

# BC Chapter of the CCPA Newsletter

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## Chapter Fee Reminder

Your annual \$10 Chapter fee is a very valuable contribution that helps support the BC Chapter. One of our top priorities and the main distribution of Chapter funds is the [FACTBC](#) initiative, which works towards the establishment of counsellor regulation through the BC College of Counselling Therapists.

## Want to include something in the newsletter?

We are always looking for BC Chapter member newsletter contributions. So if you've written an article that you want to share or you know of any upcoming events or workshops that might be of interest to the BC Chapter community we would love to hear from you. All newsletter submissions can be sent to [lisa.cavey@gmail.com](mailto:lisa.cavey@gmail.com)

## PRESIDENT'S MESSAGE



Happy 2017 and welcome to our latest newsletter! It has been a busy and eventful year both locally and globally, and I can't help but think that the profession of counselling is needed now more than ever. In that spirit, we continue to be active advocates with regards to the regulation of our profession (through FACT-BC), and encourage you all to share your voices...whether by email, facebook, twitter, or in person. Every one of us counts! We are also excited about our upcoming annual CCPA conference to be held in St. John's Newfoundland this May - please feel free to join us for an amazing east coast experience! If you go, please consider joining us for a special BC Chapter breakfast so you can meet your fellow colleagues. We deeply value your presence and participation in the BC Chapter and welcome any feedback or suggestions that might help make it an even more rewarding experience for you. Thank you for being a part of our BC family!

Kindest Regards,  
Siri Brown, M.A, CCC  
BC Chapter President, CCPA

## UPCOMING CCPA & BC CHAPTER EVENTS

### CCPA 2017 Annual Conference & BC Chapter Breakfast

The CCPA's 2017 Annual Conference will be held in St. John's, Newfoundland & Labrador from May 16 to 19, 2017. The Keynotes this year are Christina Dove on the topic of neuroplasticity, Dave Redekopp on career development, Stéphane Bouchard on virtual reality & videoconferencing, and last but not least, Dan Siegel on mindfulness (via videostream).

### BC Chapter Breakfast Details

**Date:** Wednesday, May 17, 2017  
**Time:** 7:00 a.m. to 8:30 a.m.  
**Location:** Zachary's Restaurant, 71 Duckworth St.  
**Contact:** (709) 579-8050  
**Cost:** Pay for your own breakfast  
**RSVP:** Please send confirmation to Siri Brown at [bc.chapter.ccpa@gmail.com](mailto:bc.chapter.ccpa@gmail.com) by May 3, 2017

Learn more about the BC Chapter at:

<https://www.ccpa-accp.ca/chapters/british-columbia/>

## UPCOMING BC CHAPTER EVENTS CONTINUED

### BC Chapter Annual General Meeting

The AGM is a wonderful opportunity to learn more about the BC Chapter and a chance to meet your fellow BC Chapter members! After the AGM we will have the honor of welcoming one of the members of our BC Chapter board, Dr. Laleh Skrenes, to give a presentation on Play Therapy, which has been approved by CCPA for Continuing Education Credits.

**Date:** Saturday, April 22, 2017 (Tentative - To be confirmed)

**Time:** 9:00 a.m. – 12:00 p.m.

**Location:** TBD (Vancouver, BC)

**Presentation:** Dr. Laleh Skrenes will outline some of the key foundational skills used in play therapy. She will highlight how play, as the child's natural medium, can be applied as a device for children to express their feelings and problems just the same way adults talk out their difficulties.

**Presenter Information:** Dr. Laleh Skrenes is a University professor. She has taught both undergraduate and graduate level courses in counselling psychology at University of British Columbia and City University of Seattle in Vancouver Campus since 2008. Dr. Skrenes is also a registered psychotherapist in Vancouver who has been providing professional counselling, psychotherapy, and coaching to children, youth, adults and seniors in a variety of settings including private practices, mental health centers, and hospitals over the last 20 years. Dr. Skrenes is involved with major research projects at UBC. She has published several articles in professional magazines and newsletters. Dr. Skrenes' two decades of experience includes services and experience as a volunteer to a broad spectrum of clients/patients in non-profit organizations both nationally and internationally. You can contact Laleh at [dr.laleh.skrenes@gmail.com](mailto:dr.laleh.skrenes@gmail.com)



### BC Chapter Educational Summer Social

We will continue our annual tradition and Dr. Laleh Skrenes has generously offered to host the 2017 educational summer social event! If it's any comparison to our last couple socials, we anticipate great company, wonderful learning opportunities and fingers crossed for good weather. Stay tuned for an e-mail announcement for the exact date and time, which will take place in Vancouver, BC in August 2017.

