daughter: How Women are Influenced by Their Mothers' Relationship with Food – and How to Break the Pattern Debra Waterhouse. Hyperion: New York, 1997

Transforming Body Image Marcia Germaine Hutchison. The Crossing Press: New York, 1985

Women and Self-Esteem Linda Tschirhart Sanford and Mary Ellen Donovan. Viking Penguin Inc.: New York, 1984

And there are more resources for children, teens, and parents. Keep browsing and find more than 33 links on the topic to facilitate further access to information and resources, even though they do not constitute an endorsement by NEDIC. I tell you, you will feel like going to the bookstore to upgrade your own professional library after visiting this extraordinary site!

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

www.gestalt.org/schoen.htm

Presence of Mind: Literary and Philosophical Roots of a Wise Psychotherapy

by Stephen Schoen, PhD

In his beautiful and complex book, *Presence Of Mind: Literary And Philosophical Roots Of A Wise Psychotherapy*, Stephen Schoen has assembled a panel of eloquent and persuasive voices. He has each one speak for himself and skilfully shows how each voice challenges us to celebrate our personal and universal complexity. In his own voice and with examples from his therapeutic work, Schoen integrates their perspectives into a reverence for the human spirit – encouraging us, like Rilke, “...to return to a love of the questions themselves.”

— Miriam Polster, Ph.D., Director:
Gestalt Training Center, San Diego
Author: “Eve’s Daughters:
The Forbidden Heroism of Women

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- 10 Toward a New Paradigm of Psychotherapy

Chapter 1: To Throw Your Heart Over The Fence

...Psychotherapy, of whatever branch or school, is inseparably about values; and my concern here is to present the values in it which I find most valuable.

I shall do so through a series of text commentaries. And the first thing to be said about the texts themselves is that none of them is by a professional therapist. They are from William Blake, Rainer Maria Rilke, Franz Kafka, Martin Buber, Lao-Tzu, Gregory Bateson, and Jiddu Krishnamurti. That is, from poets, story writers, and speculative thinkers.

...Is there a special relevance, for psychotherapy today, to the encompassing values of meaning in life which are expressed by my non-psychiatric sources? I believe that there is.

...Karen Blixen once observed to a young Danish admirer: “It takes terrible courage to create. A French officer who rode in the *concours hippique*...told me that one had to *jeter le coeur* over the fence first, and then it was easy to make the horse follow. Writing is the same.”

“To throw the heart over the fence!” A total commitment, in writing — and first of all, in living — where courage is reckless and the quality of risk, a little crazy. And then the horse safely follows.

Strange if confident advice, and an essential paradox. Like Goethe’s curious maxim: “For a man to do all that is demanded of him, he must regard himself as greater than he is.”

Ordering information available at tgjournal@gestalt.org. Or visit your local bookstore to place a special order. ☺

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The Editor's Interview

The Work of Sol Mogerman, RCC

Sol Mogerman is a Registered Clinical Counsellor who specializes in working with brain injury survivors and their families. His book Objects in Mirror Are Closer Than They Appear- Inside Brain Injury was recently published by People with Disabilities Press. In his book, Sol tells the story of his accident and recovery in a direct and personal manner that draws the reader into the experience. This story highlights the loss of his self-image as the most devastating outcome of his injury. Sol's recovery unfolds through a challenging journey of self-discovery and transformation that offers great hope for triumphing over the devastating problems inherent in brain injury and other disabilities. According to Yenuda Ben-Yishay, Ph.D, Professor of Clinical Rehabilitation Medicine at New York University Medical Center, "this volume is an excellent illustration of some important issues (and lessons) that must be kept in mind by seasoned professionals and novices alike... The book contains invaluable information and could serve as a source book to professionals and students in the field as well as to survivors and their families." Sol lives with his wife in Victoria, British Columbia. I interviewed him about his book and his clinical work.

What were you hoping to accomplish by writing this book?

I was not trying to accomplish anything really. I just needed to tell my story for my own psychological health. By telling the story over and over again it reinforced the memory about the trauma. I think also that maybe I wanted to

explain myself to myself, which continues to be part of rebuilding my self-image.

You chose to tell your personal story first and to offer practical information to the caregivers of people who cope with the aftermath of a brain injury? Why was that?

Well, I wrote from the inside out..., which is why the story was disjointed at the beginning. But that depicts the way my mind was working. I wanted to give the reader the experience of what it feels like to have a brain injury and then they could read the theoretical information after. I actually did not do that on purpose. The book stayed as the story alone for about a year on my desk. When I found a publisher, he wanted the second part, the theory. And so I developed Part II of the book, which contains ten chapters about self-help.

You refer to denial as common after a brain injured. Can you describe if and how you experienced denial after your trauma?

Denial is a huge part of brain injury simply because the only self-image we have to hang on to is the "pre-brain injury self-image". For example, I was a great musician prior to my injury. After the injury, I would play music with my children and they would tell me repeatedly that I was not on tempo. I would not believe them. I kept going back to my "pre-brain injury" self-image where I always had tempo; I was born with tempo. But now it was not there anymore and I would deny it! It did not make sense to me that I actually had no tempo. Often this loss of innate talent happens to survivors of brain injury.

They lose something that they were born with and it takes some time before they can accept the fact that, in reality, it's just gone!

As I read your story, I sensed anger in your writing in many places. For example early on, you refer to a certain doctor as "Bozo". Why was that? Do you feel the same now looking back?

My wife told me that this might be misinterpreted. The word "Bozo" has a derogatory meaning. I don't know if you remember that there used to be a character called "Bozo the Clown". He had big ears and was bald with fuzzy hair sticking out on the side of his head. In the immediate post-stroke altered state of my brain injury this doctor just looked like that character to me. As a matter of fact in my book I acknowledge Dr. Barry Jones (Bozo) as a very important and great help to me. I was not mad at him at all but I did get frustrated with other doctors and I refer to those incidents in my book.

What type of stroke did you have/which part of your brain was most affected?

I had a stroke in the right hemisphere of my brain. It paralysed the left side of my body and affected, among other things, my cognitive, perceptual, and spatial abilities. I also have great difficulties dealing with anomalies. I sometimes have to ask people questions over and over. This disability is really an invisible one and that is extremely difficult. Over time I have learned that I sometimes have to tell people about my disability. For instance, I might have to say to a bank teller, who is trying to explain a statement to me, that I have a disability and she will have to run it by me several times until I get it. Otherwise, both of us could get frustrated and I might get angry with her and pop a fuse if she tries to push me to understand it her way.

What is, in your opinion, the greatest misconception about brain injury survivors?

That they're not all there. People living with brain injury are human beings with a history of triumph and success. They are human beings who have experienced great talent and live with incredible spirit. Unfortunately, they are often talked down to and treated like they have diminished intelligence. Oftentimes they are not really respected for who they are and what they have done or accomplished in their lives. When counselling brain injured people in my clinical practice, I use an approach that is a combination of grief work with what I called "creative reminiscence". This approach searches through the old self-image to look for essential parts that

Sol cont'd page 5

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are still functional while it grieves the parts that are no longer there. Brain injuries can also create personality changes. Each brain injury is different and I love my practice because each client is like a new mystery to solve. Working with brain injured clients is what I enjoy the most... Sometimes, because of my own experience, I feel that I come as a therapist with a build-in support group!

When my mother had a stroke seven years ago, she had to go in intensive rehabilitation (in a hospital setting) for months to re-learn how to talk, walk, drive... You don't refer to your rehabilitation work in your book, why is that?

It's in my book but it's subtle. Actually what happened is that they sent me home with a rubber ball to squeeze.

That was your formal rehab?

Yes. Remember it was 1985. Nobody told me what I would be going through. I was not mis-diagnosed, I was rather un-diagnosed. In my accident I had broken a leg, so they could not assess my walking and since I could talk, they send me home. My wife and I improvised my rehabilitation program in our home.

Are there things that you now know you needed to assist you early on, but did not then?

I would have loved to have had a person like me to talk to. Somebody to say: you're ok, you will recover, you are just going through it."

In the opening of your second chapter, you present the idea of a 10-15 years recovery, but you point out to the reader that "you will never be your old self again". I'm sure this is difficult to explain, but can you say more about that?

Recovery means being able to function in the world, it does not mean being the way you were. Ten to fifteen years is, in my personal and clinical experience, pretty much how long it takes for things to even out. But you are always different than what you used to be. When you can walk in the world and people can see you for who you are and you can feel that people are identifying you as you, then you know how close you are to

complete recovery. But before you get to that point, you always feel you and others around you keep referring to the old you, the "pre-brain injured" self. If you can picture two lines converging: one line is the building of the new self converging with the second line which is the memories of the old self. I believe that when those two lines touch is when recovery has been achieved, at least psychologically speaking.

What are some of the things you had to grieve throughout your recovery process?

Huge amounts... the loss of the ability to play music and express emotion through my voice which have always been a great part of my life and at the core of my self-image. I experience the devastating loss of being able to function automatically in the world. For example, even to this day, when I see a green light, I may have to repeat to my self several times: "This light is green, this light is green, this line is green"—before I drive through it. I also suffer physical losses like the co-ordination between my left and right side. My left hand is still quite compromised actually. I now grieve the loss of my sense of safety. When things go well, I sometimes wonder to myself "when is the other shoe is going to drop?" That fear is probably related to having experienced and survived a serious trauma more than it is specific to brain injury.

In your conclusion you refer to two questions that haunted you for years. So, can I ask you today: "Who are you?" and, "Where are you in the world?"

I don't always have words for that question...[silence] It

sounds silly to say this, but I am me and that is where I'm at. For the second question, well... I am here, wherever here is for me. The main thing is that I really don't think about those questions anymore. I just go through my life day by day with its everyday different course of challenges and experiences.

Sol, thank you so much for sharing your experience with our readers. It's been a fascinating conversation. Can you read the first few sentences of your Conclusion? I think they are powerful words.

Sure. "I have suffered one of the most harrowing experiences known to the human mind, the conscious loss of self, and consider myself fortunate to be able to end this book on an optimistic note. At this point in my recovery, I can say to you with confidence, that it is more than possible to recover a full sense of personal wholeness following serious injury to the brain." 🐼

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Working with Groups

Lydia Rozental, MA, RCC, Contributing Writer

"We must conclude that the psychology of groups is the oldest human psychology" – Sigmund Freud

We have always belonged to, and worked with, groups for survival (safety in numbers), for developmental, evolutionary and spiritual purposes. In that sense, all groups are essential. At the same time, they will have therapeutic value only if they can ensure the safety and exploratory/growth needs of their members and they can be damaging when they marginalize or oppress some or all of its members in open or subtle ways.

There have been many approaches taken in working with groups. In this article, I would like to explore some similarities and differences between the more traditional (psychodynamic) approaches, which still influence our thinking about practice, and more current ones (including the narrative, relational, feminist, and solution-focused) in order to clarify to some degree some of the postulates about groups and provide some guiding principles in working with groups. Hopefully, that will benefit therapists willing to take on the sometimes arduous task of groups while contributing to the therapeutic, safety, exploratory, and growth needs of their clients.

Some of the similarities between the approaches in working with groups include the desire of the group members and its leader/s to get "better", healthier, to reduce some of life's miseries, and embark on different ways of being with oneself and with others, not just in the group itself but also outside it in different life realms and in interaction with the different cultures of which all human beings are part.

I will concentrate more on the differences out of which some of the guiding principles I hope to evolve. Within the differences between the approaches, I will concentrate more on the current approaches which are helpful for me in co-creating the vision of healing, safety, exploration, growth, etc.

In the traditional approaches, determining a sense of self would be the goal of healing

while relationships take the back seat and serve as a means to the above end. More current ideas emphasize the healing power of relationships themselves, the desire for connection, and the ongoing dialectic between the needs of the person and the others' needs. The focus of the group leader using this approach will be on group interaction and process and on creating a sense of "us".

In the traditional approaches, the client's issues are seen from a deficit perspective (the person being the problem) and on the cure coming from the therapist. In order to get this cure, the main issues addressed belong in the past, and the here-and-now interaction in the group is seen as a stepping stone to the there-and-then. More current ideas emphasize healing

"...current ideas emphasize the healing power of relationships themselves, the desire for connection, and the ongoing dialectic between the needs of the person and the others' needs."

as a result of interaction with another member, the facilitator or the collective group in the here-and-now and through the history of the group. Recognizing society's impact and the social context of the client / group is essential and the problem is externalized, its historical context and its relationship with the person / group addressed (Bird, 2002). Past, present, and future are considered in a bridging way.

