

THE CANADIAN COUNSELLING AND PSYCHOTHERAPY ASSOCIATION

COGNICA

In memory of our beloved Bill Thomas



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A Celebration of the life of Bill Thomas

It is with heavy hearts that we learned of Bill's transition to the Spirit world on July 19, 2020. Bill was CCPA's first Indigenous Director, serving from May 2014-2018. In the spirit of collaboration that Bill so enthusiastically promoted, we decided to write this message together as we both had the honour of serving alongside Bill on CCPA's National Board of Directors.

As many of us know so well, Bill is unforgettable. His warm, gentle, and loving presence nurtured all of us who had the honour of knowing him. Laughter truly is medicine, and Bill shared that medicine with everyone. We can hear his laugh as we write, and we remember the stories, teachings, and prayers that he shared. Bill will be remembered for rolling up his sleeves and doing more, helping more, sharing more, and encouraging others to join in the fun of all he did. Bill loved life, his family, his communities, his profession and gifted that love with all he met. Bill embodied the seven sacred Indigenous teachings of courage, honesty, humility, respect, truth, love, and wisdom.

Bill was a visionary and a strong leader. He encouraged us to work collaboratively. Within the context of CCPA, he was responsible for creating the Indigenous CEC Review Program concept, which was a project that was near and dear to his heart, as it presented a new way of recognizing and valuing Indigenous knowledge and learning experiences. Bill also helped us to understand how we, as an association and as individuals, could contribute actions toward Truth and Reconciliation, which is where it begins.

With the intention of celebrating Bill's life, we would like to encourage members to submit memories and/or stories that can be compiled as a gift for Bill's wife Elie and his family. Please submit these to info@ccpa-accp.ca by November 30th. CCPA will also be exploring other meaningful ways to remember and honour Bill.

Meegwetch Bill for the gift of you and all that you so generously shared on your Earth Walk. We miss you deeply, and you will always remain in our hearts.

Please find Bill's obituary on the next page.



**Merci Beaucoup, With Gratitude,
Wela'liq, Woliwon!**

A handwritten signature in black ink.

Jenny L. Rowett,
PhD, LCT, CCC-S
President, CCPA



**Giitu! Oaidnaleabmai!, Thank you
and until we meet again (in Sami)**

A handwritten signature in purple and blue ink.

Kathy Offet-Gartner,
PhD, R.Psych (AB)
President-Elect, CCPA



WILLIAM (BILL) THOMAS

Jul 28, 1964 — Jul 19, 2020

It is with profound sadness and heavy hearts that we announce the sudden passing of Bill Thomas from Peguis First Nation, on July 19, 2020, at the age of 55.

Bill was born in Winnipeg, Manitoba to Gladys Thomas and Alex Bradburn on July 28, 1964. Bill was raised by Alice and Alex Bradburn at Peguis First Nation. He went to high school at Peguis School and graduated in 1985. He had a degree in Aboriginal Counselling from Brandon University and a Masters Degree in Social Work at UNBC. He worked as a Psychotherapist for many First Nations Communities. He was presently a Psychotherapist in Peguis First Nation. Bill also sat on the Board of Directors for CCPA as the National Indigenous Director. Bill was a very loving and caring man, he loved

helping people heal and was always willing to help any way that he could. He always had a big smile for everyone. Bill loved to BBQ, watch movies and spend quality time with Ian and Taylor, sing karaoke, and play with his beloved dog Brandie. Bill loved to spend time with the youth.

Bill had a passion for Scuba Diving, he travelled the world to dive and was very close to his scuba diving buddies. They were all like a family to him.

Bill is survived by his wife of 23 years, Elizabeth (Elie), brother Chris Stranger (Verna), as well as numerous nieces and nephews, aunts and cousins.

Bill is predeceased by his mother Alice, mother Gladys and his father Alex Bradburn.

