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*President's Message*

**CCPA's 2013 Horizon**

I seek the horizon. Eternally. There's a comfort in distinguishing land from sky, and in the depths of prairie winters, the soft enveloping snows make discerning corporeal from ethereal a complex task. As ice crystals drift downward and low lying clouds seemingly scoop vast white, earthly blankets towards them, I scour the far reaches of fields for hints of horizon. Hoar frost tree skeletons are visible only within 50 metres. After that...no shrub, no tree, no bush, no barn...nothing firmly grounded to provide a whispered hint of separation.

This is a search that compels me both figuratively and factually. Perhaps it is because I am of the prairies and not of a city that I am drawn towards this need for discernment. I have no mountain, no forest, nor skyscraper to obstruct my view with any permanence. The possibility of horizon is therefore omnipresent. For me, my work as President of CCPA has paralleled my ongoing search for possible horizons.

As we begin 2013, CCPA has new vistas open to it for exploration, advocacy and contribution. Outreach late last year clearly showed that our Association was within view and on the horizon of many other associations and organizations. The work of our members was moving the profession to increased visibility for the public, politicians, researchers, regulatory colleges and more. During Mental Illness Awareness Week in October, as we worked together on Parliament Hill as part of the The Canadian Alliance on Mental Illness and Mental Health (CAMIMH), we discovered that we had our eyes on the same horizon as our colleagues in psychology, psychiatry, social work, psychiatric nursing and other related mental health fields. We worked together to get people talking about mental health in the daily lives of Canadians. We all discerned an essential need for a continuum of care that was simultaneously proactive, interactive, and reactive in the best interest of the public. In 2012, CCPA worked jointly with CAMIMH to make mental health a priority, to tear down barriers that prevent people from seeking help, and to lobby for increased access to qualified services. Is there hope on the horizon for Canadians living with mental health issues?

The National Entry-to-Practice Competency-based Counselling Assessment, a project funded by the Government of Canada's Foreign Credential Recognition Program, and sponsored by CCPA, was awarded a 2012 Canadian Recognizing Learning Award by the Canadian Association for Prior Learning Assessment (CAPLA) in late October. This prestigious recognition indicates that the work of CCPA is acknowledged as worthy, not just by the federal government, but also by our peers in other professions. The Recognizing Learning Award is a national award recognizing outstanding achievement in the field of prior learning assessment and qualification recognition and considers three elements in selecting the recipients for the national award:

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1. commitment to and promotion of the recognition of prior learning (RPL)
2. results achieved and the developmental nature of the work
3. whether the achievement has had or may have some lasting benefit within the field of practice.

Our sights at CCPA were set on social justice issues, supporting regulatory colleges for our profession, and protecting the public from potential harm when the competency-based assessment project began. Our vision remains solid. Today, what has shifted is the discernment of others. Other professions have recognized our vision – our horizon is visible to them.

With my feet firmly planted on the ground, I constantly take stock of what may or may not be on the horizon for CCPA. I notice that CCPA has many colleagues across the nation and around the world who are now assisting us in our discernment. Our identity as the national voice for counselling in Canada and the horizons that we tackle are in part self-constructed and in part co-constructed by those who stand with us. Across the Atlantic, where sea and sky are an entirely different coalescence, the *British Journal of Guidance and Counselling* recognized the Canadian horizon and invited an article on the regulatory status of the counselling and psychotherapy profession in our country. In Volume 41, Issue 1 of the *Journal* in 2013, an article by Martin, Shepard, Turcotte and Matte provides an overview of our regulatory horizons and the activities of CCPA. Also in the UK, the editor of *Therapy Today*, a publication of the British Association for Counselling and Psychotherapy (BACP), invited an article on CCPA and the landscape of our profession. Publication of this article occurred in January 2013.

I imagine what the horizon might look like for students emerging into our profession. CCPA’s Inaugural Research Conference in partnership with the University of Ottawa, is scheduled for February 16th and 17th, 2013. The program is exciting, diverse, bilingual, and includes a keynote address, poster sessions, single paper presentations, and symposia. The future of our profession relies on sound research and a commitment by students, mentors, supervisors, instructors, professors, researchers, and other professionals to share their work and educate others. The Research Conference in Ottawa, the Counselling Psychology Research Conference in Vancouver, and the May Annual CCPA Conference provide opportunities for us all to look at our profession’s horizon in terms of the intersection between research-based and practice-based evidence. Consider being part of these conferences...they have the promise of a very bright future and the advantage of stellar collegiality.