In the traditional approaches, some of the curative factors include insight and working through the client's resistance and counter-transference. More current ones consider belonging, being understood and accepted by the group, achieving clarity about others through resonance and empathy, achieving clarity about oneself through validation and self-empathy and moving beyond the limited social constructs available for women, men,

visible and invisible minorities, people with disabilities, with various sexual orientations etc. Resistance is given a voice and the power to change the above restraints rather than being seen as an obstruction to healing.

Instead of viewing the therapist as expert in the traditional approaches, the power differential in the group is named and acknowledged and an active effort is made to reduce it. Transference may include all the connections and learned strategies for disconnection to all the relational figures of the past rather than internalized projection from one's troubled past being enacted in the here-and-now. Counter-transference may include everything which helps or hurts the therapist's ability to maintain a real connection with the clients – to be truly aware and present (Bird, 2000, 2002; Fedele, 1994).

This binary discussion excludes other, myriad forms of groups who are not included in the conventional group therapy literature because they are not seen to perform a remedial purpose. Just to name a few other possibilities, there are groups working on social goals and social change, which are non-selected and self-directed. I would like to name some of the values some of these groups share because they might contribute to our therapeutic stance as group leaders. Some of these values concur with the current ideas presented in the former sections and some of them are an add-on.

Self-directed groups emphasize that all people have skills, understanding, and knowledges; they refuse to accept negative labels; they emphasize people's rights to be heard, to have control over their lives, have the right to decide to participate or not in self-directed work through which they have the right to define issues and take action; the complexity of problems – oppression, public policy, the environment and the economy are often stronger contributing factors than the personal; there is commitment to challenge oppression by reason of age, gender, class, disability, race, sexual orientation, culture etc.; people acting collaboratively can be

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powerful; and the emphasis is on a facilitative rather than a leadership role. The group has to agree on values before its start, the planning is open and ongoing, the membership is unselected ("having enough in common"), the group size is flexible; keeping a group memory is important; the length of the group is open-ended and the commitment is long-term. The frequency of the meetings is determined by its members, the location is natural or neutral (close to home, community centre).

When Carl Rogers wrote "The most effective leader is one who can create the conditions by which s/he will actually lose the leadership," I do not think he was that far removed from the self-directed group ideas. If it is possible that people's lives and their surroundings change as a result of being treated and treating others in the ways described above, is it possible to learn from these values/principles and still be effective as a leader/therapist/facilitator? What are some of the ethical premises that can help us working in this context and with some of these ideas?

The group needs to benefit its members and not the leader directly, although therapists learn and are given a great deal by the group. Having a co-therapist may help to hold ethical principles in the centre, inside as well as outside of the group, in the co-leaders' interaction with each other and with the group members. Having a community of concern around the group and its facilitators e.g. reflecting teams, witnessing groups (Reynolds, 2001), consultation and supervision as an ongoing way of reflecting on the group's safety, process and culture is important as an accountability measure. The power imbalance between the facilitators and the group members needs to be recognised from the beginning and re-addressed if it results in a decrease of safety or collaboration in the group. Safety is the most important feature of a group; without it no growth or group task (Yalom, 1995) can be performed.

Safety is not to be seen as an absolute term; the facilitators have to keep asking each other and the group of them if it is safe enough – safety is attended to in a continuous negotiation of permission (Bird, 2000). Cultural accountability is one of the many ways in which, if addressed, group work may become safer – the group becoming eventually its own culture. However, there are cultures within the group culture and attention needs to be paid to the dominant and the marginalized discourses of these cultures (e.g. in all men or women groups or mixed with more men or women or vice versa; in all heterosexual groups or gay or lesbian groups or in a mix of the above; in all Caucasian, middle class groups when a minority of members are marginalized by poverty or

*"Self-directed groups emphasize
that all people have skills,
understanding and knowledges;
they refuse to accept negative
labels..."*

have an in/visible ability). Having cultural consultants as a community of concern in addressing the cultural challenges from an ethical perspective may be useful to the group leaders and members.

Although Carl Rogers made the argument that the group facilitator is responsible with the group rather than for the group and did try to demystify and deconstruct the power imbalance in the group between leaders and members, the facilitators' roles are not equal to those of the group members. We might be asked to step in when a

member or a leader challenges the safety negotiations and permissions the group has come to in a way that it becomes less safe than before. When these challenges are negotiated successfully, the group safety and cohesion increases; this paves the way to a richness of dialogue that allows different perspectives, non-pathologizing stories and affirmations, celebratory rituals, new metaphors about oneself and other, "little narratives" and a myriad of other ways of being, belonging and experiencing to emerge. This is the making of group at its best and this is when the work of group is rewarding and beneficial to its members and inspirational to its leaders.

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In Praise of Long-Term Therapy

Ian D. Brown, RCC, Contributing Writer

We read frequent articles in our various professional journals about brief therapy, solution-focused therapy and short-term therapy. Rarely do I encounter an article explaining the reasons and supporting the need for a longer term psychotherapy process. The brief process is often focused on a very specific goal that the client must articulate very quickly, preferable behaviourally defined. This trend is supported by the policies of employee assistance programs and insurance companies that severely restrict the number of sessions available to clients, supposedly for the purpose of efficiency. A failed short-term effort can leave the therapist frustrated and lead the client to conclude that therapy doesn't work.

I praise long-term psychotherapy as a rich, valuable, and sometimes necessary process. How long am I talking about? I am writing here about therapy that runs at least an hour a week

for at least six months, maybe a couple of years. This can seem like a long time to be merely talking out one's problems with a stranger. The process also entails considerable expense. So how can it be worth the money and time?

Brief therapy, and what is called solution-focused therapy, stick to narrowly defined problems that are clear in the client's consciousness. Longer term therapy is also intended to help the client solve the presenting problems, but the process is different. Material from the unconscious may have to be made conscious before the client can make any progress at all. Seeking material in the unconscious is not part of brief therapy.

The need for the expense of money and time is a result of the kind of problems that require long-term therapy. Short-term solutions can fail for a number of reasons. Problems involving deep fear, lack of self-esteem, trust in

others, or spiritual needs are rarely resolved by a few therapy sessions. I will offer my understanding why each of these issues requires longer term therapy work.

The relationship between therapist and client will be used extensively in longer term therapy, both for identifying unconscious parts of the problem and also for its curative power. An example of the latter is the power of a caring relationship to grow the client's self-esteem. Much short-term therapy uses defined and specific techniques throughout, focusing on symptoms and changing behaviour. Longer term therapy also attends to symptoms but looks for underlying causes, insight, and

change in depth. So for longer term work, a much more extensive exploration of the problem is essential. The depth of the longer term relationship allows the clients to use the caring and affection of the therapist to rebuild damaged self-esteem, and allows the therapist to use the transference to help the client find and remove unsuspected glitches in their world functioning.

It is often easy to prescribe new behaviours to replace those that serve a client badly. If the approach begins to evoke deep fears and terrors, it may have to be broken down into small, do-able steps. This approach is standard brief therapy. Then come therapist and client consternation when the homework and the new behaviour are not being performed. It is easy to conclude therapy is a failure. But what is usually necessary is more depth and more understanding – a time consuming process. Simple problem solving will not take care of deep and complex emotional difficulties.

Often, clients hold on doggedly to dysfunctional behaviour patterns despite the best work of the counsellor and despite the good intentions of the clients. It may be that these patterns are there to serve an important purpose for the client, a purpose for which the client is unaware. If a dysfunctional pattern fills a strong need for the client, it may take months of gentle, careful exploration to find out what this need is and then more time to develop a functional alternative way to fill the need. Then more time will be needed to put the alternative process into action and for the client to develop sufficient confidence in it that the first post-therapy stress will not send them fleeing back to the tried and true old patterns. At times, the client will discover their needs are not capable of being filled. Then the therapist and client must process the ensuing grief and find ways for the client to tolerate the loss. If this sounds long and painstaking, it is. However, this work is based on the belief that the changes as the client wants must be durable and lasting to be worthwhile.

Long-term dysfunctional patterns are often traceable to early pain and early choices for

Long-term cont'd page 9

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Long-term from page 8

managing life, choices made as part of the family of origin. While it is sometimes quick and easy to track down the source of a pattern, it is rarely quick or easy to stop the old reactions and choices of behaviour. Often the client needs a therapist along for the process of repeatedly becoming aware of triggered reactions and the hard work of remembering better choices for dealing with the situation and putting those choices into practice. Sometimes new ideas for dealing with the situation and putting those choices into practice. Sometimes new ideas for dealing with life, when they are actually put into use, don't work as well as the client or therapist thought they might. If the problem is not just superficial but

“While it is sometimes quick and easy to track down the source of a pattern, it is rarely quick or easy to stop the old reactions and choices of behaviour.”

rather due to more unconscious business, more therapy in depth will be required. This process may not take years of therapy, but it will take several months at least. So even putting in place behaviour change that a client desires can involve deeper issues and take a long time to establish.

Deep, long-term wounds to a client's valuing of themselves and love of themselves will take many months of good therapy work to heal. It is rare that a client articulates their goal in therapy as repair of damaged self-esteem. However, lack of healthy self-esteem often underlies a client's failure to cope well with ordinary life. Some kinds of dramatic weekend and week-long workshops can give a client a sudden jolt of needed self-esteem. In my experience, these wear off quite quickly so the client must go back for repeated refills. I believe the therapy for low self-esteem cannot be deemed complete until the client develops

sturdy resources of their own for generating self-esteem, resources independent of therapists and workshops. Such resources require the client to be able to identify consciously their collapses in self-esteem and to be able to identify what ways they are sabotaging their own esteem. Then they will need to find ways to soothe their injuries, forms of self-reassurance and perhaps, connection with a spiritual dimension to regain their sense of worth. All this can need therapist help, at least in devising the process and putting it in place. It is clearly going to consume therapy time.

Many of peoples' ineffective choices in life are driven by fear. Often the client does not present the fear to the therapist. Nor may fear be detectable to the therapist if it is masked by other strong emotions: rage, agony, depression, for example. So time is required to find the fear under these other feelings. Further time is required to develop the resources and courage to face the fear in life. It may take repeated testing and trials of courage for clients to be willing to face their fears directly and attempt projects and lifestyles that they want but of which they are frightened. Therapist support, encouragement, and ideas for strategy are often essential throughout this process.

For clients to explore with a therapist that part of their psyche which is outside their conscious awareness, as they must in the examples above, they have to make themselves quite vulnerable. They fear shaming and contempt and dismissal. To be safe enough, they have to conclude they are accepted by the therapist and that they will not be shamed or condemned. No one quickly trusts a complete stranger to do this. The client might have to test the therapist many times with small vulnerabilities before revealing the big ones. This testing can take a great deal of time, easily many months. If the central issue that the client brings to therapy involves one of these greater vulnerabilities, the trust will have to be slowly constructed before there can be any movement towards lasting change. This time demand is just as true if the client is not aware of the involvement of the

Long-term cont'd page 25

Renewal 2003

Membership renewal forms for 2003 will be sent to you by mail during the first week of November. Please note that Membership fees and renewal forms are due and payable January 1st, 2003. Fees can be paid by cheque, money order, or credit card (Visa, MasterCard, or American Express).

Renewal time is always a very busy time of year at Head Office. The following will help us (and you) process your Membership renewal in a timely fashion:

Check that you have signed the form. Legally, we need your signature to accept your new information, process your credit card payment, and/or place your name on the website. This must be done **each year**.

Indicate your insurance coverage by checking the appropriate space on the renewal form. Current insurance is a requirement of membership in BCACC's bylaws. Leaving the spaces blank implies that you do not have insurance; we are unable to process your renewal until we determine your insurance status.

Please send your renewal forms and payments together. We cannot process one without the other.

If you desire to change your Membership status, please contact Head Office **before** sending your renewal forms. We will forward the appropriate information to you, to be sent together with your renewal forms and payment.

Thank you!

The Enneagram: A Therapeutic Tool to Work With the Concept of the Three Centers of Intelligence

Sue Smith RCC, Contributing Writer

Note from the author: This article is based on the writings of Kathy Hurley and Theodore Donson (see references).