As published in the Winnipeg Free Press on Jul 25, 2020



Bilateral Eyes Closed Drawing: Can it Help Concussion and Brain Health? An Exploration Through Personal and Professional Experiences.

Nicola Sherwin-Roller

MA., CCC., RCAT



Fig 1. Gone Doodling

In December 2018, when my mare headbutted me, I received a broken nose, as well as the third concussion within my lifespan. It was an accident, yet the resulting injury left me with light sensitivity, headaches, difficulty with number order, olfactory issues, and sound sensitivity. These symptoms continued for well over a year at different intensity levels. Soon after this happened, I turned to my artwork to assist in calming my brain, encouraging balance and wellness, and for something to do. In the early stages, screens and reading were a no-go, as were exercise and listening to music. I began with painting images that were of interest to me and brought me pleasure.

Often these images were from photographs that I had taken of my horses and dogs (fig 1. Gone Doodling) and several images of wolves. With each

painting the images taught me many things about my symptoms and how I was feeling. They helped me slowly increase my attention span and regain focus. They also taught me to slow down, and that I could paint for a few moments at a time, leave, and return. Prior to this I had always felt that I needed great chunks of time to engage in artwork, so I often never got around to it. Painting in short bursts of time also changed the way I approached the paint. It became thicker. I began to utilize modeling paste and other mediums to create more texture, and metallic paints that made the image change, depending upon the intensity of light in which it sat.

In October 2019 I attended a workshop with Zoe Bowman-Eyford on “Drawing With Eyes Closed- Revealing Unconscious Holdings of the Body.” During that experiential workshop I felt the release of my year long headache and a lifting of brain fog. I felt a clarity of thought and clear-headedness that had been escaping me. I knew that art had been helping me already, but why had this one set of bi-lateral drawing exercises had such an immediate effect and positive impact?

Bi-lateral drawing has been used to treat trauma for quite some time. Cathy Malchiodi and Cornelia Elrecht have done extensive work in the area of survivors with bi-lateral, body mapping, and sensorimotor art therapy. Cathy Malchiodi sees that this process seems to “reconnect thinking and feeling” and helps to “regulate body and mind thus allowing explicit memory to be reconnected with implicit memory.” Cornelia Elrecht’s body mapping work brings felt

sense and body awareness to the fore, allowing “inner tensions and emotions to repair the memories of the past.” Each of their processes discuss reparation and repair between thought, feeling, and sensation. This repair leads to an integration of body and mind and a sense of wholeness, through calming and soothing traumatized systems.

If we look at the work by Bessel Van der Kolk, we know that regardless of whether trauma is from a physical assault upon our body, or an emotional or mental abuse, that our body “Keeps The Score”. After a trauma, we experience changes in our brain, such as the Brokers’ area shutting down. This leads to the sense that bi-lateral drawing can also have a positive impact on brain injury. In exploring further what happens to the brain when injured through being hit, shook, or receiving physical trauma we see that “concussions damage the bridge between the two halves of the brain” (2020 Regina, B). A study by Nicoletta Lanese (2019) focused on a bundle of nerve fibres called the “Corpus Callosum, which normally serve as a landline for the right and left hemispheres to talk to each other”.

When the brain suddenly twists or bounces these strands can sustain serious damage, resulting in mild brain-injury/concussion. My personal experience suggests that engaging in eyes-closed bi-lateral drawing helps the brain to communicate more effectively on and between both hemispheres.

Just as producing art can bring Broker’s back on-line, I feel it has the ability to make or rebuild connections. Dr. Kelly Lambert (2020) in her TedTalk on

"Improving Our Neuroplasticity" talks about how our brains are wired for movement.

Her work in neuroplasticity was sparked by research into depression and led to some interesting findings. For the purpose of this exploration, she deduced that the more we engage in behaviours where we can see an end result that we can be proud of or take satisfaction in, the more we "light up our brains" and encourage neuroplasticity. Lambert also found that the region that is in charge of moving our hands is "disproportionately large," suggesting that we can change our brain health through changing behaviour activity - using our hands. Many of our "traditional" forms of work for our hands involved knitting, gathering food, shelling peas, and weaving, which all have some components of bilateral movement as well as a sense of satisfaction.