We have many points of intersection at CCPA: an upcoming revision of the *Ethics Casebook*, a supervision textbook to support our 2012 supervision handbook, revisions of our bylaws to align with the new Not-for-Profit Corporations Act, reviews of our certification program, preparations for the annual national conference (in Halifax this year) and a joint conference with the International Association for Counselling (IAC) in 2014, actions related to our northern outreach initiative, work with the regulatory colleges in Canada and our national partners in mental health, and much much more. With more than 4600 members, CCPA is vibrant and active on many portfolios that form our horizon.

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Now I fully recognize that horizon is ephemeral; it is merely a line that divides all visible directions into two categories: those that intersect the Earth’s surface, and those that do not. And I understand that this line will continuously shift as I shift my vantage point. But when I consider horizon as a metaphor, I begin to realize that searching for horizon is synonymous with goal-setting and recognizing what is and what is not within the realm of possibility for CCPA. And with the kind encouragement of our members, our various publics, and our colleagues in our communities, our provinces/territories, our nation, and nations beyond our borders possibilities become realities and as the horizon shifts CCPA shifts its course to stay true like the relentless guidance of a compass point. To me, this makes anything seem possible for our Association and the hush in the air on a crystalline prairie landscape allows me clarity of thought and an essential moment’s pause before answering the call to action. Where is your horizon? What is your call to action?

Lorna Martin  
CCPA President

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*President-elect’s Message*

**A New Opportunity**

*We will open the book. Its pages are blank. We are going to put words on them ourselves. The book is called Opportunity and its first chapter is New Year’s Day.*

- Edith Lovejoy Pierce (English poetess)

Each year gives us the wonderful opportunity to continue with a renewed spirit and strength. Perhaps this year your New Year’s resolution will be to find a meaningful way to give back to the community of counsellors and psychotherapists. If you are an experienced counsellor/psychotherapist you might consider clinical supervision as a way to “give back.”

Providing professional development opportunities and training in supervision is a relatively new focus for CCPA. Clinical supervision is an essential component of the ongoing professional development of the professional counsellor and student-counsellor. It is an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice to ensure the welfare of the clients and the professional development of the counsellor.

Clinical supervision is

an intervention provided by a senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the particular profession.

The growing importance and the essential nature of supervision are reflected in two areas: 1) the increasing competencies sought by professional bodies for counselling therapists, psychologists, psychotherapists, and mental health professionals and 2) in the demand for formal training of clinical supervisors. All counsellors and psychotherapists, regardless of experience, need supervision. Not only do many professional bodies require that members be supervised; it is also seen by many as an ethical imperative.

**Ethical Imperative**

In provinces/territories that have statutory regulation of the activities and/or titles within the profession, it is mandatory to belong to the College in order to engage in the controlled activity or to use a protected title. Awareness of the requirements for supervision in one’s geographic area is

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essential. In areas that currently do not have statutory regulation, there are professional associations that voluntarily self-regulate to protect the public from potential harm. Requirements for supervision are part of the *CCPA Code of Ethics* and the registration regulations of Regulatory Colleges. The regulations are unique to each College and to each association.

The *CCPA Code of Ethics* clearly states an ongoing ethical obligation for supervision, “Counsellors take reasonable steps to obtain supervision and/or consultation with respect to their counselling practices and, particularly, with respect to doubts or uncertainties which may arise during their professional work.

### **Qualifications of Supervisors**

Because Regulatory Colleges focus their attention on candidates who wish to practice the profession, the qualifications of the supervisors for those candidates are generally not found within statutory regulation. Rather, they may be found in the quality assurance measures and the policies and procedures of the College. Typically, the qualifications of any clinical supervisor are expected to be in compliance with professional ethical and legal requirements. In other words, if supervision is occurring within an educational institution, then the rules, regulations, and professional requirements for the position of supervisor within that institution must be met. When supervision occurs beyond an educational institution, it is expected that supervisors meet or exceed the ethical requirements related to boundaries of competence in addition to legal requirements.