Introducing the Enneagram to Counsellors

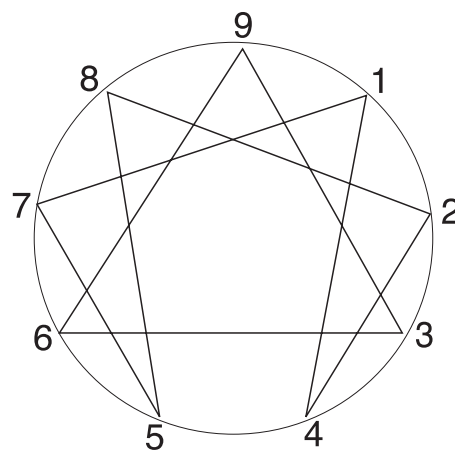
Each client reacts differently to the difficult interpersonal situations and stressful life changes which bring them into counselling. The Enneagram personality framework helps counsellors understand these differences in clients' perceptions, judgments and choices. This introductory article outlines what the Enneagram is and its origins; how counsellors can recognize which centre of clients' intelligence is repressed; practical ways counsellors can help clients strengthen their weakest centre of intelligence; and benefits of using all three centres of intelligence in balance. Counsellors are invited to consider integrating the Enneagram into their current conceptual framework for practice.

What is not covered is how the centres of intelligence become unbalanced, and the complexities of the nine Enneagram personality types. Interested readers can pursue these topics through the resources listed at the end.

Origins of the Enneagram

The modern Enneagram of personality types is a hybrid from a number of ancient wisdom traditions combined with modern psychology. The Enneagram symbol (below)

dates back at least 2,500 years, and the roots of the ideas which led to the psychology of the nine types go back as far as the fourth century. A.D. Gurdjieff, a Russian mystical teacher, introduced the Enneagram symbol to Europe in the 1920s (Riso & Hudson, 1999). In the



Enneagram Symbol

1960s Ochoaiz contributed to the development of the modern Enneagram by accurately describing the compulsions of each of the nine Enneagram types [e.g. (1)anger, (2)pride, (3)deceit, (4)envy, (5)greed, (6)fear, (7)gluttony, (8)lust, and (9)sloth]. Hurley and Donson (2000) advanced this theory by purporting that the compulsions are created by the unique rank ordering (from preference to repression) of the centres of intelligence for the nine types.

Knowledge explosion of the Enneagram over the past thirty years has created applications in counselling, coaching and the corporate world, to help people become the best they can be.

What is the Enneagram?

The Enneagram describes nine distinct personality types who see

life through nine different perceptual filters which determine what they pay attention to, what they think and feel about this selective information, and what actions they habitually choose based on their judgments. Nine fundamentally different patterns of using thinking intelligence, feeling intelligence, and doing intelligence are described by this powerful and dynamic personality system. As well as explaining the underlying motivation from which clients operate, the Enneagram delineates efficacious steps clients can take to solve difficult problems (thinking intelligence), improve significant relationships (feeling intelligence), and accomplish important goals (doing intelligence).

At birth, all three native centres of intelligence – thinking, feeling, and doing, are equal and ready to grow into maturity. In response to a perceived threat in the process of growing up, each type protected one of these centres of intelligence by repressing it. To compensate for one minimally functioning centre of intelligence, the two remaining centres of intelligence took on the tasks of collecting and interpreting information and choosing action strategies. Habitually and mechanically overusing limited responses in interpersonal relationships and life events creates the distorted results which frequently bring clients into counselling.

High Level Functioning and Repressed Functioning of the Three Centres of Intelligence

The purpose of the *thinking centre of intelligence* is to gather and sort information and facts, and to discriminate the salient from the irrelevant. Planning and analyzing are natural functions of thinking intelligence, which at the highest level results in creation of new thought and initiation of new ideas. Repressed, immature thinking operates in the realm of unexamined opinions, overly extensive information-gathering and convoluted, unproductive rehashing. Enneagram types One, Two and Six repress the thinking centre,

Enneagram cont'd page 11

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Enneagram from page 10

depriving themselves of the intelligence that would support them to pay attention to their own views and values, and declare their own agendas. Ones, Twos and Sixes are dependent in the sense that they look outside themselves for direction. For example, when counsellors ask them what they want to accomplish in a session, these types might respond with “Gee, I don’t know. I thought you would know what we should focus on”, or, “I need you to tell me if it’s OK to think (feel, act) like this.”

The purpose of the *feeling centre of intelligence* is to connect people to their own innermost values and to create intimacy with others. This intelligence helps us attract others and sustain relationships by acknowledging others’ feelings, needs, agendas and priorities. At a higher level, the feeling intelligence fosters artistic creation, opens expression of gratitude and clarifies the meaning of life. Repressed feeling intelligence operates at the immature level of superficial self-love, attentiveness to daily whims and reacting to petty likes and dislikes. Enneagram types Three, Seven and Eight repress the feeling centre, depriving them of the intelligence that would clarify their own feelings, and tap their empathy for others. Threes, Sevens and Eights are aggressive about shaping people and situations in order to realize their visions. They might come to counselling with demands for predetermined results. For example: “I’ve had it with my family’s complaints that I’m never around. I want you to explain to them that all the money I’ve earned is for them — the big house, private schools, great vacations – they don’t have a clue how hard I’ve worked to get us where we are.”

The purpose of the *doing centre of intelligence* is intent and enactment, knowing when and how to accomplish, and knowing when and how to rest. A practical intelligence, at its highest level it matures to include guidance, inventiveness, delight, and joy. When repressed, doing intelligence operates in vacant pleasure seeking, rote and repetitive imitation, and unproductiveness. Enneagram types Four,

Five and Nine repress the doing centre, depriving them of the intelligence that can ignite their effectiveness and make them feel powerfully connected to the physical world. Fours, Fives and Nines adopt a withdrawing stance whereby they look inside themselves searching for what they need to cope, instead of taking action. In counselling they might elaborate at length about their thoughts and feelings without moving to the action phase. For example: “I’ve known for a long time which career would suit me, but I just don’t seem to get around to calling up the college and getting more information”, or, “I know I need to exercise — and I’m great for a few weeks, but then, it just peters out and before you know it my blood pressure’s up again and I’ve regained all the weight I lost.”

Clinical Interventions in Counselling

Counsellors can help clients rebalance their centres of intelligence by identifying which centre is underutilized and helping clients to strengthen it to full maturity.

Assessing And Strengthening The Thinking Centre Of Intelligence

What Counsellors will observe in clients whose thinking intelligence is repressed:

- make sense out of life by letting other people (including counsellors) and situations set their agenda – they place the reference point outside themselves (source of the dependent stance)
- often dismiss their ability to think for themselves
- ask questions to which they know the answers
- have difficulty saying “no” and sticking to boundaries in order to preserve their own priorities
- have difficulty planning ahead because

everything depends on what the day will demand of them

- set high standards to ensure their performance will be acceptable to others. Grippled in the “tyranny of the immediate” they strive to do well at whatever the situation or people around them expect, want or need
- may need to have information repeated because the clarity of the thinking centre is blocked
- may “over think” issues because they can not discern the salient. Unproductive rehashing results in information being so intertwined that sorting fails
- espouse outdated ideas which have never been re-examined
- focus is on the present (where planning ahead isn’t required)
- are ultra sensitive to betrayal - may be unable to trust others and sometimes themselves

Counsellors can help clients strengthen the thinking centre of intelligence by:

- supporting clients’ efforts to think independently and objectively
- helping clients clarify their own direction by establishing what is a priority for them
- requesting that clients answer their own questions
- guiding clients to create order out of confusion by sorting out issues and dealing

Enneagram cont’d page 22

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Metaskills: A Little-Known Secret of Effective Therapy

Avraham Cohen, MA, RCC, Contributing Writer

This article was recently published in the Private Practitioner Chapter Bulletin of the Canadian Counselling Association, Vol. 1, No. 3, April 2002.

Would you like to change your experience as a counsellor without learning one new technique? Would you like to come away from virtually every session feeling that something significant happened for both you and your client? Would like to go into your sessions not worrying about what will happen? Is your skepticism rising as you read this? The one thing that all great therapists have in common, no matter whether they identify it or not are tremendous use of and confidence about is their metaskills.

Metaskills is a term coined by Dr. Amy Mindell (1995) and denotes the feelings and attitudes you, as a counsellor, bring in moment to moment as you engage in the counselling interaction with your client. Metaskills can imbue the work you are doing with life. An exceptional counsellor 'plays' his/her metaskills like a finely tuned instrument. He/she recognizes that the feelings and attitudes that he/she brings into each moment are what will optimize the growth and meaning potential in their client.

Take a moment to reflect on your counselling work. Do you look back on a session and wonder what, if anything, happened? Do your sessions seem alive and infused with energy or do sessions often seem lifeless and mundane? Do you know how to be in the moment with your client and yourself no matter what is going on in the session? Do you bring genuine feelings and a feeling of confidence about having these feelings to your sessions? Do your sessions seem filled with meaning and intensity? The answer to these questions will give you an idea about how you are using your metaskills.

Most of us have seen Carl Rogers perform his magic on the *Gloria* videotape. What is the essence of this magic? Rogers uses a pure metaskill. He shines his total attention and warmth on her, and she responds. This was his major metaskill. Would you like to learn how to identify your metaskills and how to use them

like a virtuoso and in a way that is congruent with who you are, who your client is, and what is happening between you in the moment?

Here is a picture for you. Imagine a client who is intensely absorbed in an interaction with you. What are you experiencing? Suppose you notice that you are feeling very warm towards your client and deeply curious. How do you convey this to your client? How do you decide if it is appropriate to convey this to your client? If you decide it is, how much of your feeling and attitude do you want to convey and what is your purpose? How do you keep track of all this without actually thinking about it and decide in the moment precisely how to infuse the situation with your metaskill? Is the purpose of the interaction to help your client with his/her

"Metaskills can imbue the work you are doing with life. An exceptional counsellor 'plays' his/her metaskills like a finely tuned instrument."

relationship issues by attending to the experience in the moment in relationship with you? Is your client absorbed in what you are saying because it is personally meaningful? Are both things going on at the same time? How will your metaskills support your client's growth? At this point I can imagine you are feeling like the centipede that is trying to move while paying attention to the action of every one of its legs.

Another question: is there a more simple way of dealing with all this? The answer is 'yes' and 'no'! The more simple way is to be very acutely tuned to yourself, your client, the interaction between you, and all other impinging factors, including the stage of the counselling relationship, the rapport between you, your client's personal history, cultural influences, ethnicity, and level of awareness of your client. The 'no' is that you have to learn how to hold all this in your consciousness while still being very light on your metaphoric feet.

You can learn this. The first step is to identify your own metaskills. You can do this by self-observation, accessing your own knowledge of yourself, and by asking for feedback from associates and people who are close to you. Remember the centipede. At this point you might be feeling a lot of empathy for that little creature. You probably don't remember when you first began to attempt to stand up. I can assure you sat down rather quickly and very frequently at first, and eventually you got it. This is not different in terms of the process. Everything you ever learned was a mass of confusion at first and eventually you got it and used that as a building block for further learning.

The next step is to discriminate different metaskills and to use them consciously and eventually learn when to use them, with whom, and under what circumstances. Conversely, you will need to learn when to not use them, how to introduce a particular metaskill, to a client who has difficulty with that metaskill and how to set up a goal for your client to be able to interact with you when you are using this metaskill. An example would be a client who was raised in a very cold environment and who finds warmth very uncomfortable. Most of us think of warmth as a positive, but for this client it is not. At some point you identify this with your client and begin to weave in ways of introducing the ability to receive warmth, your warmth, as a goal with this client. You also want to use the process of working towards this goal as a very meaningful part of the learning for this client.

Along the way, your metaskills of excitement about the process and your curiosity as to what will happen at each step along the path will be teaching your client something about living fully in the moment even while he/she is working through the issues that are catalyzed by this process.

Mindell, Amy (1995) *Metaskills: the spiritual art of therapy*. Tempe, AZ: New Falcon Publications.

Mindell, Arnold (1993) *The shaman's body: a new shamanism for transforming health, relationships, and the community*. New York, NY. HarperCollins Publishers. 🐉

A Word From Your President

Bev Abbey

People Helping People

In the last issue of *Insights* this writer reiterated the question which was originally presented in the Winter 2002 issue: ***“What is our preparation for disaster?”*** and commented on the initiative within professional mental health groups in our province to develop rosters of service practitioners. We are well on the way to creating a roster of Registered Clinical Counsellors who are willing to volunteer their services should we be called upon to respond to a disaster. We do need more volunteers and you are invited to add your name to this important roster. Please do give this serious consideration and call Aina at our Victoria Office at (800) 909-6303.

Mission Statement

“The B. C. Association of Clinical Counsellors is a society of regulated Clinical Counsellors dedicated to providing the highest standard of professional counselling, consulting, assessment, testing and training services. Members of the society act to enhance mental health by providing responsive, accountable and ethical counselling, consulting, assessment, testing and training services to individuals, couples, families, and groups.”

Fundamental Purpose 1

“Developing and advocating for the profession of counselling (promoting the self-interest of the profession and the membership).”