So, was this just my brain? Was I putting the various pieces of a puzzle together or just finding disparate information interesting, making connections that were not there and hoping it made sense? Perhaps a little of both. It would seem that the universe decided to help me answer that question. Shortly after I began to really question this I had the opportunity to work with two clients suffering from mild brain injury/concussion.

Through personal experience, building on the work by Zoe Bowmen-Eyford and through working with these clients, a 4-step approach was developed.

1) With one regular sized paper, explore the material (large rectangle stick of graphite or charcoal) with the dominant hand, then on a second sheet of paper, use the non-dominant hand to do the same.

2) With eyes closed, on a large sheet of paper, put a charcoal/graphite stick in each hand and explore the material on the page. When finished, write a word that expresses how you felt doing this.

3) If there is a movement that you found yourself repeating or doing consistently in the previous exercise, do that action now until your body no longer wants to contin-

ue. Write a word that expresses how it felt to do this.

4) With music (choice of songs with 80 beats per minute) explore the material, eyes closed with both hands once more, move with the music and allow your arms to move over your midline.

Case Studies

Client-1 is a 55-year-old who identifies as male. He was told his brain was not communicating effectively between the hemispheres and has been experiencing balance problems that were severe enough to require him to use a wheelchair to prevent injury from falling. The client saw a neurologist and was also under the care of a physiotherapist who specializes in balance issues. Art Therapy was part of his synchronistic approach to healing. The client did step 1 several times with several different mediums from a carpenter's pencil to charcoal to graphite



Fig.2 left hand non-dominant

Step 2

Exploring material with both hands, eyes closed, the client struggled to do this on the same piece of paper and did several images in this step. Although we worked through the steps, he still found it hard to use the same piece of paper for two handed images or to combine the marks made by each hand. Rather than force the issue right away, we continued to move through the steps allowing the body to feel and process as it needed to.

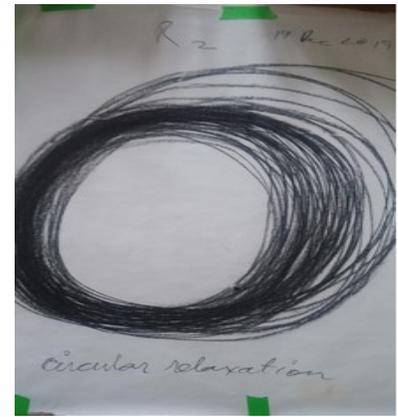


Fig. 3 right hand dominant

Step 3

Encouraging a move out of the same circular pattern and working until the body felt that it did not need to move in the same direction anymore. "Mirror but not mirror – the same but not the same".

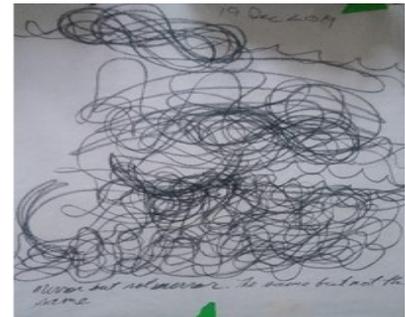


Fig.4

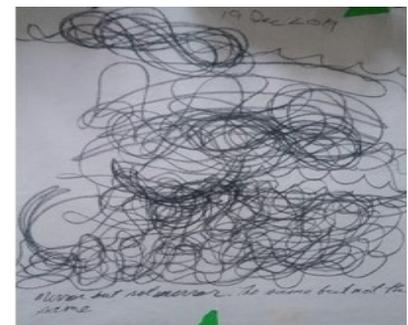


Fig. 5

Step 4

The instruction to move with both hands across the page, making sure to cross the midline, finally allows the image to be on the same piece of paper. The first image was done without music, whereby the client expressed a sense of “Feel coming together”. There was still something missing, which was a sense of wholeness within the image (Fig.6). It was at this point that I wondered how music may assist in the process. In Trauma informed training that I had taken through Cathy Malchiodi, music had accompanied some of the art making that was bi-lateral or crossing the midline. The music used had been 80bpm reflecting the heartbeat rate a foetus may hear in-vitro. It is a beat that allows for the system to calm, and is the heartbeat of a healthy adult system.