### A Guide to Building Personal Resilience

JAMIE DOVEDOFF



Cultivating resilience is such an instrumental part of counselling care and we all have our own approaches and understanding of what resilience is. Personally, the definition provided by the American Psychological Association - "Resilience is the process of adapting in the face of adversity, trauma, tragedy, threats or significant sources of stress" - resonates with me the most.

From the viewpoint that resilience is a process, I have turned to introducing the topic of resilience to clients (and myself) as a "how-to guide".

## Step 1: Introducing the importance of resilience – Why would it be important to build resilience?

Because no human is immune to suffering and trauma. Building resilience facilitates our ability to maintain balance amongst life stressors; allows us to develop effective coping strategies that we can draw on for a diverse number of scenarios; shifts the focus away from “failures” to “learning” and; is protective (i.e. decreases likelihood of engaging in risk-taking behaviors).

## Step 2: How do we know if we are resilient? - What are the characteristics of resilience?

Individuals who are considered resilient typically possess (or at least some of) the following key characteristics:

- Realistic optimism
- Sense of humor
- Internal locus of control
- Flexibility/adaptability
- Focus
- Inquisitiveness/curiosity



## Step 3: The How-To Guide

### 1) Make Lifestyle Changes

- Develop effective communication skills
- Socialize
- Create balance – do regular check ins with yourself to ensure that you are maintaining a good balance between all your life roles
- Reconnect/connect with activities that bring (or used to bring) you joy

### 2) Make Changes To Your Workflow

- Focus on specific tasks – uni-task rather than multi-task
- Take detachment breaks
- Develop mental agility – shift your focus to responding to stress versus reacting to it
- Cultivate self-compassion

### 3) Physical Health

- Practice healthy sleep hygiene practices
- Exercise regularly
- Eat a well-balanced and healthy diet

### 4) Self Care

- Practice mindfulness/relaxation to recharge the batteries
- Regularly provide yourself with self-praise to celebrate achievements regardless of how big or small
- Recognise self-criticism

### 5) Value Identification

- Identify your values
- Regularly check in if you are living a life true to your values – you are more likely to stay motivated to do “the work” if you are living your life consistently with what you value most

## 6) Goal Setting

- Set SMART goals – goals are the stepping stones towards your values and help keep you on track

Building our resilience not only allows us to better respond to what we consider significant life events but also allows us to respond more effectively to everyday life stressors that may initially seem small but has an accumulating effect on our health and wellbeing.

### Author Spotlight

Jamie holds a Masters of Education, Counselling Psychology (Vocational Rehabilitation Counselling) degree and a Bachelors of Human Kinetics degree from UBC. Jamie possesses over 10 years experience offering disability management, vocational, rehabilitation, reactivation and fitness services in both the private and public sectors. Jamie's career focus is to assist individuals return to their previous level of independence through a suitable rehabilitation program and durable return to work plan. Jamie has developed exceptional counselling and vocational rehabilitation skills. She is a current member of the Canadian Counselling and Psychotherapy Association, Vocational Rehabilitation Association of Canada, and a Registered Rehabilitation Professional. Complementing Jamie's background in rehabilitation is her extensive knowledge in fitness for the average healthy population and rehabilitation for those with a vast spectrum of conditions. She is a Practicing Member of the British Columbia Association of Kinesiologists. You can contact Jamie at [jdovedoff@altrehab.com](mailto:jdovedoff@altrehab.com)

## How Does Change Come About?

PAUL YEUNG



Is change like magic that we can help clients to make their presenting problems disappear? As a counsellor, I believe that there are two types of preconditions to affect change: internal (what a client believes about change) and external (what outside factors influence change). It is my theoretical belief that clients must believe that they can change. My thinking about the internal preconditions of change is greatly influenced by Rogers (1951), who stated that “often...the perception has a high degree of correspondence with reality, but ... it is the perception, not the reality, which is crucial in determining behaviour” (p. 492). In other words, it is clients' perception that they can affect change which in turn determines their behaviour. Change will not occur if they do not believe they can affect change, which can ultimately undermine their own opportunities to grow. Hence, no one can change clients except themselves.