Your Board of Directors is responsible for making “ends” decisions on behalf of our “owners”, you, our Members. To this “end” the largest growth area of our Association has been the broadly defined area of “Member Services”. Members are the “grass roots” of our professional Association and we have set out a framework to facilitate connecting and working with Members and Member interests at the Regional level. The framework establishes Regional Councils comprised of Members elected within their Region.

These Councils will elect Members from their Council to serve as Regional Representatives to the annual Delegate Council meeting. Regional Councils will establish a Co-ordinator, or Co-ordinators, for regional marketing and public relations who will liaise with the provincial Chair, Member Services. The Regional Councils will also provide representatives to the provincial CE/PRO D and Ethics and Standards Committees. The framework is premised on the basis that Members who are well-informed on professional and practice issues and in touch with their local communities, and our Association, are better able to serve their communities and the public interest.

Professional Development activities are a challenge to develop within the diverse practice areas of our Membership. Your CE/PRO D Committee is striving to “get a handle” on Member interests and needs, and we were pleased when the Committee reported on the recent survey that was responded to by a significant number of our Members. The data provided will serve as a guide to that Committee’s good work in planning professional development activities.

Communication is key with our Board of Directors. To facilitate intra-Board communication, we have restructured our Board meetings to begin with the Regulatory operations component (Registration, Inquiry, Discipline, Ethics and Standards Committees, Executive VP, and the Registrar), and the Societal component: (focusing on “member services”), Member Services, CE/PRO D Committees, Regional Vice-Presidents, President, and Executive Director, meeting separately and informally over breakfast to talk about matters of interest that may not arise during the conduct of the business meeting.

On a personal note, I appreciate hearing from you when I attend Regional meetings. This year, I have attended meetings in Victoria, Vancouver, and Penticton, and am scheduled to attend meetings in the Fall in Qualicum

Beach, and Langley. I appreciate meeting with Members who may not get to our Annual Meetings in Vancouver. Thanks for inviting me.

Fundamental Purpose 2

“Regulating the professional practice of registered members.”

The Inquiry Committee continues to refine its processes and procedures and continue with its difficult tasks of adjudicating complaints (see also “Transitions”). The Registration Committee is overhauling the entire registration process for clarity and ease of processing. To facilitate their complex work, they held a committee workshop in August. The Ethics and Standards Committee is turning to an initiative to review and revise our Code of Ethical Conduct. The Discipline Committee is very pleased to continue reporting on its inactivity. Our Executive Vice-President, Glen Grigg, oversees our “Regulatory Component” in addition to Chairing the Legislative Review Committee. Thanks to all for an extremely good job — well done!

Fundamental Purpose 3

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

A very high priority infrastructure support initiative, driven in part by Member input, is underway streamlining tracking jobs, making reports and following projects. This innovative computer system, housed in our Victoria Office, will greatly facilitate the administrative work of the Office of the Registrar and organize the cases processed by the Inquiry Committee. The package includes messaging features with e-mail, discussion groups and bulletin boards, and has the capability to host a website, and the ability to have authorized committee Members outside of the office access files. This has tremendous potential for provincially-based Inquiry and Registration Committees.

Executive Vice-President's Report

Glen Grigg

Transitions

The Board wishes to extend its heartfelt thanks to James Drinkwater for his outstanding contributions to the Inquiry Committee and his distinguished leadership in refining the inquiry process. James informed the Board of Directors in November that he would not be standing for re-election, expressing a need to focus his energies elsewhere. He did commit to staying in the position until a suitable replacement was found. James co-ordinated the recruitment, selection, and orientation process for a new Chair. Our sincerest best wishes, James, as you embark on your new endeavours.

Welcome

The Board of Directors wish to express their appreciation and warm welcome to Shirley Halliday for accepting the appointment as Chair, Inquiry Committee. The Selection Committee was impressed with Shirley's competency in the area, and her willingness to "grow" into the position. Welcome, Shirley. We look forward to working with you.

Bouquets

Congratulations are extended to **Gloria McArter** who recently successfully defended her doctoral dissertation in Psychology, graduating in August, 2002. "Dr. Gloria" sounds pretty pleasing to all...

Gail Boulanger's book Life Goes On, Losing, Letting Go and Living Again is now published and available from Notch Hill Books. Gail's goal was to write a book which would be helpful for her clients. The book is a gift to those working through loss and an excellent resource for professionals.

Sol Mogerman published his book focused on reclaiming competency after brain injury/strokes. Objects in Mirror are Closer Than They Appear (Inside Brain Injury) is both the title and the focus of this Editor's Interview in this edition of *Insights*.

If there are other Members who have published a book in the past year, please let me know at bevabbey@telus.net 🐾

Regulation Panel

As our organization gets larger, we are called on more and more to serve the interest of public safety by articulating principles of ethical conduct and standards of practice by (1) setting and enforcing standards for counsellor registration (2) receiving and investigating complaints from the public (3) facilitating changes in practice consequent to complaint investigations; and by (4) providing a system of discipline for Members in breach of our standards.

The Regulation Panel is a vehicle for co-ordinating and streamlining these functions. Right now, the major work of the panel is to make our size and experience work for us by separating clerical, administrative, and adjudicative functions. In general, the office staff takes care of the clerical work, the Registrar does the professional administration, and the committees are the adjudicators. So far, this has had a positive impact on the workload of Committee Members without overloading our office staff. Registrar, Angela Burns, and Committee Chairs, Lianne Walker and James Drinkwater have led the way in this initiative. 🐾

**Complete new Bylaws
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Registrar's Report

Angela Burns

General Administration

A snapshot of the Association on July 24th, 2002: Total members: 1225; Regular: 1097; Inactive: 95; Student rate: 32; Honorary: 1

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

Deceased: Joyce Frazee, of Vancouver, BC, died in January 2002.

Inquiry

Since January 1st, 2002 we have received 8 new complaints. We are currently monitoring 5 consent agreements.

Important Notice to All Members

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

Calling All Clinical Supervisors...

If you engage in clinical supervision as part of your counselling practice and are accepting referrals, please call Head Office. Any information you provide about your supervision style, philosophy and experience, would be helpful for potential, discerning supervisees. 🐾

Committee Reports

Continuing Education/ Professional Development

Dianne Symonds

Thanks to all 346 of you who took the time to respond to the CE Questionnaire in May. Almost all (311) of you stated that you wished BCACC to continue to hold regular conferences. If you did not attend conferences in the past, it was because of the high cost (70) or relevance of the topics (59). Two thirds of you suggested an annual conference would be a good idea, while 109 thought a biannual conference was more appropriate. Most (190) would be willing to pay a small fee for a videotape of the conference if you were unable to attend. In addition, you offered many suggestions for future conference topics or presenters. There was a lot of interest in joining special interest groups especially: Trauma Work (168), Couple therapy (165), Body-Mind (131) and Family Therapy (130). The Committee members will use these thoughts and ideas as we move toward planning for next year. Your input is greatly appreciated.

Discipline

Sherry Baker

The continuing good work of the Inquiry and Ethics and Standards Committees, and the Membership as a whole, has resulted in quiet times continuing for the Discipline Committee. I hope that our track record continues!

Ethics And Standards

Edward Epp

Just a note to inform you that our Committee has had a challenge to meet, even over the phone, during the summer. We hope to have at least one new member to join our Committee in the near future and will then start to review the Code of Ethical Conduct.

On another note, I made a presentation at the "meaning" Trinity Western/Milton Erickson sponsored conference held in Vancouver in July, utilizing poetry, painting, poetry and 'letters' to convey a "diary of an artist/therapist in Northwest B.C." with particularly First Nations clients. There was enthusiasm and interest in our presentation.

Inquiry

Shirley Halliday

This is a brief report from the Inquiry Committee as I have just begun the watch as Chair of this Committee. The Board of Directors appointed me for this role for the next two year period of time. I have been warmly greeted and received by the Committee. I feel welcome and am most appreciative of the kindness, sensitivity, sense of humour, support, and guidance I experience from both the Committee Members and the Head Office staff as they initiate me into the work of the Committee. I also feel this from Glen and certainly look forward to working with him over these next two years.

The Committee Members are James Drinkwater (Region 2), Jocelyn Harris (Region 2), Jane Goranson-Coleman (Region 4), Stephanie Ustina (Region 2), Angela Burns (Registrar), and Julia Burke (Administrative Support, Regulatory).

As you know from previous reports, the Committee meets once a month in the Head Office in Victoria. Some Members participate via telephone, and in fact this sort of technological support (along with fax and e-mail) can support this Committee being a provincial Committee. However, the face-to-face contact and learning how to work together seems to me to be an important part of Committee work. My preference, at least in the beginning, is to do the Committee work from Victoria. When I have a sense and feel for the work then I, too, will function at times as a 'distance Member' of the Committee. There is always the possibility for all the Committee Members to meet face-to-face three times a year when meetings are scheduled around the Board Meetings.

James Drinkwater has agreed to stay on Board, coaching and guiding me until I am up to speed. In what was my first Committee meeting in July, we experienced two changes that result from the recent changes to the Bylaws of the Association. One of these was the need to say goodbye to John Gawthrop (Deputy Registrar-Investigator) as a Committee

Member. His role as investigator, working on behalf of the Committee, continues. He will make his investigative reports to the Committee, and if there is a perceived need to have face-to-face consultation for purposes of clarification, this can happen. The Committee will direct his focus with particular questions that are deemed necessary to put more light on a situation so that the Committee can enter into its considered deliberations. We look forward to finding our way with this new configuration of roles and functions.

The other of these changes, much to my delight, was to receive a summary listing of identified issues in the preliminary data gathered when a complaint is made to the Association. James Drinkwater was quick to comment about this change – underscoring how 'lucky' I am to be beginning my watch in the role of Chair at this time. I have many people to thank, no doubt! A piece of work that is before the Committee is revision of the description of the role and responsibility of the Chair of the Committee. A proposal about this will be going to the Board Meeting in October. I look forward to reporting more on this, as well as a more detailed report from the Committee in the next edition of *Insights*.

Legislative Review

Glen Grigg

Last March, the Delegate Council made amendments to the Bylaws that will bring about three changes.

First, the number of delegates per Region will change. Whereas, formerly, each Region had one Delegate for each twenty-five Members, now each Region will have two Delegates plus an additional Delegate for each one hundred Members.

Second, the Inquiry Committee will have a new and important option for responding to those Members who do not comply with an agreement to make changes in their practice. Rather than go to extremes and either drop the matter or launch a full disciplinary hearing, the Committee can now issue a statement of advice. This will, essentially, let a Member

know that while discipline will not be pursued in the current case, the matter will be added to any additional complaints that may come up. This gives the Committee more flexibility and an option to deal with matters in proportion to the threat to public safety.

Third, the new Bylaws create a Regulation Panel composed of all the Committees concerned with public safety. This panel is already functioning, and it has been effective in co-ordinating our activities. More details are presented under the Executive Vice-President's report.

Our Bylaws have undergone an extensive "cleanup" as well. Combined with the new provisions described above, this lead to a re-numbering of the clauses. Look for a new, re-numbered and updated version in this issue of *Insights*.

Member Services

Gerry Bock

During times of personal reflection about where our Member Services ought to be going to become truly more effective for our Members, I am often reminded of this question: "Are we working in our business, or on our business?" As I have pondered this, it has concerned me that many of our well trained clinicians are in a superior position to provide excellent treatment and service to our clients, though we may not be as well positioned or prepared to develop the business and administrative aspects of our business. The foundations of any successful small business or private practice should include the following components: Being Forward Thinking, Relationship Oriented, Service Focused, Technology-literate, Value-added, Team Driven, and oriented toward ever improving Leadership Skills. When I look closely at many of the practice development issues, I see that much of this may be lacking. In response to this apparent need and with much enthusiasm, I am introducing a new concept for our Members that I have titled "Better Business Development".

The work we do in our practice, is working *in our business*. The work we do on marketing,

practice development is working *on our business*. If we work only *in our business*, we may discover that we are never have much *business to work on*. Our Members have been well trained in how to conduct our treatment and practice. We may not all have been well trained in how to begin, develop, or maintain, the business side of our practice. Many of us have not been well trained in how to build relationships within the community at large. It is with this in mind that I am introducing this new focus. Although this is not the only area on which Member Services is focusing, I feel it is a new and highly important development. I am anticipating that, working with volunteers from each Region and other Committees, we will be presenting various opportunities for training our Members on how to further develop more of our substantial potential in business development, successful marketing strategies, and improved referral relationships within the community.