The Canadian Counselling and Psychotherapy Association’s qualifications for supervisors include:

- Expertise in the area of counselling, including conceptual knowledge and practical experience in the field of counselling;
- A Master’s degree or higher in the area of counselling (or equivalent);
- A minimum of four years of successful practice in the counselling field prior to taking on a supervisory role;
- Belong to CCPA, a recognized association in the field of counselling, or any provincial/territorial regulatory college, and
- Must be at “arms length” from the supervisee.

Additionally, the following persons are excluded from qualifying as a supervisor:

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- A person of equivalent qualifications, status and experience as the supervisee, a current or former family member or others where the personal relationship with the supervisee interferes or makes challenging the establishment of a professional relationship;
- Supervisors in administrative relationships to the supervisee whose position involves evaluating job performance or assessing case management, and
- Persons with whom the supervisee has or has had a therapeutic relationship at any time.  
(<http://www.ccpa-accp.ca/en/memberbenefits/certification/>)

### How to obtain training in the provision of supervision

A first step would be to take a workshop or webinar in supervision – perhaps through CCPA and the Mental Health Academy (<http://www.ccpa-accp.ca/en/mha/>). If you are attending the annual CCPA conference in Halifax, Beth Robinson, a counsellor educator at Acadia University, is conducting a one day workshop entitled, *A Primer on Clinical Supervision for Counsellors and Psychotherapists*. This introductory workshop is designed to offer a framework for best-practice clinical supervision to those who might wish to contribute in a supervisory capacity to the professional development of colleagues.

In September 2012, CCPA in collaboration with the University of Ottawa, offered an entry level online course, *Counselling Supervision: Theory and Practice*. The focus of the course was on fundamental issues in the theory and practice of clinical supervision, including: models of supervision, the supervision relationship, the impact of culture and diversity and personal factors on supervision, supervision techniques and practices, evaluation, and legal/ethical considerations in supervision. It is anticipated that this course will be offered next fall.

### A CCPA New Initiative

Once new practitioners complete their graduate programs, they begin an often challenging transformative process, moving from being anxious novices towards becoming confident and competent counsellors/psychotherapists. Moving beyond this first stage to becoming professionally proficient depends upon the work of highly capable and committed clinical supervisors who provide their counsellor supervisees with appropriately tailored levels of guidance, instruction, and support. Much of the burden of ensuring competence, both clinical and legal, falls on the clinical supervisor during the supervisee's training. The supervisor's ability to impart the attitudes, values, knowledge, skills, approaches, and traditions of counselling/psychotherapy will be thoroughly tested. CCPA is establishing standards and a system of voluntary professional certification to assure opportunity for continued growth and development for clinical supervisors. CCPA will announce the details later in the spring.

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To support the certificate and to promote and encourage the provision of effective and ethical supervision, a handbook on supervision was published by CCPA in 2012, *Supervision of counselling and psychotherapy: A handbook for Canadian Certified Supervisors and applicants*. In the works is a textbook, *Supervision of Canadian Counsellors and Psychotherapists*, to be published in 2015. The textbook will support the certificate program and provide a venue for Canadian counsellors/psychotherapists to share their wisdom.

Obtaining and providing supervision has been a passion of mine for many years. I am very excited to share the initiatives that CCPA is undertaking in this area and would like to hear back from you with your ideas.

*Supervision is a place where a living profession breathes and learns....supervision can be a very important part of taking care of oneself, staying open to new learning, and an indispensable part of the coach’s [supervisor’s] ongoing self-development, self-awareness and commitment to learning.*

- Hawkins & Shoheit

Blythe Shepard  
CCPA President-Elect

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**Animal Assisted Therapy in Counselling – A New Chapter**

*By Nancy Blair, Sarah Schlote and Sue McIntosh*

All CCPA members are invited to become active. We hope to meet you at the CCPA Conference in Halifax. This Chapter is dedicated to advancing Animal Assisted Therapy in the Counselling Profession, also to recognize, respect and celebrate all the animals in our lives who work and journey with us.

*Nancy Blair, MES, MEd (Counselling), CCC, RCT-C, Interim President*

**State of the Field in Canada**

Much of what is known about Animal Assisted Therapy as it exists in Canada can be derived from a 2009 study conducted in the context of my master’s in counselling thesis research. The field was quite fragmented, with no over-arching representative national Canadian professional association providing standards and ethics. Most of the training available in AAT (mostly dogs and other small animals) at the time was concentrated in Quebec. There were two professional bodies, numerous post-secondary certificate and diploma programs, and hundreds of people practicing AAT/zoothérapie across the province. A significant concentration of AAT training and practitioners were practicing in Alberta.