Regarding the external precondition, it is my theoretical belief that change will not occur if clients become accustomed to conditions of worth. For example, if clients are pressured by others to change, it is likely that they perceive they are worthy, loved, and accepted only if they behave according to others' standards and approval (Rogers, 1980). Clients must be genuine about change and not make changes in order to satisfy others. Unless the change comes from within the self, clients will only make a superficial change regarding their problems or concerns.

Ultimately, clients must believe that they have the capacities to change. Capacities include clients' attitudes, knowledge, and skills to affect change. Attitudes include the desire to their becoming more accepting of change. Knowledge is what clients learn through experience in life, and skills are the ability to use that knowledge to affect changes. Once clients perceive they can affect change, counsellors can work with clients to develop a positive attitude toward using knowledge and skills to make changes with respect to their presenting problems.

In summary, while there is no single precondition that can fully explain clients' actions regarding change, my understanding of the preconditions of clients' change is based on my counselling experience coupled with Rogers' theory. My understanding of internal preconditions for change consists of clients must a) perceive they can affect change, b) have the capacities and courage to make changes, and c) are not afraid of changes in the self. Furthermore, if clients can break free from conditions of worth put on them by others, then they become free to make change happen. I wonder what you think about "how does change come about" in your current practice?

### References

Rogers, C. R. (1951). *Client-centered therapy: Its current practice, implications, and theory*. Boston: Houghton Mifflin.

Rogers, C. R. (1980). *A way of being*. Boston: Houghton Mifflin.

### Author Spotlight

Paul Yeung, Ph.D, CCC, is the Past President of the BC Chapter Executive. He is an adjunct professor teaching counselling courses at the University of British Columbia. Paul has also been serving on the executive board for the Private Practitioner Chapter since 2015. In his spare time, he enjoys figure skating.

## Ready, Set, Unplug! Managing Vicarious Trauma in a Social Media World

SIRI BROWN

Facebook. Twitter. Instagram. You Tube. Blogs. Websites. And the old standbys, almost archaic in a way, radio and television. All help to bring to us information, tragedies, triumphs, and the complex issues of our current global reality. Speaking of global: global warming. Fukushima. Syrian refugee crisis. Brexit. And closer to home: Pipelines. Unaffordable housing. Standing Rock. Politics and our neighbours.

We are inundated with information, images, opinions and "facts" daily. Hourly. By the minute, if you are mainlining your phones like so many these days. What I have noticed, though, in many of my clients, and several of my colleagues, is the significant impact of being inundated with information on such a regular basis. And, as we all know, the majority of the information media provides is attention-seeking (read: alarming; negative; catastrophizing; sensationalistic).

Is it really something we should worry about though? Really? Absolutely, unequivocally, YES.

Think about it: everything you hear about or read, you tend to visualize (brain scans show activation in the visual cortex when people were listening to others' stories; suggesting we are likely visualizing what we are hearing). In addition, every image, every crying, wounded soul we witness triggers our mirror neurons, activating empathy. And activating loss, sadness, and pain, as well. Welcome to the reality of vicarious trauma.

I am not arguing we do not open our hearts and act in support of those who are most vulnerable or who most need our help. I strongly feel that that is what makes us profoundly, beautifully human – our capacity to care for each other, take care of each other, and advocate for those who can't do so for themselves.

I am more concerned about those whose hearts are so big, and facebook feeds so frequently visited, that they become inundated with traumatic content, and unwittingly become vicariously traumatized.