Member Services has continued to play a vital role in increasing public awareness, assisting Members in marketing, and advocating the interests of our Members to third parties. *The next strategic area of focus for Member Services is the training and development of individual Members within each Region that can assist in carrying on the practical aspects of this very important role.* We are looking for one or two Members from each Region willing to be developed into "Regional Marketing Co-ordinators". I anticipate that each of these volunteers, working with the Regional Vice-President and the Chair of Member Services will accept responsibility for the ongoing development of individual Regions. This development will include seeking out opportunities to exhibit and profile the work of BCACC and our individual Members, co-ordinating volunteers for the venues and seeking new and creative ways to market our services to employers and raise our profile in the public perception. Volunteering in a Member Services role is an invitation to exciting and challenging opportunities, usually a "quid-pro-quo".

The Member Services initiatives have

continued to be a high priority with the Board of Directors and the Membership. This priority is expected to increase as Member Services becomes an ever more important function of the Association. I anticipate that as the new College is formed, promoting the interests of our Members will become paramount to the new directions of the BCACC.

Professional Booth Displays

The display booths have continued to be used by our Membership to the benefit of all the Members in the Regions where they are being utilized. I continue to envision much more usage. I encourage individual Members to contact their Regional Vice-President with opportunities to use the booths at trade shows, and public gatherings of all types. There are exceptional opportunities simply passing us by. The local show venues are superior opportunities for building relationships in the community and private practice development. Wherever there is a gathering of people, we need to be there, highlighting the work that we are doing in our communities. I am always open to Members that will take initiative, working together to seize windows of opportunity. These ideas from our Membership are a vital part of how we can work together to be effective within each Region. *"You do not have to be great to start. You do have to start, to be great!"* (Author Unknown)

Marketing Your Practice

The Chair of Member Services has developed a "Private Practice Resource Handbook" that is available exclusively to our Members by request to Head Office. I trust this will be helpful in successfully marketing and developing your private practice.

Promotions 2002 and 2003

So far this year, we have booked space for the following shows for 2002/2003:

White Rock Women's Show, October 19 - 20, 2002

Surrey Women's Show, January 18-19, 2003

Victoria Health Show, January 18-19, 2003

Regional Reports

If you have ideas or other places where you would like to see us exhibit, please contact your Regional Vice-President.

We have created BCACC promotional magnets for distribution to the public at our trade shows as well as for distributing to our referral sources. We also have BCACC Brochures and Bookmarks available for Members who would like to have them in their office or for distributing to potential referral sources.

I continue to encourage and invite Regional Vice-Presidents and interested Members to take initiative to work with the Chair of Member Services to find ways in which we can continue to promote the interests of the Members, in their individual Regions.

Extended Health Benefits and Member Referral Program

I have been advised that in order to market our services to third party programs, we need to work primarily through "Insurance Brokers". According to my sources of information, corporate employers are advised on extended health benefits packages by insurance brokers. These packages may or may not include recognition for RCC's. The Chair is investigating these relationships more fully and plans to contact these individuals or groups for the purposes of educating them about what a great value and excellent professional service we have to offer to their clients. In the meantime, if any of the Members have contact information for insurance brokers that market these products please contact the Chair of Member Services (Gerry Bock).

I have also been in contact with one of our Members, Claire Sutton, MA, CEAP who has extensive background and expertise in the area of EFAP work. She has agreed to assist our Members in the role of EFAP Consultant. Claire can be contacted via e-mail cjsutton@shaw.ca, website – www.claire-sutton.com – or by telephone (604) 925-1159. Thank you, Claire, for assisting in this very important work. I

know your assistance will be of tremendous benefit to our Membership and to the EFAP clients we serve as well.

Looking Ahead

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

Registration Committee

Lianne Walker

There is little to report from the Registration Committee at this time. We had another successful meeting in June, with 33 accepted applicants and only 3 explores. The new format is working well and we seem to be reducing the time spent on straightforward applications, and are able to dedicate more time to the more difficult or contentious files. I enjoy the role that the Registration Committee Chair plays on the Regulatory Panel as well, and I think our panel meeting in June was very productive.

There is little Committee activity expected until the end of the summer when a workshop is planned to rework the application process and package to be in keeping with the new Committee and the new Bylaws which were approved by the Delegate Council in March. I look forward to having more to report after the workshop.

We continue to have an enthusiastic and wonderfully productive Committee. 🐾

North Coastal Report Dale MacIntyre, VP

Region 1 - North Coastal: All coastal regions of the province north of the Sechelt Peninsula up to and including Powell River, and the northern portion of Vancouver Island, which is past but not including Chemainus, and which includes Gabriola Island.

The first thing I want to bring to your attention is that we will be holding our Regional Meeting in a new location beginning in September. On September 19th, we will meet at the Qualicum College Inn in Qualicum Beach (of course, to confuse us, it's now called the Qualicum Heritage Inn) off the old Island Highway just south of the main beach in Qualicum. Depending on when you receive this copy of *Insights*, the meeting could be tonight!

The facilitator of the professional development at the September meeting will be Gail Boulanger. Gail will lead us in a discussion about grief and loss. Her perspective is that grief is a skill we can all learn for use in any and all of life's transitions.

Our guest for the November 21st meeting will be BCACC President, Bev Abbey. Bev always has interesting news and information to bring when she visits our Region.

The other important development in the Region and throughout the province is our initiative to develop and form a *REGIONAL COUNCIL*. Speaking for Region One, I think if I were to put the purpose of this Regional Council in one sentence it would be - to help us keep in touch with one another in a more immediate way, identify and address the professional needs of the counsellors in the communities where we work, and to promote and expand the role of clinical counsellors on Vancouver Island and the North Coast.

To those ends, I will be looking for Members to represent the communities in our Region on this new Regional Council. Basically, since there is no council right now, I imagine the first responsibility of the Regional Representative will be the willingness to be in touch with the Chair of the Member Services Committee about

marketing opportunities in your area and in your practice. There will probably be some conference call meetings - orientation and planning to figure out how such a Council might best serve our Members. We may be getting together for a meeting or workshop perhaps once a year.

If you are interested in being a part of this process and you live and work in the Port Hardy or Port McNeil, Campbell River, Courtney/Comox, Oceanside, Port Alberni, Tofino or Ucluelet, Nanaimo, Ladysmith - or points in between - I would be happy to hear from you. Hopefully, we'll have a representative from each of those communities on the Regional Council.

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

I hope you had a pleasant and restful summer.

S. Vancouver Island Report Bonnie Jean Devine, VP

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

It is summer already and time just seems to be flying by. Since my last report, I have chaired our Regional Meeting at the end of April and I attended the Board Meeting in Vancouver, June 15th. I have set up a schedule for our Regional Meetings for the fall and winter (see enclosed flyer for details) and generally have been keeping very busy.

I have formed a professional partnership with Cheryl Oram and we have an office at 655 Fort St. Our business name is Origins Counselling. We have some very exciting groups starting in September. Also I have been very active in trying to 'save' the Victoria Life Enrichment Society's residential treatment program. You may have noticed my letter in the Times-Colonist. I am very passionate about this issue. Both clients and other professionals agree it is a very valuable service in our Region

and the funding was cut without any consultation or attempt to find alternative sources of funding. So I am now on the newly formed 'Funding Committee'. We are planning on having a fund-raising dinner in September and would appreciate any help you could offer. I would also welcome any and all suggestions you might have... funding is NOT my area of expertise but I am going to do what I can.

There is a group of Counsellors in our Region interested in training in 'Emotionally Focused Therapy for Couples' as developed by Dr. Susan Johnson and Dr. Leslie Greenberg. Currently this training is available in Vancouver. If enough people are interested they may be able to hold a training group in Victoria for counsellors on the island or Gulf Islands. Let me know as soon as possible if you are interested in more information about this.

I am really looking forward to our Regional Meetings this year. Here is our schedule for 2002-2003:

Oct. 1, Brenda Lucas, "Self Care For Counsellors Under Pressure"

Nov. 26, Bruce Tobin, "Art Therapy Meets EMDR: Processing the paper-based image with eye movement"

Jan. 21, Heather Atkinson, "Mother and Infant Massage"

Mar. 4, Don Wright, "Working with Male Survivors of Sexual Abuse and Their Partners"

Apr. 22, Sol Morgerman, "Loss of Self-image in Survivors of Brain Injury"

All meetings/workshops are from 7-9 pm at the University of Victoria Faculty Club.

I have been asked by Gerry Bock to find Clinical Counsellors from our Region who would like to volunteer to be 'Regional Marketing Co-ordinators'. Gerry will come over to train these volunteers and they would learn some valuable marketing skills (including how to set up the BCACC booth). Their tasks would include promoting the Association at health fairs, conventions, or any other local gatherings. We are looking for someone who has knowledge of activities in their Region

and who really enjoys meeting people. The plan is to try and have someone from 'up-island' (Duncan or Chemainus area) someone from the Gulf Islands and one or two people from Victoria to serve as co-ordinators and they would gather a group of volunteers to work with them. Please contact me if this interests you.

I am also looking for volunteers to help with other activities in this Region. I would particularly appreciate hearing from Members outside Greater Victoria who are interested in organizing events in their locales. Please contact me if you are interested in being more involved. Once again, I hope you will contact me with issues, concerns or even compliments you would like passed on to the Board. And lastly, please give me your ideas on what you'd like to see happening in our Region.

I can be reached by email at bjd@shaw.ca or by phone at (250) 360-0809.

Interior South Report Sam Reimer, VP

Region 3 - Interior South: Bounded on the north by a line drawn between but not including Hope, Westwold, Chase, east to Arrowhead near the Alberta border; south to the U.S. border; west up to but not including Hope. The Region encompasses the Okanagan and the Kootenays.

It is good to see our numbers continue to increase, not only within the Association as a whole, but also within our Region 3 specifically; at this writing there are 92. We are expecting that more Members will be added consistently, especially with the College clearer on the horizon and as more and more EFAPs and agencies are recognizing the value of - and therefore requiring employees to be - RCCs.

At this writing we are in the middle of summer with many RCCs on holiday or anticipating enjoying some time off within the next couple of months. Some RCCs in private practice are reporting that they may as well be on holidays because of the drop in clients they are experiencing through June

and July. This seems to not be limited to our Region. If you have any concerns about this trend of the number of clients diminishing OR if you are thinking of starting your own private practice, or if you would like to review and/or reflect on how to build your private practice, please do not hesitate to contact Head Office and ask for Gerry Bock's most recent contribution to Member Services: [BCACC Private Practice Resource Handbook](#). It is a most informative and readable tool with tips and suggestions that just might make a big difference in how successful you may be within your private practice.

If you are not yet aware of some of the major changes within the Association that affect us directly in the Regions, please allow me to refer you to my last report in *Insights* (as well as for important reminders noted there). We are moving towards a new structure of a Regional Council. Ideally we would like to have a Member contact in each major centre in our Region. If you have a heart for the Association and for Member Services as well as particular talents and/or skills/experience/gifting you would like to put to use, please contact this writer a.s.a.p. For a minimal amount of time and energy you can count on multiple benefits. All reasonable expenses within the duties of the position will be paid. I look forward to hearing from you. Present contacts are listed at the end of this report.

Regional Meetings: two more planned this year

Vernon - end September with attached workshop; Ms. Karin Bauer presenting on the Use of Art Guidance cards in Counselling

Kelowna - October 25th with attached workshop; Dr. Kristina Towill presenting on Sexuality

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

Present contacts are:

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

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

Central Okanagan: Sam Reimer (868-2338 or
Toll-free: (866) 868-2338 or email:
sams@silks.net

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

Vancouver Region Report Nancy Downes, VP

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

Hello Region Four. Summer is over and, in keeping with our "calling" of bringing Members together, the New Members Biannual Potluck was held Sunday, July 28th. I welcomed this opportunity to know more about our Region's new Members and to learn about our varied professional interests and experiences.

Our Autumn Regional Meeting (Tuesday, September 17th), will focus on Collaborative Separation and Divorce. In addition, the Counsellors Café will reconvene in September, presenting the following topics: Working with Eating Disorders, Integrating EFT with EMDR in your clinical practice, Introducing the Sixteen Step Program, etc. Lydia Rozental is the Co-ordinator.

Gerry Bock, Chair of Membership Services, is requesting that our Region designate a Co-ordinator for the many trade shows that come into Vancouver, e.g. the West Coast Women's Show, October 25th-27th, and others. If you have the time and the interest for future shows, please contact me.

The writer presented a paper on Dutch Canadian Coping Skills and Cancer at the National Psychosocial Oncology Conference in Halifax, Nova Scotia, in May 2002 and works as a Clinical Counsellor at the BC Cancer Agency.