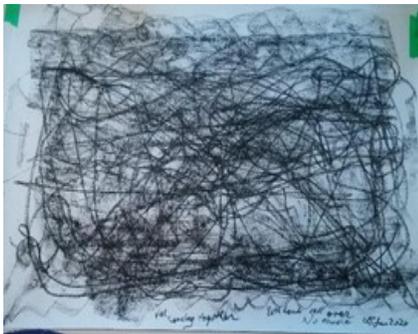


Fig.6

Music also increases blood flow to the brain and, perhaps more importantly, is distributed throughout the whole brain not just one hemisphere. It was just that activation we were needing to inspire. Suggestions of different songs were provided, and the client tried both to varying degrees of success. The image that finally gave a sense of “Peace” for the client was drawn to the song; “Scientist” by ColdPlay, which he chose. This was a song that he enjoyed and had a connection to. Listening to music that you like has all kinds of positive impact upon brain health, including a dopamine release. This may also have contributed to the sense of overall wellness and “Peace” the final image gave.

Both hands moving all over the page,

crossing the midline to the song “Scientist” by ColdPlay.



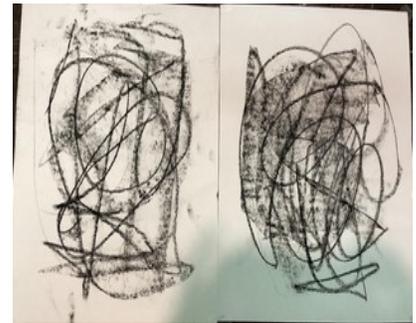
Fig. 7

We utilized 6 sessions within this process and the client did images both in session and at home. At “Closure” the client walked into the office and was no longer in his wheelchair. He was in a return to work program and expressed that the process had done two things; 1) It had given him a very concrete representation of just how separate his brain was and how the lack of communication looked, and 2) That he felt he integrated both sides and felt a sense of wholeness and peace.

Client-2 is a 39-year-old who identifies as female. She initially made the appointment for parenting a teenage child but on the second session presented as having had her second concussion in a year. She was having varying symptoms, including fatigue, headaches, brain fog, struggling to comprehend things she was reading when tired, and some light sensitivity issues. Over the course of four sessions we worked on the goals she had set. In the final session we went through the four steps in bilateral eyes closed drawings. The client started to use a low dose of Prozac, as prescribed by her doctor, as part of her concussion protocol between the first and second session.

Step 1

Exploring the material with dominant and non-dominant hand.



Step 2

First bi-lateral eyes closed drawing, exploring the materials. The word she used for this drawing was “Rigidity”.



Fig. 9



Fig. 10

Step 3

Second bilateral drawing: Draw the movement that you found yourself repeating in the first drawing until your body no longer needs to. The word she used to describe this image was “Peace”.

Step 4



Fig. 11

Third bilateral eyes closed drawing to 80 beats per minute, making sure to cross the midline. The client was provided a list of music and the opportunity to choose the song that resonated most for her. She chose “Scientist” by ColdPlay. The title she chose for this piece was “Fluidity”.

The client expressed that the last image really helped everything come together for her. She felt the brain fog lift and a sense of clarity.