## Bev Abbey Service Award

In 2009, the BC Chapter of CCPA established the Bev Abbey Service Award to recognize and remember the late Bev Abbey, and to honour her generosity, selflessness, and many contributions to CCPA. The Bev Abbey Service Award is given annually to a BC graduate student in counselling psychology.

**Award:** \$200 plus a year's membership to the CCPA and the BC Chapter (valued at \$85).

**Application**

**Deadline:** March 15, 2017

**Details:** [Bev Abby Service Award](#)

## Private Practitioner Award for Excellence

The Private Practitioner Award has been established to meet the following objectives:

1. To promote the vital role played by Private Practitioners in the Canadian Counselling and psychotherapy field by our Chapter Members.
2. To recognize a Chapter Member counsellor/psychotherapist for demonstrated commitment to excellence and high professional integrity.
3. To heighten awareness of the Private Practitioner Chapter and its commitment to heighten awareness of the best practices of its members.
4. To promote and inform the National and local community of this prestigious award bestowed on a deserving private practitioner of the chapter.

**Award:** A commemorative plaque and monetary award (maximum \$500.00) will be presented to the recipient.

**Application**

**Deadline:** December 15th each year

**Details:** [Private Practitioner Award](#)

As most counsellors are aware, vicarious trauma results from exposure to traumatic material (e.g. working with and listening to traumatized clients' stories) which has such a profound effect on the listener that their world view is significantly altered.

So how does social media play into all this? In very significant ways. Originally a source of connection and information sharing, social media has evolved into a conduit for world news (good and bad), sensationalistic and catastrophizing information (and misinformation), and traumatic images and stories. As people seek connection with friends, they are also exposed to heartbreaking news and stories.

The point is this: we can only hold so much trauma at once without it negatively impacting our work as professional helpers. We are as human as the next person, and despite our often impressive capacity for holding space for our clients' pain, we must still acknowledge our limits. It makes a lot more sense to get out of the sun before we are sunburned than deal with the aftermath.

Final thoughts? Give yourself permission to unplug. Develop sound self-awareness, checking in often, and good self-regulation skills, to manage ongoing stressors/trauma exposure. Know when you are getting full, and rather than "pushing through", or minimizing the impact that what is happening in the world around you has on your psychological well-being, say enough. Unplug. The comb-over will still be there. The outrage. The fears. The hopes. The protests. The renegade good deeds. But most of all, your shining self.

## Author Spotlight

Siri Brown, M.A., CCC, is a psychotherapist who is committed to helping others while maintaining her own energy and sustainable practice. A practitioner of mind/body psychotherapies and hypnotherapy, Siri's approach to therapy is holistic and geared towards helping others heal on multiple levels. She enjoys working both in private practice and as a Wellness Educator/Therapist for Vancouver Coastal Health's EFAP. Siri also enjoys presenting and has created tailored workshops for a variety of organizations, as well as presenting at a number of national and international conferences. She currently specializes in Compassion Fatigue and Professional Burnout, as well as providing counselling to survivors of violence/abuse. Siri is very passionate about participating in and giving back to her profession, and currently serves as president of the CCPA BC Chapter. She looks forward to helping connect counsellors across BC and supporting them in the very important work they do.

## Wraparound Integrated Case Management

RICHARD TATOMIR



To many therapists chagrin, a significant portion of our clients are not capable of typical office-based talk therapy. For clients

with developmental disabilities (below average intelligence), children and many youth, clients where trauma is too fresh or difficult to address, and especially families involved with social services, are Aboriginal and/or have low socioeconomic status and education, traditional talk therapy falls flat and may even be counter-productive. In my role as a Clinician within a large social service agency, I have the opportunity to work with all of these clients, but more often the majority of my work involves the team of professionals (the care team) surrounding these individuals. In circumstances such as I described above where a client has great difficulty making their voice heard, I believe our role is to create a village of supportive people to hold up this individual, increasing the effectiveness of long-term interventions and giving them a chance for their voice to be heard, perhaps for the first time.