In the equine world, there were far more options for training, with the highest numbers of practitioners being concentrated in BC, the prairies, and Ontario, where the majority of training options were located as well. Regardless of species, there was a range in terms of the training and education of the people practicing AAT – from no education, to training in unrelated fields, all the way up to college and university degrees in relevant helping professions.

Since then, the Canadian topography has changed tremendously. While the field still seems to struggle with defining a clear identity for itself (as evidenced by the sheer number of acronyms and names used to describe the work), there have been many new initiatives since the time of that research. Most notable is the establishment of a new Canadian body in 2012, the National Association for Equine-Facilitated Wellness, which provides clear steps towards certification and education opportunities in provinces across Canada. Other training opportunities not directly affiliated with the NAEFW also exist. A separate group, the national AAT Task Force, was founded in 2008 and has been working toward developing a parallel process for the establishment of standards and ethics for AAT in general (all species).

There continues to be multiple training opportunities for AAT in French in Quebec. In English-speaking Canada, the main opportunities for non-horse related AAT training remain in Alberta. A new distance

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education graduate certificate will soon be offered through Concordia University College of Alberta, increasing access for professionals across the country to professional development in this field, regardless of geographic location.

*Sarah Schlote, Bs, MA (C Psych), CCC,  
[www.thenaturalconnection.ca](http://www.thenaturalconnection.ca),  
Interim Director-at-large*

### **Taking the Time it Takes**

I remember hearing at a natural horsemanship clinic many years ago that I needed to “take the time it takes so that it takes less time.” I figured I knew what that meant: it meant, instead of being task focused and catching my horse in whatever way I could, grooming him and then immediately saddling up to ride, I should instead follow certain steps, including various groundwork exercises aimed at building trust and respect, and then things would go better when I then went to ride. Mocha has taught me over the past three years that it means so much more than that!

When my horse Mocha first arrived here three years ago she was very hard to catch. When you approached her she would either run away, or she would turn around and try to kick you. Various approaches were suggested to us about how to address this troubling and frustrating ‘behaviour’. We could keep her in a small pen so she could not get away from us; we could leave her halter on so it was easier to ‘grab’ her; we could take a bucket of feed out and slip the halter on while she was not looking; we could only feed her once she had been caught. The approach we did end up using quite a bit at first was called a ‘join up’ – where you actually drive the horse away from you until he/ she decides to come to you. So today, as my young client (who I will call Sam), who has not been out here for a few months, and I went out to see Mocha, we talked about why we would not be using a join up with Mocha today. Sure it would probably work – if she was hard to catch we could do a quick join up and likely catch her within 5 minutes and have a compliant horse who we could then ride. What would that do to our relationship with Mocha? How would it impact how she saw Sam when she comes back next week? Really how much of the horse would we be taking through the gate with us? And how much of herself would she close off from us to keep herself safe?

So instead we ditched the halters in the corner of the field and took out a couple of brushes. We then spent the next hour brushing all of the horses, as they came to us. Mocha initially kept her distance but before long seemed to sense the lack of threat and came over for a hug too. At one stage four of the seven horses lay down around us, and one of them fell asleep at Sam’s feet! It was a very nurturing and quiet time. Mocha relaxed in a way which would not have seemed possible three years ago. Her eyelids drooped and she rested her chin on Sam’s shoulder while Sam massaged her neck. An hour later, Sam did bring the halter over. But instead of putting it on Mocha she rubbed her with it as if it was another brush. When she put it gently around Mocha’s neck, Mocha actually dropped her nose into the halter

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herself. Sam then spent some more quiet time with Mocha and then simply took the halter back off; the opposite of what Mocha expected.

And while we were grooming and hugging the horses Sam shared examples of some of the human relationships where she feels pushed, manipulated and coerced into doing things she does not want to do. She started to see that her reactions of pushing back, running away, hurting herself and others which have gotten her labelled with a whole host of disorders (including reactive attachment disorder and oppositional defiance disorder) are not much different from what Mocha does.