Summary

From personal experience and from these two case studies, this process certainly warrants further investigation. All parties expressed that it had made a positive difference in balance and brain function. All parties expressed a sense of relief, peace and wholeness after engaging in the drawing process. Adding the music and final stage within the drawing experience allowed for a further sense of connection and completion. Of becoming whole. The first individual stated his balance issues were less intense and that he felt steadier and more centred. The second individual said that she felt an awakening in her forehead area, a level of clarity and wholeness she had not had in a while. I had experienced clarity, lifting of brain fog, an alertness and release of the headache that had been plaguing my mid forehead region for the previous 10 months. It is important to note that the clients rate of moving through the stages was based upon their speed and timing. The first client basically worked through a step each session, the second client did the whole process in a one-hour session.

Examples of songs with 80 beats per minute:

- ◇ Beyonce - Halo
- ◇ ColdPlay - Scientist
- ◇ Enya - Wild Child
- ◇ Glee Cast Version - Here’s to us
- ◇ Israel Kamakawiwo’ole - Somewhere Over the Rainbow
- ◇ Paul McCartney - Only Love Remains
- ◇ Bob Marley - Wait in Vain
- ◇ The Beatles - Across The Universe
- ◇ The Lumineers - Ho Hey
- ◇ Pharrell Williams - Happy

References

- Bailey, Regina. (2020 January 29) Corpus Callosum and Brain Function. Retrieved from <http://www.thoughtco.com/corpus-callosum-anatomy-373219>
- Bowman-Eyford, Z website: www.artselfcare.ca or <https://www.patreon.com/artselfcare>
- Elbrecht, Cornelia. (2019 June 4) Healing Trauma With Guided Drawing: A Sensorimotor Art Therapy Approach to Bilateral Body Mapping. North Atlantic Books
- Jalimpoor, V., Benovoy, M., Larche, K. Anatomically Distinct Dopamine Release During Anticipation and Experience of Peak Emotion to Music – *Nat Neurosci* 14, 257-262 (2011) <https://doi.org/10.1038/nn.2726>
- Lanese, N. (2019 September 3) Concussions Damage The ‘Bridge’ Between The Two Halves of The Brain. Live Science <https://www.livescience.com/concussion-disrupts-information-flow-in-the-brain.html>
- Lambert, Dr. Kelly (2020 February 3) in her TedTalk on “Improving Our Neuroplasticity”
- Malchiodi, Cathy. (2015 September 29) Bilateral Drawing: Self-Regulation for Trauma Reparation – Let’s Draw On The Power Of Both Hands To Modulate Stress. <http://www.Psychologytoday.com/ca/blog/arts-and-health/201509bilateral-drawing-self-regulation-trauma-reparation>
- Van der Kolk, Bessel. (2014) *The Body Keeps The Score: Brain, Mind, and Body in the Healing of Trauma*. Penguin Books

Activating Faith During the COVID-19 Pandemic!

Sandra Dixon

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Within the North American context, faith is often viewed as a polarizing topic that many people practice privately and are reluctant to discuss openly. This hesitation might be due to the possibility of feeling ‘othered’ and stigmatized in the public sphere. Here, I view faith as a subjective and universal construct that embodies different experiential meaning for people cross-culturally. For many individuals faith represents resilience and can support emotional coping. In recent times, it has become increasingly important to discuss this topic, as it can be used to support the welfare of individuals during the COVID-19 pandemic.

Like many spiritual individuals, faith is a salient aspect of my identity. I have oriented to faith to support my overall mental wellness during this global pandemic. Like many of you, I have been overwhelmed by the changing landscape, worrying about my physical health, while expressing concern for family members’ well-being. In addition to this, I have felt helpless about my inability to help others who are struggling in various capacities at the communal level, and fearing the uncertainty of what may come next. The gradual accumulation of these stressors has resulted in the disruption of my sleep patterns, daily routines, appetite, and has led to the slow rise of physical distress. As I grapple with these personal matters, I appreciate the useful self-care resources, online webinars, and media that are keeping us informed throughout this pandemic. However, the continuous influx of information has now become taxing to our mental health. As I try to make meaning of this new way of being in self-isolation, I have become increasingly dependent on my faith as a support system to help me navigate this uncertain turbulence.