One of the best models I have come across is Wraparound Integrated Case Management (WRAP-ICM), the comprehensive case planning method (not the computer system). "WRAPAROUND 'WRAP'/ ICM is a process for service delivery that is founded on the belief that all individuals/families have a central role in the process of planning. WRAP/ICM is both a philosophy (set of guiding principles) and a process (way of delivering service). WRAP/ ICM involves community service providers and individuals/families in a team process that focuses on strength-based action planning." (Prince George and Area WRAP/ICM Planning Committee, 2010). WRAP-ICM allows the client and/or family and all relevant professionals in the client's life, from therapist to behavioural consultant to doctor, group home support worker and parent, to meet every

month together in-person or via telephone or video conference to look at every aspect of the client's life and how to improve it. The components that make ICM so powerful are that the framework right from the start begins with a process of informed consent, not simply a paper that the client/family signs but a knowledge of who is already in their life, who else would they like to include in ICM and putting responsibility on the service provider to explain the services they offer and how they plan to deliver them. Though a goal of ICM is inclusivity, getting everyone around the table that needs to be there, this process means the client/family can voice their concerns about who is present and what information is shared, putting them in the driver's seat and building assurance that they are surrounded by a circle of trust who have a shared vision that meets the client and family's best interest. Unlike a typical assessment model, ICM focuses on the strengths of the client and family, what they

*"... ICM focuses on the strengths of the client and family, what they do well and how to support them to maintain it..."*

do well and how to support them to maintain it, as well as a focus on changing environment and systemic factors/barriers versus laying sole responsibility onto the client, expecting him/her to meet our standards (standards which the client in some models have little to no part in creating). By emphasizing roles and realistic actions (SMART Goals, n.d.), each member, whether professional or family, takes responsibility of the individual piece they feel competent in, creating a sense of shared ownership and accountability, usually leading to increased group coherence/trust and increased probability that what is planned actually happens. Roles and responsibilities are also not simply about who is assigned what action item, it is also about leadership in the meeting, such as assigning a WRAP-ICM facilitator who makes sure the client/family's voice is protected from unfair criticism and manages the conflicts that inevitably arise when so many people with different views of what is most beneficial are put in the same room.

Often when working with clients that need the level of support of an entire care team, frequent crises arise, in therapist and social worker jargon, Crises of the Week, or COWs (not a term from ICM or recommended to be used with a client, though important nonetheless). Seasoned therapists will know that the more trauma, the more COWs, both because of the systemic factors that are likely to leave clients in a state of re-victimization (poor, living in a crime-ridden neighborhood or with a partner who abuses), as well as mostly unconscious drives to “return to the scene of the crime” so to speak and replay one’s traumatic circumstances in a similar way, across people and time--our brain’s ill-fated attempt at “trauma mastery” when it has no new tools or ways to cope, leaving us slave to circumstances again and again (Levy, 1998). Though the term COW may sound amusing, COWs are serious, preventing client/family and care team members from meaningful work towards a goal of wellness and a new and better future. I remember this clearly with one client who actually was never able to speak about what brought her into a session because of the never-ending cycle of crises until we collaborated to set an extremely clear, written crisis management plan in place that included numbers of care team members to call between sessions. By treating COWs as not simply frequent inconveniences, but as serious, possible, and often meaningful and patterned barriers preventing progress to the client’s life goals, COWs

can be taken to pasture. The last component of ICM is continuous quality improvement, checking in with all members, but primarily focused on the client/family, every few sessions, to see if desired outcomes are actually occurring and the process is as respectful and beneficial as it claimed to be. By including and welcoming feedback, the client does not have to feel their comments or complaints are out of place, rather the care team shows vulnerability at accepting they are not perfect and there are things they can always do better. Gaining regular feedback is critical as without it, problems that may seem small or unnoticed by the greater care team can be prevented from festering into large and unmanageable wounds held by individuals.

I have found that WRAP can be very effective, but only if: (1) all parties are invited to the table; (2) all members are crystal clear on what WRAP-ICM and how it differs and means a loss of some control for individual professional members/individual agencies (2) goals/shared vision are agreed-upon and seen as important by the client/family (often the client’s goals for what is best is very different than the individual service provider); (3) a strong facilitator who is not afraid of being assertive in conflict, is respected by all members and can put their individual/agency agenda “hat” away for the duration of the meeting to prevent the meeting from focusing on a team-up of what the client/family has done “wrong.”