*The above is an excerpt from “It Takes the Time it Takes” written by Sue McIntosh, MA, CCC, Healing Hooves Equine Facilitated Wellness, <http://www.healinghooves.ca/>,  
Director-at-large.*

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## Crossing Oceans to New Worlds: Teens in Transition

*By Adrian Juric*

"The beginning of the adventure of finding yourself is to lose your way."  
Joseph Campbell

Genuine discoveries have always demanded a journey into the unknown. Leif Ericsson sailed for - and discovered - the New World five hundred years before Columbus, with little more than rumors to guide him. Ferdinand Magellan, the first explorer to circumnavigate the world, sailed with maps made largely of conjecture.

The transition from adolescence into young adulthood is a similar journey into the unknown. Exciting new lands beckon youth from over the horizon. New forms of freedom and adventure are promised, along with the power to shape life according to one's will.

But while the journey promises exciting change, it also promises chaos. Youth quickly realize that for the journey to begin, lines to old roles, relationships, and ways of being in the world must first be cast off. The comfort of sheltered harbors must be left behind, and deeper waters must be sought out. Old horizons must sink beneath the waves if new ones are ever to appear.

This liminal, in-between time is often a time of deep anxiety for youth in transition. Afraid of risking themselves on rough open seas, they may refuse the necessary crossing to a larger, richer form of identity in the world. This refusal may take the form of deliberately sabotaging academic performance. It may take the form of refusing to apply for a job or training program. But whatever form it takes, it comes at great cost to personal development. Because a life not risked is a life not lived. And it is, as poet John O'Donohue points out, only through the door of risk that growth can enter.

This is the precise moment where we, their adult mentors, need to intervene.

**We need to tell youth the true story of our own crossing.** They need to hear that we, too, were reluctant to leave the comfort of safe harbors. They need to hear that we too were buffeted by storms of indecision and self-doubt; that we too sometimes regretted the headings we chose for our lives, spending months – sometimes years -- frantically scanning the horizon for a new sense of direction. Hearing these stories lets young people know that their fears are a normal part of transition that everyone experiences.

**We need to explain how we chose our life course.** Young people often labor under the false impression that we had a firm, fixed heading in sight for our personal and professional lives when we

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were their age, and that we sailed straight for it without once deviating. We have to disabuse them of this notion. We have to help them understand that most of us started out with only a hazy understanding of the course our lives were on. We have to let them know that the headings we set for our personal and professional lives were usually only provisional; that they changed - sometimes radically - with every new encounter along the voyage.

**We need to explain what following a chosen course in life is really like.** A friend who is an aircraft pilot explained it best. "Most people think that we turn on the autopilot once we reach cruising altitude, and that it keeps us dead on course all the way to the destination. But nothing could be further from the truth," he continued. "Most of the time, on a transatlantic flight, for example, we are actually off-course. Cross-winds, for example, continually interfere with the heading we've chosen. The autopilot senses these deviations, and is constantly having to react to bring the aircraft back on course – usually several times a second." Living a human life is very much the same. We cruise along until at some point our internal compass lets us know that the career or relationship heading we've chosen is taking us too far off-course. So we change direction. These course changes are not 'mistakes', any more than the course changes made by the autopilot of an aircraft are 'mistakes'. They are healthy, normal adaptations to situations that are constantly changing.

Journeys into larger worlds of possibility require the courage to lose sight of the known. They require the ability to sail without clear maps, and to trust that the guidance needed will appear along the way. Adults who work with youth can help them best by reminding them of this. They can tell them the story of their own journey, and in so doing offer living proof that the crossing is both possible and worth it.

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**Getting it Right?**

*By Simon Nuttgens*

Keep 'em coming back. It is difficult to do good counselling if your client does not return for the next session. Although obvious, this is not always easy. And sometimes "getting it right" in the context of blinding insight achieved within the consulting room has no place in the area of sustaining a relationship and actually being helpful.

And so it was that I found myself sitting across from a late 20's heterosexual couple in my first marriage and family counselling practicum at the University of Alberta, which is where I was a masters' student at the time.

Admittedly, this was not the easiest couple to work with for a first-time couples' therapist. Although their presenting concern was typical (an uncommunicative husband and a "nagging" wife), the husband's presentation in session was not. From the moment he walked in to the moment he left, he cried. Not a wailing or sobbing cry, but a quiet, gentle falling of tears that inched down his face with damp regularity.