Fraser Valley Report Jim Weibelzahl, VP

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

As we have not yet finalized our topic for November, please consult the website for further information.

At the last Board Meeting, we discussed a new model for regional governance that flowed from the Provincial Delegate Council meeting. This model reduces the size of the Delegate Council which is important in controlling our fiscal expenditures and makes Regions more "Member Services" focused. Two of the focal changes are the establishment of a Regional Council and the role of a Regional Marketing Co-ordinator(s). The Regional Council, will be composed of Members in the Region whose responsibility it is to be in communication with the Regional Membership and the Regional Vice-President. From this Council Representatives would be elected to go to the Delegate Council meeting to carry out the legislative responsibilities of that Council according to our Bylaws. I am looking for Members to add to our current Delegate Council (cum Regional Council) who have fresh ideas, interest in networking with the Membership and a desire to build the public presence of this Association regionally so that we all may benefit.

The Regional Marketing Co-ordinator(s) are responsible for marketing and public relations within the Region, and would work closely with Gerry Bock, chair of Member Services, to build public relations and market the services of Clinical Counsellors. This role requires energy, some time, and a real desire to build public awareness as to what RCC's can do. The benefit to anyone who steps into this role is that they will get to learn the skills of successful marketing from Gerry who is a real master in this area. I have some names which I am considering for appointment to

the role, but I would like other expressions of interest too. If you are interested in becoming involved in this way, please fax me a brief description of who you are and what experience you would bring to this role. Gerry and I will be vetting these expressions of interest and will be in touch. My fax is (604) 530-7286.

The Inquiry Committee is an important aspect of our Association regulatory function. The Committee was very ably chaired by James Drinkwater who brought an incredible sensitivity and dedication to the role. James has retired from the Board, and the role has now been picked up by Shirley Halliday. The Committee meets via email and telephone. Membership in this Committee needs to be built up to spread the work around and I would invite Fraser Region Members to consider this very important and rewarding Committee as a means to participate in the governance of your Association.

As always, I would look forward to hearing from you. A warm welcome to our new Membership!

Interior North Report Rob Riddle, VP

Region 6 - Interior North: Includes the rest of the Province north and east from a line drawn between Hope, Westwold, Chase, east to Arrowhead near the Alberta border.

Region 6 currently has sixty-eight members

located in different parts of the Region as follows:

Northern Part of Region 6

| | | | |
|---------------|---|----------------|----|
| Fort Nelson | 1 | Fort St. James | 1 |
| Fort St. John | 2 | Mackenzie | 1 |
| Moberly Lake | 1 | Prince George | 15 |
| Prince Rupert | 3 | Smithers | 3 |
| Terrace | 1 | Vanderhoof | 1 |
| Waglisla | 1 | | |

Queen Charlotte's

| | |
|----------------------------------|---|
| Masset (Queen Charlotte Islands) | 1 |
| Port Clements | 1 |
| Queen Charlotte City | 1 |

Central Region (Roughly)

| | | | |
|---------|---|---------------|---|
| Quesnel | 5 | Williams Lake | 2 |
|---------|---|---------------|---|

Southern Region

| | | | |
|----------|----|-----------|---|
| Kamloops | 22 | Lillouett | 3 |
|----------|----|-----------|---|

As you can see, the numbers are getting large enough in some centres to allow for some meetings such as Prince George recently conducted. Also, the percentage of Members in our Region that are accessible through electronic means (i.e. email) now stands at 77%, a substantial increase over 5 years ago when I surveyed this Region. This will enable more communication with Members following some of the reorganization being proposed for the Regions. The proposed changes for the establishment of Regional Councils could give us increased flexibility to involve more people at a local level. While much of this was possible before, it would legitimize the flexibility needed to address the needs of Members as spread out as they are in Region 6. 🐻

**New on
www.bc-counsellors.org**

Membership Listing

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

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

BCACC brochures, bookmarks, and fridge magnets, which are distributed to the public from our BCACC displays, are now available to the Membership. If you would like to obtain a quantity of magnets, brochures or bookmarks for distribution to your current or potential referral sources, these are available by request to Head Office. For large quantities, we will make these available at our cost, plus shipping and GST. Small quantities are available at no charge. 🐻

Just Call 1 - 800...

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

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

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Editorial from page 1

remembering the name of a client? Worse, the name of a long-term client. (Come on Diane, this is Sandy or Wendy, hurry you'll have to say her name at some point in the session!)

So these are some of the things that I have learned:

Everything I needed to know I learned during practice...
 Share of yourself, but not everything
 Therapy can be playful
 At least, do no harm
 Go at your client's pace
 Deal with your own crap
 Don't use clients for your own benefits
 Say you're sorry if you made a mistake
 Brush your teeth before you start
 Vacuum
 Green tea and fresh blueberries, between

clients, are good for you
 Live a balanced life
 Don't schedule a client at two in the afternoon if it's your nap time
 When you go out of your office, really do take care of yourself
 Find a hand to hold, a shoulder to cry on
 Be aware of wonder
 All things die... So do we
 Remember the first word you learned in graduate school: unconditional positive regard!

*Adapted from the book by Robert Fulham

This editorial was inspired by the content of the website (I know, I know, I spend too much time at my computer) of Roger Ebsen, MFCC website, www.actualizations.com/openmind, in which he writes: "Fritz Perls

once wrote that Chicken Soup is Poison. I agree. Personally, I prefer a good, healthy, non-politically correct double cheeseburger." Visit Roger Ebsen's website and wet your appetite by sampling some of the items in the Menu under *Cheeseburgers for the Hungry Soul*. You will find, Comes the Dawn, The Dilemma, The Four Agreements, I am me, It's a Dog's life, Swami Beyondananda's Guidelines for Enlightenment, Wear sunscreen and many more wonderful hors d'oeuvres for your soul. You will be either inspired or have tons of fun. With the Fall season already here, many of us are way too busy with helping clients heal, running groups, teaching workshops, and leading seminars or pursuing some form of Continuing Education. So remember the non-politically correct cheeseburger... it might just be what you need at the end of a long and demanding day. 🍔

PTG PROFESSIONAL TRAINING GROUP Presents two new workshops

► **Depth-Oriented Brief Therapy:** **Working the Mind's Native Capacities for Swift, Deep Change** with **Bruce Ecker, MA, LMFT.**

Vancouver (New Westminster), November 21 and 22, 2002

Many clinicians believe that for therapy to be effective in a few sessions that depth must be sacrificed. Challenging this view, Depth-Oriented Brief Therapy (DOBT) demonstrates that focused, rapidly effective in-depth therapy with individuals, couples and families turns out to be a very real and workable option. For more information, visit Bruce Ecker's DOBT web site at: <http://www.dobt.com/index.htm>

► **Train & Tan!** **Working with Difficult Clients: Interventions For Children and Adults** **Nuevo Vallarta, Mexico, March 1 - 8, 2003. Call for details, space is limited.**

For information about these or other events contact: PTG-Professional Training Group
 Toll free: 1-877-821-8616. Fax: (403)-245-4551. E-mail: info@ptg.ca
 Or visit the PTG web site at: <http://www.ptg.ca>

Enneagram from page 11

- with each one
- inviting declarations of what clients feel, know, and experience, so that they reach their own conclusions
- fostering trust in clients' own plans and goals
- introducing the concept of "good enough" to stave off the lure of doing everything perfectly
- sharpening critical thinking by introducing the complexities of situations and move away from rote, opinionated, or "black and white" thinking
- coaching for order through setting boundaries (avoiding entrapment in irrelevant activities, responding to

immediate urgencies, or taking on new projects when already saturated)

- reinforcing clients' self-respecting risks of saying "yes" to themselves and "no" to others

Assessing And Strengthening The Feeling Centre Of Intelligence

What Counsellors will observe in clients whose feeling intelligence is repressed:

- by eliminating the personal dimension (feeling intelligence), they are free to take control and impress their ideas on others and reshape situations to their specifications (this lust is the source of their aggressive stance)
- personable but not personal. Greatest struggle is being intimate in relationships

- expressive but not emotional - either dismiss emotions, express feelings indirectly, or use humor to keep people at bay and smooth over rough spots socially
- may possess a limited "feeling-word" vocabulary — hiding this limitation by dodging personal questions and focusing on what and how to accomplish the next project
- ulterior motives for relationships. Accomplishment has more importance than people
- willing to pay the price later for bruised relationships in order to achieve their goals or complete projects
- focus on the future orientation (upbeat, optimistic) deflects from building

Enneagram cont'd page 23

A Survey: 13 Important Things

that the Editor of Insights would like to know about your reading preferences

| | | |
|--|---|---|
| 1 Do you read <i>Insights</i> cover to cover? | Y | N |
| 2 Do you make a point of reading the Association News section? | Y | N |
| 3 Do you find the Sights on the Internet column useful? | Y | N |
| 4 Do you find A Book in Sight informative? | Y | N |
| 5 Do you read the Editor's Interview? | Y | N |
| 6 Do you find that overall, the articles written by our Contributing Writers are interesting and relevant to your work? | Y | N |
| 7 Do you read the ads? | Y | N |
| 8 Do you feel that we should have more or less display advertising? | Y | N |
| 9 Do you look at the inserts? | Y | N |
| 10 Do you read the Important Notices from Head Office spread throughout the newsletter? | Y | N |
| 11 Do you find the two Calendar of Events informative? | Y | N |
| 12 Do you fill out the Continuing Education Questionnaire? | Y | N |
| 13 Do you think that <i>Insights'</i> content reflects the nature of our Association and the professional interests of its many Members? | Y | N |

Please fill out and fax to the Editor at (604) 983-2694 or mail back to The Editor's Office/Diane Payette 5295 Cliffridge Avenue, North Vancouver, B.C. V6R 3V2

Enneagram from page 22

relationships in the present

- intent on impressing others, they are sometimes oblivious to how others are recoiling from them
- may feel alienated or isolated and not know what to do about it

Counsellors can help clients strengthen the feeling centre of intelligence by:

- inviting re-examination of their commitment to themselves and important people in their lives
- securing a promise to spend time with people who are important to them
- highlighting the importance of fostering relationships as much as achieving goals
- encouraging aggressive types to slow down the pace to get to know their feeling side
- suggesting creative, alternative ways to

experience emotions such as through art, music or other medium - as long as it's not a "project" where outcome gets more weight than process

- soliciting scheduled personal reflection time – even when projects are incomplete
- referring to literature or communication courses to augment their "feeling" vocabulary so that they can operate in the emotional world more confidently
- supporting efforts to deepen intimacy with others – such as taking risks to express themselves without defaulting to self-serving, superior monologues
- reframing perceived "weakness" as progress in experiencing normal vulnerability and humanness
- teaching that self-understanding prevents self-alienation; other-acceptance overcomes isolation

Assessing And Strengthening The Doing Center Of Intelligence

What Counsellors will observe in clients whose doing intelligence is repressed:

- repress their ability to affect the world (doing intelligence) and look within themselves for what they need (source of the withdrawing stance®)
- live the interior life as if it were the real world, disconnecting them from their power to make a difference
- do what they like — what feels good — not what needs to be done. Tempted to take shortcuts on jobs which don't interest them
- blind to the possibility they should do something about a situation. May wonder why it happened, analyze how it should be fixed, or, even suggest an alternative solution, but frequently do not take initiative

Enneagram cont'd page 24

Critical Incident Stress Management The PROACTIVE TRAUMA MANAGEMENT™ APPROACH

Fall courses by **Toby Snelgrove, PhD.**
Active, Stimulating, Informative, Empowering

| | | | | |
|-------------------|-------------|-----------|--------------|---|
| PTM 3 | Sept. 17-18 | Langley | PTM 1 | Managing Critical Incidents in the Workplace – Introduction for managers. |
| PTM 1 | Sept. 19 | Vancouver | PTM 3 | Managing Critical Incidents in the Workplace – Introduction for Intervenors. |
| PTM 3 | Oct. 1-2 | Kamloops | PTM 4 | The Psycho-educational Debriefing – Basic Group Skills Development |
| PTM 9 | Oct. 16 | Kelowna | PTM 6 | One-on-one intervention – Basic Skills |
| PTM 1 | Oct. 23 | Vancouver | PTM 9 | Advanced Training in Workplace Trauma Intervention. |
| PTM 6 | Oct. 30-31 | Langley | | |
| PTM 6 | Nov. 6-7 | Vancouver | | |
| PTM 4 or 6 | Nov. 26-27 | Kamloops | | |
| PTM 4 | Dec. 11-12 | Langley | | |

Langley – Kwantlen University College: Call 604 599-2333
Vancouver – Care Institute of Health and Safety: Call 604 873-6018
Kamloops and Kelowna – Sriver and Assoc.: Call 250 374-7457
See: www.easton-snelgrove.com or Call 604 921-1216 for course outlines

Enneagram from page 23

to do something about it. What they could do about the situation often doesn't occur to them

- think, feel and talk more than they do
- focus is on the past (where the doing centre isn't needed)
- painful dissatisfaction follows the self-abandonment of not acting on their own behalf

Counsellors Can help clients strengthen the doing centre of intelligence by:

- reminding clients that they are absolutely capable of acting on their own behalf
- encouraging them to notice what needs to be done and doing it without being asked
- teaching them to think practically and consider the physical world around them
- warning about not underestimating time, money, and other resources required to complete projects
- coaching for discovery of their self-initiating "kick start" mechanism to move them out of paralysis
- brainstorming ways they can stay accountable to their deadlines (using appointments with you or a project/time management system)
- inviting adoption of the slogan "just do it!"
- suggesting ways to sweat – ways to get the physical body primed to get in gear
- advising how to interrupt the time-wasting discouragement resulting from vacillating emotions
- reminding clients that their inner sense of power and influence will be boosted by taking action
- convincing them they have ample energy to carry off their plans
- reframing dissatisfaction and slumps in confidence as cues to get moving.