## Helpful Resources

Levy, M. S. (1998). A helpful way to conceptualize and understand reenactments. *The Journal of Psychotherapy Practice and Research*, 7(3), 227–235. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3330499/> [Free Full Article].

Prince George and Area WRAP-ICM Planning Committee. (2010). *Wraparound “WRAP”/Integrated Case Management: Working Together Handbook*. Retrieved from <https://static.fasdoutreach.ca/www/downloads/WRAP-ICM-Working-Together-Handbook-Dec2010.pdf>

SMART goals. (n.d.) Retrieved from: <http://hrweb.mit.edu/performance-development/goal-setting-developmental-planning/smart-goals>

## Author Spotlight

Richard Tatomin is a Masters-level Canadian Certified Counsellor, CCPA BC Chapter board member, and public speaker, who has worked in both Canada and the U.K with leading providers in the field of behaviour medicine, attachment & relationships, addiction, and the neurobiology of trauma. Richard currently works at the pioneering MCFD Children and Youth with Complex Care Needs program as well as retains a private practice, Relationship Experts Vancouver, focused on reducing conflict and increasing connection in couples, families and work teams. He is a Gottman 7 Principles Educator and ConnectParent Certified Facilitator. Richard and his associates regularly host free or low-cost workshops, and can be reached for speaking, counselling, or general inquiries, through his website: [relationshipexpertsvancouver.com](http://relationshipexpertsvancouver.com), and email at [relationshipexpertsvancouver@gmail.com](mailto:relationshipexpertsvancouver@gmail.com)

# UPCOMING WORKSHOPS, SEMINARS & WEBINARS IN BC

## **Crisis & Trauma Resource Institute Inc.**

The Crisis & Trauma Resource Institute is an approved CCPA provider of continuing education credits. Workshops are offered throughout the year in most major Canadian cities. For a detailed list of upcoming workshops in BC, click [here](#).

## **Jack Hirose & Associates Inc.**

Jack Hirose & Associates Inc. is an accredited CCPA provider of continuing education credits. One-day workshops are accredited with 6 CECs, two-day workshops are accredited with 12 CECs and three-day workshops are accredited with 18 CECs. Click [here](#) for a detailed list of all upcoming workshops offered in BC and [here](#) for a detailed list of all upcoming webinars.

## **University of British Columbia**

Boost your practice by updating your knowledge in an interprofessional learning environment where the emphasis is on applied skills, communication, self-care, and building a toolkit and a network with which you can grow and succeed. Courses are offered at the UBC Point Grey campus, UBC Robson Square in downtown Vancouver and online. Most courses have been preapproved for CECs by CCPA – check specific courses to find out. Click [here](#) for more details.

## **Vancouver CBT Centre**

The Vancouver CBT Centre offers training workshops to mental health professionals on a range of topics related to CBT and other empirically-validated treatments to targeted disorders. Click [here](#) for more details.



Please note, the above list of upcoming workshops, seminars and webinars is intended to serve for your information only. Should you decide to participate in any of these events, the BC Chapter cannot be held liable for the accuracy of information (including, but not limited to, dates, registration fees and specific content delivery), as the BC Chapter is not affiliated with any of the institutes/organizations/presenters involved.

## **Members of the BC Chapter Executive**

**President**  
Siri Brown

**Past President**  
Paul Yeung

**Secretary**  
Tammy Lee

**Treasurer**  
Vacant (Past Treasurer: Ben Ho)

**Directors**  
Lisa Cavey, Ernest Chen, Cathleen Dyer, Peter Persad, Laleh Skrenes, Richard Tatomir

**Board Liaison**  
Ricardo Pickering



To contact the BC Chapter Executive, please send an email to: Siri Brown, Chapter President, at [bc.chapter.ccpa@gmail.com](mailto:bc.chapter.ccpa@gmail.com)

## **Editor Information**

**Lisa Cavey, MA, CCC**



Lisa Cavey is a Director on the BC Chapter Executive. Lisa currently works as a counsellor at Little Flower Academy, a Catholic Independent High School in Vancouver, BC.