What to do? My first session with the couple was solo; that is, with no supervisor behind the one-way mirror. I don't remember much of what I did with or said to the couple during that first session, though I knew one thing for sure: the next session I would have my supervisor as backup behind the mirror. Whatever my approach during the first meeting, it was enough to inspire the couple to come back again.

For my second session I felt better prepared for the tears that would inevitably fall. Advice from my supervisor was that I should meet briefly first with the husband; this way if he did not cry it would be safe to assume that the tears had something to do with his wife being in the room. Sure enough, when alone with me he did not cry, instead he conversed with relative comfort and ease. Upon calling his wife from the waiting room, the tears once again began to flow. Now what to do? I fumbled along with the husband and wife, eagerly anticipating the intersession break that had been scheduled to occur with my supervisor about 45 minutes into the session.

At the break, the directions from my supervisor were clear and simple: "Go back and say to the husband, 'Your tears speak very loudly. I wonder who it was that stole your voice.'" Such brilliance! I confidently strode back into the consulting room, and upon the first sign of a tear delivered the message. Silence from the husband. His lower lip quivered. I thought at any moment he would burst with an emancipatory answer. But no, it was his wife who spoke first, and in grand fashion: "YOU KNOW

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DAMN WELL WHO STOLE YOUR VOICE! IT WAS YOUR UNCLE LARRY. HE’S ALWAYS TELLING YOU WHAT A WORTHLESS WIMP YOU ARE.”

“Wait a minute”, I thought to myself, “she ’s basically giving her husband the same message as Uncle Larry. SHE is the “voice thief,” not uncle Larry!

I could not contain myself! The excitement of making such an insightful and potentially liberating interpretation this early in my career erupted into a triumphant exclamation: “It’s not Larry, it’s you! Can’t you see? Every time your husband tries to speak you jump in with scorn and criticism. You are the one who has stolen his voice!”

There are only a few times in my life when someone has looked directly at me with eyes of hatred and rage; this was one such time. The wife was furious. How dare I accuse her of being the cause of her husband’s problems? Little was said in the dying moment of the session. If I remember correctly, I left them with a communication skills worksheet. Their departure from the session was cold and hasty. My supervisor had lots to say during our post-session debrief, though the one thing that stood out was this: “I don’t think they are coming back.” And they didn’t.

I am fond of sharing this therapeutic misstep with students and typically do so just at the moment they are certain they have figured out the “true cause” of their client’s problem. I have come to learn that any such truth ought to be cradled with tentative arms, knowing that the imposition of our truths upon an expecting client can have anything but the intended effect. And this I know to be true(ish).

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**Book Review: Thinkin' Drinkin'**

By Chris Sorenson

In recognition of the limited attention paid to the almost routinely accepted norm of binge drinking, Richard Thatcher's book offers up a preventive antidote with his book, playfully entitled, *Thinkin' Drinkin'.*

Thatcher, a sociologist and registered social worker, celebrates the many benefits of drinking but insists that consideration of how to use it must be given the highest priority by teens and young adults. The alternative is to have the tail wagging the dog, the tail being composed of peer pressure, exaggerated emotions, advertising and pro--drinking messages embedded in literature, television, movies and the media in general.

The *Thinkin' Drinkin'* strategy is a guide to empowerment, not only in drinking but in all compelling, alluring, and extremely pleasurable activities which are, at the same time, laden with the possibility of extremely high

risks. Consider drugs, sex, driving styles, and dangerous sports, as well as drinking. In addition, he argues that, at least among youth, binge drinking – 5 or more drinks per session or drinking episodes that extend to the point of impairment, whatever the number downed -- is a substance abuse problem that is so commonplace that its impact vastly outweighs alcoholism as a factor in a wide variety of health and social problems. Thatcher assembles a wealth of statistics and references to empirical studies to support his argument that episodes of intoxication pose the most devastating threat to the well--being of teens and young adults among all mood-modifying recreational chemicals. His concern is that, when compared with alcohol dependency, street drug use, designer drugs, and the non--medical use of prescription drugs, binge drinking receives far too little attention in the

media, in the education system and among parents and teens themselves.