Benefits for Clients to Use all Three Centres of Intelligence in a Balanced Way

To rebalance their three centres of intelligence, clients need to strengthen the

underutilized third dimension of their intelligence - not diminish the two overused centres. By definition, expressing three thirds of their resources makes clients feel whole. Becoming "more of who they are" is termed balancing through inclusion®. Treating their previously diminished source of intelligence with more respect enhances clients' self-confidence and self-esteem. Viewing their life problems through the lenses of all three centres of intelligence (not the blinders of two over/misused centres), yields a comprehensive perspective. Clients are freed to generate more appropriate solutions for handling tumultuous change or conflictual relationships when they use all three centres of intelligence.

References

Hurley, Kathy & Donson, Theodorre (2000) Discover Your Soul Potential: Using the Enneagram to Awaken Spiritual Vitality. Lakewood, Colorado: Wind Walker Press (a Division of Enneagram Resources, Inc.)

Hurley, Kathy & Donson, Theodorre (1998) What are the Real Origins of the Enneagram? www.hurleydonson.com, Enneagram Resources, Inc.

Riso, Don Richard & Hudson, Russ (1999) The Wisdom of the Enneagram: The Complete Guide to Psychological and Spiritual Growth for the Nine Personality Types. New York, NY: Bantam Books

Resources

Baron, Renee & Wagele, Elizabeth (1994) The Enneagram Made Easy: Discover the 9 Types of People. New York, NY: Harper Collins

Bast, Mary & Thomson, Clarence: Out of the Box Coaching With the Enneagram Six-week Tele-clinic on applications of the Enneagram with clients www.breakoutofthebox.com/clinic.htm

Daniels, David & Price, Virginia (2000) The Essential Enneagram. The Definitive Personality Test and Self-Discovery Guide. New York, NY: Harper Collins

Enneagram Educational Events Enneagram

Coach Sue Smith MHSc, MA, RCC, suenneagram@shaw.ca

Thomson, Clarence, host of Enneagram Central. Free newsletters, self-study courses, resource lists, Enneagram questionnaire www.enneagramcentral.com ☺

Have You Published A Book Or Article Lately?

Let Me Know

Contact the Editor
diane@radiant.net

Attention Advertisers!

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

For those interested in
advertising Winter events &
programs, the next
deadline for
submissions is:
November 7, 2002

Attention: All BCACC Members

WCB sent out a letter last week requesting that Mental Health Providers interested in providing services fill out a form to be registered in the database to potentially provide services in the future. If you are interested in providing professional services to WCB, please request a copy of the form from Bonnie Germyn, WCB of BC. Fax (604) 276-3260; Phone (604) 279-7439.

WCB is reviewing their provider contracts for external psychological services. Should you wish to receive a "Request for Qualifications – Psychological Treatment Services" document from WCB, read your e-mail broadcast of 8/28/02 or contact Aina at the BCACC Head Office at (800) 909-6303 ext. 0.

For Your Inspiration

"Our 'life purpose' is the overarching journey that gives some kind of shape to life. We might say that we seek simply 'happiness' – although the term really means nothing until we understand how happiness manifests itself in us."

-Mike George

Lear to Relax: A Practical Guide

Long-term from page 9

vulnerability. In fact, the process is likely slower if the client is unconscious of their fears and vulnerabilities because considerable therapy time may be necessary to move the vulnerabilities out of the unconscious and into the light.

From time to time, clients whose needs are not so much psychodynamic as spiritual come to me. They need a meaningful direction for their lives. They are seeking soulful contact with something larger than themselves. Although the occasional person in this category can quickly turn to the church of their ancestors, most need to develop something more personal and less institutional. Sometimes a few sessions and a few useful directions and the client goes forth to develop further and deeper all on their own.

"To be safe enough, they have to conclude they are accepted by the therapist and that they will not be shamed or condemned."

No one quickly trusts a complete stranger to do this."

Sometimes, however, it is very useful to have the therapist as encourager, as support, and as interim validator of experience. Eventually, of course, the seeker must find a way to validate their own experience. They might want, for their own purposes, to have therapist support for a considerable time while they move along their own spiritual path and learn to validate it for themselves. Some could usefully spend a number of years with a therapist along the journey.

All of these types of problems I have described have the clients learning something new about themselves, often something frightening, in common. This requires a slow discovery process and a gentle approach. Whenever I have tried to hurry the process, I watched and heard the client using all their wiles to block their own opening up and to wall off the frightening material even more

thoroughly. My hurry is a disservice to my clients. I usually push for speed when I need to prove myself as a therapist or I think I am supposed to produce quick results. I have come to accept that clients know far better than I what pace of revelation they can tolerate and how soon they can stand on their own feet. Often six or eight sessions of brief counselling would not do the job.

So, do I think there is a place for brief counselling? Yes, for sure: where clients simply need information they don't have – normal sexual functioning comes to mind; where a little life skills training will solve the problem; where, in a family, the parents are of good will and child problems are not imbedded in a more complex systemic tangle; sometimes for support in uncomplicated grief; simply learning to validate one's own judgement (sometimes); for mil problems in living. All these might be dealt with in a few sessions. Sometimes some of these issues will also lead the client and the therapist into deeper work and more prolonged therapy. One of the delights of this trade is that it is not very predictable.

However, when the problem is deeper and more pervasive in a client's life, short-term counselling will not do. Then a client is badly served by being cut off after a few sessions, perhaps as he is only beginning to trust the therapist and the process. We all need to find some resources or referrals so that clients who have problems of the depth I have described above can use psychotherapy to resolve their difficulties. It would greatly improve our service to our clients to develop the mindset that both styles of therapy are of definite use, each in its own proper context.

Suggested Reading

Stevens, Barry (1970) Don't Push the River (it flows by itself). Lafayette, CA: Real People Press.

Carl G. Jung (1989) Memories, Dreams, Reflections. Random House Canada.

Kopp, Sheldon (1977) This side of tragedy: Psychotherapy as theater. Palo Alto, CA: Science & Behavior. 🍷

From The Resource Centre

A full list of Resource Library materials was sent with the Winter 2002 edition of *Insights*. You can also find the complete list of available materials on our website at www.bc-counsellors.org/reslib.htm.

In June 2002, Jerry Arthur-Wong donated the handout notes from Elin Horton's February 19th presentation to Region 4. The document, Attention Deficit Hyperactive Disorder, is available to be borrowed for one month at a time. Thanks to Jerry for this informative addition to our library!

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

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

BCACC Regional Calendar

For Regions not listed below and for up to date information, visit www.bc-counsellors.org

Region 1

September 19: We will meet at the Qualicum College Inn in Qualicum Beach (of course to confuse us it's now called the Qualicum Heritage Inn) off the old Island Highway just south of the main beach in Qualicum. The facilitator of the professional development at the September meeting will be Gail Boulanger. Gail will lead us in a discussion about grief and loss. Her perspective is that grief is a skill we can all learn for use in any and all of life's transitions.

November 21: Our guest for the meeting will be BCACC President, Bev Abbey. Bev always has interesting news and information to bring when she visits our Region.

Region 2

All meetings are held at the University of Victoria Faculty Club, from 7-9pm. (see insert included in this issue of *Insights*)

October 1: Taking Care of Ourselves - Burnout and Fatigue, Self Care For Counsellors

Under Pressure with Brenda Lucas

November 26: Art Therapy Meets EMDR: Processing the paper-based image with eye movement with Bruce Tobin, PhD, RCC, ATR

January 21: Mother and Infant Massage with Heather Atkinson.

March 4: Working with Male Survivors of Sexual Abuse and Their Partners, with Don Wright

April 22: Loss of Self-Image in Survivors of Brain Injury with Sol Mogerma

For more information on any of these meetings please contact Bonnie Jean Devine, Region 2 VP at: bjd@shaw.ca or (250) 360-0809

Region 3

Regional Meetings (two more planned this year)

September (end): Vernon - with attached workshop; Ms. Karin Bauer presenting on the Use of Art Guidance cards in Counselling

October 25: Kelowna - with attached workshop; Dr. Kristina Towill presenting on Sexuality

Region 4

September 17: Our Autumn Regional Meeting will focus on Collaborative Separation and Divorce. In addition, **the Counsellors Café** will reconvene in September, presenting the following topics: Working with Eating Disorders; Integrating EFT with EMDR in your clinical practice; Introducing the Sixteen Step Program, etc. Lydia Rozental is the Co-ordinator. 🍀

Important Notice to All Members

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

The Board of Directors discussed what should and should not be retained in Members' files at Head Office by way of helping us deal with the massive accumulation of paper over time. It was decided that because Continuing Education is not mandatory, the files could be thinned out by disposing of CE documentation. All official transcripts from universities will be retained. Certificates of Continuing Education credits from workshops and training will be disposed of on October 15th. We have extended the deadline for you. If you wish to have your documents returned, please contact Head Office before September 30th, 2002. 🍀

**Enclosed with this issue of
INSIGHTS is a copy of the
New Bylaws. These are
complete New Bylaws and
BCACC Constitutions and
Bylaws, approved by the
Registrar of Companies,
July 22nd, 2002**

Calendar of Events

Provincial, National & International

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

October

3-4: Solution-Focused Counselling - Level 1. Presenter: Nancy McConkey, MSW. In Calgary, Alberta. Sponsored by Solution Talk Inc. Contact info: (403) 216-TALK (8255) or e-mail soltalk@telusplanet.net. Visit us at www.solutiontalk.ab.ca

3-6: Professional Training in The Hakomi Method and Re-Creation of the Self. (trainings will be the first week-end of every month) Trainers: Beth Falch-Nielsen, RCC and Jon Eisman. In Victoria. For information and registration contact : Rae Bilash at (250) 361-2045 or e-mail: raebilash@entirey.ca

13, 20, 27: The Art of Dance Movement Therapy. Presenters: Tannis Hugill and Sunita Romeder. In Vancouver at Studio 50, 2182 W. 12th in Vancouver. Contact Tannis at (604) 267-9951 or Sunita at (604) 254-6795

16-21: (continuing on January 9-14, March 7-12) **Foundation Training** with Ditte Marcher MA, Bodydynamic International, Denmark. 18 days of training In Vancouver. Contact Bodydynamic Canada. (604) 878-7660. www.bodydynamic.ca

18-19: Jungian Dreamwork Training: Using Jung's Typology to Work with Dreams. In Victoria at Queenswood House. Contact information: Catherine Ellis (250) 386-5435 or Shirley Halliday (604) 879-4583. Registration limited to 12

25- 26: Children in Crisis with Ditte Marcher MA, Bodydynamic International, Denmark. 10 am - 6 pm. AMORC Hall, 809, West 23rd Avenue, Vancouver. Contact Bodydynamic Canada. (604) 878-7660. www.bodydynamic.ca

27: Psychological Development & Society: Society impacts us. How do we participate and contribute to it? Ditte Marcher MA, Bodydynamic International, Denmark. 10 am - 6 pm, Location TBA in Vancouver. Contact Bodydynamic Canada. (604) 878-7660. www.bodydynamic.ca

November

2-3: Imaginal Nurturing: A Systematic Approach Using Imagery and EMDR in Working with Attachment. Presented by April Steele, MSc., BCATR. In Victoria. For Information: www.april-steele.ca or call (250) 753-2027

6-7: Solution-Focused Counselling - Level 1. Presenter: Nancy McConkey, MSW. In Edmonton, Alberta. Sponsored by Solution Talk Inc. Contact info: (403) 216-TALK (8255); e-mail soltalk@telusplanet.net. Visit us at www.solutiontalk.ab.ca

8: Solving School Problems. Presenter: Nancy McConkey, MSW. In Edmonton, Alberta. Sponsored by Solution Talk Inc. Contact information: (403) 216-TALK (8255); e-mail soltalk@telusplanet.net. Visit us at www.solutiontalk.ab.ca ☺

Two More Member Services

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

and

Member's websites can be added and linked from the Member Private Practice Directory. (All ads can be paid by credit card to the Head Office)

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

Insurance Information

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

Mitchell and Abbott

Insurance Brokers Limited

Suite 305, 393 Rymal Road West

P.O. Box 6040, Station D

Hamilton, Ontario L8V 5C4

Toll free (800) 461-9462 or (905) 385-6383 Fax (905) 385-7905. Or contact Brad by e-mail BAckles@mitchellabbottgrp.com

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

Pullen Insurance Agencies

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Victoria, BC, V8R 1G3

Call toll free (888) 592-4614 or (250) 592-4614 or by Fax (250) 592-4953

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

Membership Update (From April 11, 2002 to July 24, 2002)

Angela Burns, Registrar

Please join me in welcoming the following new Members who have joined us since April 11, 2002.

| | | | |
|------|---------------------|-----------------|--------------------|
| 1945 | Hill | Jan | Burnaby |
| 1837 | Salmon | Monique | Delta |
| 1915 | MacCallum | Ruth | Fruitvale |
| 1953 | Leung | Deanne | Kelowna |
| 1957 | Wetterstrand | Pam | Kelowna |
| 1961 | Davies | Don | Langley |
| 1952 | Shortt | Ron | Maple Ridge |
| 1944 | Feenstra | Gillian | Mission |
| 1918 | Stanley | Barbara | Nanaimo |
| 1955 | Warren | Trevor | North Vancouver |
| 1926 | Shields | Duncan | North Vancouver |
| 1931 | Ellis | Leslie | North Vancouver |
| 1927 | De Giovanni | Maria | Penticton |
| 1962 | Stefan | Faye | Port Moody |
| 1893 | Schmidt | Linda | Prince George |
| 1978 | Anderson | Kehua Yu | Richmond |
| 1932 | Stokowski | Teresa A. | Richmond |
| 1951 | Huang | Helen (Heng Yu) | Richmond |
| 1923 | Marland | Jim | Rosedale |
| 1959 | Lee | Sandy | Salt Spring Island |
| 1946 | Merritt | Trudy | Surrey |
| 1925 | Neilson | Rae | Surrey |
| 1935 | Russell | Rachel | Surrey |
| 1614 | Bird | Margaret | Ucluelet |
| 1905 | Kane | Esther | Vancouver |
| 1949 | Mearns | Barbara | Vancouver |
| 1947 | Hugill | Tannis | Vancouver |
| 1971 | Seagram | Samantha | Vancouver |
| 1942 | Kammerzell | Sara | Vancouver |
| 1937 | Aronchick-Zachernuk | Barbara | Vancouver |
| 1950 | Somaia | Nila | Vancouver |
| 1938 | Ingram | Nicola | Vancouver |
| 1902 | Koster | Sherri | Victoria |
| 1976 | Sager | Monica | Victoria |
| 1934 | Anderson | Barbara | Victoria |
| 1928 | MacNeill | Jack | West Vancouver |
| 1933 | O'Neill | Marie | West Vancouver |
| 1929 | Mitchell | Rebecca | White Rock |
| 1845 | Helsby | Marian | White Rock |

The following people have been reinstated as Members since April 11, 2002.

| | | | |
|------|----------|---------|-----------------|
| 564 | Kent | Brad | Cedar |
| 1100 | Russell* | Michele | Fort MacLeod |
| 729 | Mylrea | Debra | North Vancouver |
| 497 | Roy | Rob | Vancouver |

The following Members have changed status since April 11, 2002.

Inactive to Active

| | | | |
|------|-----------|-----------|----------------|
| 1470 | Hurley | Cheryl | Kamloops |
| 931 | Agnew | Karen | Mission |
| 1027 | Grant | Karen | Port Coquitlam |
| 1298 | Stewart | Alexandra | Saanichton |
| 286 | Hohert | Sherri | Victoria |
| 837 | MacIntyre | Byron | Victoria |

Regular to Professional Student

| | | | |
|------|------------------|-------|--------|
| 1474 | Rossberg-Gempton | Irene | Burton |
|------|------------------|-------|--------|

Regular to Inactive

| | | | |
|------|-----------|------------|----------------|
| 755 | Ewashen | Bob | Creston |
| 269 | Finch | Livingston | Duncan |
| 459 | Colpitts | Judith | Kelowna |
| 798 | Robertson | Helen | Nanaimo |
| 1012 | Lind | Christine | Penticton |
| 1819 | Drewlo | Margaret | Vancouver |
| 1556 | Boothroyd | Adrianne | Vancouver |
| 1860 | Wong | Pablee | Vancouver |
| 316 | Reid | Allan | Victoria |
| 800 | Thiessen | Gloria | West Vancouver |

Resigned

| | | | |
|------|----------|-------------|----------------|
| 1356 | Badali | Josephine | Abbotsford |
| 651 | Butcher | Brian | Burnaby |
| 1574 | Czech | Nicole | Revelstoke |
| 1157 | Stephens | Hilary Anne | Vancouver |
| 1480 | Haworth | Andrea | West Vancouver |

The following people have been terminated for non-payment of fees.

| | | | |
|------|----------------|----------|---------------|
| 1562 | Mansoor | Mitra | Anmore |
| 580 | Fallding | Marion | Chilliwack |
| 1575 | Narchi | Andrew | Coquitlam |
| 1004 | Elias | Lou | Fort St. John |
| 1125 | Plouffe | Harvey | North Saanich |
| 971 | Zryd | David | Port Alberni |
| 1590 | Dougall | La Vonne | Surrey |
| 965 | Ridley | Maryse | Surrey |
| 1515 | van der Heiden | Lee | Vancouver |
| 1834 | Hughes | Megan | Vancouver |
| 1273 | Douglas | Stephen | Vancouver |

Announcements

Ministry of Health Interested in Anxiety Disorders

We are pleased that the BC Government has shown interest in the area of mental health, and in particular, anxiety disorders. Irene Clarkson, Direction of Adult Mental Health Policy and Mental Plan Implementation has been very supportive of the Anxiety Disorders Association of British Columbia, and Minister of State for Mental Health, The Honourable Gulzar Cheema, invited ADABC Board members, Harry Parslow and Peter McLean, to address the Government Caucus Committee on Health on January 23rd, 2002. This group of 12 MLAs, including 4 ministers, showed interest, clearly had read their briefing papers, and asked excellent questions about the scope, impact, and management options relevant to anxiety disorders in BC.

Minister Cheema also established the Provincial Strategy Committee of Anxiety Disorders. This Committee chaired by Harry Parslow, is a broadly conceived Committee with representation from sufferers, family members, BCMA, an anxiety expert, ADABC, government, child psychiatry, the media, and regional health authorities. Its mandate is to review the problem, to generate a range of solutions for consideration at the provincial and regional health authority levels and to report by the end of March. The Committee is on schedule and has a draft report under consideration by Committee Members, regional health authority CEOs, and Mental Health Managers, Irene Clarkson's office and two external anxiety experts (one Canadian and one in the US). This report will represent the first comprehensive look at the magnitude of anxiety disorders in BC and the range of management options available.

(Submitted to STRIDES, ADABC's newsletter by Dr. Peter McLean, ADABC Board Member, and a professor in the Department of Psychiatry at UBC)

The Anxiety Disorders Association of British Columbia

ADABC has a newsletter named STRIDES. Contact the Editors, Debra Harding or Dennis

Wiberg, at stridesbc@hotmail.com or write to: ADABC, 4438 West 10th Avenue, Suite 119, Vancouver, BC V6R 4R8

Member Services Project

Gerry Bock is inviting those members in private practice who wish to have their business marketing practices assessed, participate in a "Business Needs Development Assessment", as part of an information gathering process. To participate in this project, please contact Gerry Bock directly via e-mail: gerry@Bock.ca

Visions Publications Now Available On-line!

The last issue of *Visions: BC's Mental Health Journal* is now available to read, download, or order. Visions is produced quarterly by the BC Division of the Canadian Mental Health Association and provides in-depth client, family, and service provider perspectives on a range of different topics. Full of resource lists, it's an invaluable resource for professionals. Yearly subscriptions are just \$25.00, back issues, \$7.00. Check out our issue on mental illness and seniors (or our 14 previous issues) online: www.cmha-bc.org. Call (800) 555-8222 or e-mail office@cmha-bc.org for more information.

BCIFV Newsletter

Findings from a recent survey of many social service organizations which use our services suggest that

many of you would like to be able to access our full newsletter online. In addition, we would like to reduce the considerable costs involved in printing and mailing more than 6,000 newsletters each year.

By 2003, we plan to make the newsletter available in print format only to those people and organizations who require hard copies for use in resources centres or those for whom viewing and/or downloading issues from the internet is not possible. To this end, we ask you to respond to the following:

- ... we will be able to access the newsletter online, or
- ... we require hard copies of the newsletter to be sent to us.

Contact us by fax at 604-669-7054, by email at reception@bcifv.org ☺

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| | |
|------------------|-------------------------------------|
| Kitsilano | 101-2145 W. Broadway (& Arbutus) |
| Downtown | 708-1155 West Pender (& Bute) |
| Metrotown | 2nd floor, 5050 Kingsway (& Nelson) |

CALL 604 730-6000 NOW!

Advertising Policy

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

Advertisements

Prices/sizes listed include typesetting/layout.

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Deadlines

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

**Ads/Inserts
November 7 / 02**

**Articles/Reports
November 14 / 02**

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

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

WHO'S WHO?

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

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EXECUTIVE and ADMINISTRATIVE STAFF

BCACC Head Office

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

Internet Site: www.bc-counsellors.org

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

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

| | |
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| Registrar | Angela Burns |
| Deputy Registrar | John Gawthrop |
| Executive Assistant | Michèle Ashmore |
| Administrative Support - Regulatory | Julia Burke |
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BCACC Surrey Office

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

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

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

Continuing Education Questionnaire

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

- 1) One of the Vision statements, according to Jim Browne, is to bring "leadership in the development of the counselling profession". T F
- 2) In her Editorial, Diane Payette refers to veggieburgers for the soul. T F
- 3) NEDIC, The National Eating Disorder Information Centre is a Toronto-based, non-profit organization established in 1985. T F
- 4) In counselling brain injury survivors, Sol Mogerman uses a different approach that he calls "creative reminiscence". T F
- 5) In her article on working with groups, Lydia Rozental writes that self-directed groups do not emphasize that they have skills and that they prefer to work with negative labels. T F
- 6) In his article, Ian D. Brown clearly makes the point that "Long-term dysfunctional patterns are often traceable to early pain and early choices for managing life, choices made as part of the family of origin". T F
- 7) Contributing writer Sue Smith describes that the enneagram describes 8 distinct personality types. T F
- 8) BCACC President Bev Abbey indicates in her report that the largest growth area of our Association has been the broadly defined area of "Member Services". T F
- 9) Glen Grigg, Chair of the Legislative Review Committee, writes in his report that the number of delegates per Region will not change... each Region had 10 delegates for each 100 members and now will have none, unless necessary. T F
- 10) Jan Hill from Burnaby is one of our newest BCACC member (#1947) according to our Registrar, Angela Burns. T F

Name _____

Membership # _____

Notice

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

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

Thank You Contributing Writers!

Insights' Editor would like to thank this issue's team of contributing writers: Lydia Rozental, Ian Brown, Sue Smith, and our interviewee Sol Mogerman.

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

In Memoriam

Joyce Frazee (Member 187) passed away in January of this year.

Joyce joined the BCACC in March of 1989 and resided in Vancouver.

She will be missed by friends and colleagues alike.

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

You can now receive Continuing Education Credits for reading *Insights* and correctly answering a questionnaire contained in each issue. We will also have this questionnaire posted on our website by early September, 2002. You may complete it on the website and e-mail it to the Head Office or mail it into Head Office. A total of 2 credits will be granted when the questionnaire is received. Members are to record these credits on the CE Summary Form that is included in your BCACC Professional Liability Insurance Renewal package mailed out each year in February from Mitchell & Abbott.



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