So why is binge drinking given so little attention? Probably, argues Thatcher, because it is not tied up in the much publicized if wrongheaded American "war on drugs," because it is not one of the new and therefore "exotic" mood--modifiers and it is not, at the individual level, a bio-psycho--social illness like alcohol dependency. In addition, it is the very commonplace aspect of drinking that undermines our very interest in the subject. We are also a little too familiar with the subject on a personal level and all of us may subconsciously resist opening it up as a serious problem because there is a lot of unadmitted guilt associated with our own past behavior. Most of us, at sometime in our young lives, have experimented with getting drunk, and most of us have done some pretty stupid things when under the influence of alcohol. In short, there may well be a widespread tendency to just accept drinking to the

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point of impairment as simply a normal part of living but a normal behavior pattern with an problematic but inevitable underside—an unfortunate part of normal social life that simply won't go away.

Thatcher's book challenges this complacency, insisting that we must be concerned with binge drinking because there is data that the practice is on the rise, it is growing among females, who are especially vulnerable during intoxication, and because it brings with it an enormous freight load of grief. The book points out that, compared with other drugs, binge drinking is associated with far more deaths and maiming from highway accidents, fights, acts of domestic violence, as well as a variety of other antisocial and criminal behavior. Binge drinking is also significantly related to date rapes and other forms of sexual assault, as well as elevated levels of unplanned and unwanted pregnancies.

Thatcher makes the book compelling by mixing the factoids of empirical research with a confessional account of his own, intensely regretted, troubled use of drinking during his adolescence and young adulthood. It also draws from his own lengthy experience as a social worker, counsellor and social program designer and policy analyst. Sensitive to the reading sensibilities of today's young readers, he writes in quickly paced, snappy way that should keep the attention of young readers, without being insipidly cozy with them. The style will thus be of as much or more interest to the "communication filters" through which the wisdom in the book may well be the most common vector of transmission for its contents: namely health educators, substance abuse counsellors, teachers and parents.

The book is a welcome addition to the substance abuse prevention and intervention literature. It takes the reader through a strong argument line in favour of sensible drinking and then presents a host of practical advice and walk-through exercises that will help teens and young adults develop an attitude towards drinking in which they assume an empowered role—and avoid the emotional whims, peer pressure, and advertising that draws them into foolish (i.e., s/nkin') drinking. While the author obviously stands firmly in the camp supporting moderate drinking rather than across-the-board abstinence, he does identify genetic and psychological factors that are flags waving frantically for abstinence. For this minority of young drinkers, there are also a variety of exercises offered to help the abstainer through an abstinent lifestyle. Whether a moderate drinker or an abstainer, the common thread in Thatcher's advice is the same: sobriety should be a marching order that one adopts to guide a healthy lifestyle.

At the core of Thatcher's self-help strategy is self-designed habit formation and, in this, he draws heavily from recent research on the nature of habits and cognitive-behavioral and social strategies for crafting healthy habits and breaking unhealthy ones. The book's contents might well be a lifesaver for many of our young people. As Archie Brodsky of Harvard Medical Centre, the widely respected writer on

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substance abuse and addiction, notes in his endorsement on the inside cover, “the book is equally sensible and accessible, and discerning as it is balanced”—and is “a welcome antidote to the alarmist messages of many alcohol educators.”

In speaking openly about drinking to a population which, for the most part, might well be under provincial and state drinking age thresholds, the messages in this book might be controversial and in this sense, reminds us of the long debated issue of providing sex education in the schools.

Unfortunately, the fact is that, like teen sex, binge drinking is commonplace among Canadian and North American youth generally. Given its normative occurrence and the health and safety risks with which it is loaded up, the subject virtually cries out for an open, serious, respectful discussion between responsible adults and teens and young adults, just as it renders obvious the need for some very practical “how to” advice about sensible drinking

management. The discussion and the advice in *Thinkin’ Drinkin’* effectively and thoroughly provides a basis for both.

I do have one constructive suggestion for the publisher and the author, however. The book is a fine tool unto itself but it could well be transformed into an audio--taped or video--taped seminar or even an illustrated manual prepared in a cartoon format, or a documentary that makes an appearance on television and can be accessed by educators for many years hence. The ideas in the book are extremely valuable and any means of getting its contents out there to its intended audience should be pursued.