I am a woman of the Christian faith. I write this reflective paper from this cultural positionality without judgement for others who might not necessarily hold my socio-cultural view of religious faith. As I reflect on the saliency of faith in my life, I make reference to scriptures to guide my understanding of this construct: “Now faith is the substance of things hoped for, the evidence of things not seen” (Hebrews 11:1, New King James Version [NKJV]). Another verse that influences my conceptualization of faith is the gentle reminder that Jesus is the author and finisher of my faith (see Hebrews 12:2, NKJV).

These scriptures amplify the spiritual force that faith plays in my life, with the understanding that as a Christian I am not devoid of pain and suffering.

The activation of my faith through key practices has helped me to triumph amid uncertainty by sustaining my mental health and well-being, and cultivating a positive mindset. That said, I would like to acknowledge the useful insights provided by 26 individuals, who were willing to share their experiences of faith and key faith practices they are using to help them cope with this pandemic. The anecdotal data gathered from these individuals help to substantiate the claim that faith can be an effective coping tool. The themes generated from this data echoed many faith practices that I draw on regularly, including, but were not limited to, daily devotions that encompass Bible reading and prayer, attending church online, meditating, listening to gospel music, fasting, and journaling. While the following paragraphs describe how I personally engage in these practices, I acknowledge that they might not work for others whose faith may deviate from my own. The essay concludes with a reminder that faith can help us find hope for tomorrow.

I find comfort in having daily devotions that consist of Bible reading. One scripture verse from the Bible that comforts me is: “Therefore do not worry about tomorrow, for tomorrow will worry about its own things. Sufficient for the day is its own trouble” (Matthew 6:34, NKJV). This verse provides me with a sense of hope. It encourages me to be mindful of the present moment and resist dwelling on things that are outside of my control. Research has shown that Bible reading helps to strengthen and renew neurological pathways in the brain through positive thinking. Having a positive outlook is known to decrease stress, and “restore our tranquility and turn our unhappy, anxiety-producing hormones into happy ones” (Archibald, 1999, p. 217). Therefore, reading my Bible daily and being anchored in the Word of God allows me to reset my mind in a positive and realistic way to be better prepared for the unforeseen trials of tomorrow.

I engage in daily prayer. Viewed as “the converse of the

soul with God” (Hodge, n.d.), prayer for me represents a period of mental and spiritual restoration. Through prayer, I express reverence and adoration to God for all His seen and unseen blessings in my life. I experience God as a powerful and personal deity who can hear me and act in response to my distress. A useful tool that aids in my prayer life is the acrostic -- A.C.T.S -- which stands for Adoration (i.e., praise), Confession (i.e., requesting God’s forgiveness), Thanksgiving (i.e., remembering God’s grace and mercy toward us) and Supplication (i.e., bringing our petitions for the needs of others and ourselves to God) (Sproul, 1998). Research in the neurotheological field has found that prayer supports stress reduction and is affiliated with positive emotions, happiness, hope, meaning, purpose and optimism in overall well-being (e.g., Koenig, 2005; Newberg & Waldman, 2009).

Fasting has become an integral part of my life in recent months. I view the physical act of fasting as spiritual in nature, and they do not work in isolation of each other. Spiritual fasting is deeply personal; there is no “one-size-fits-all” approach to how one chooses to perform fasting to justify the spiritual benefits (Healthy Hilgard, n.d., para. 3). A number of people find a spiritual fast useful to manage a difficult life situation, overcome a test of faith, or to reconnect with nature (e.g., Healthy Hilgard, n.d.). In addition to its spiritual benefits, fasting has been shown to enhance brain function, and reduce the risk factors for coronary artery disease, stroke, insulin sensitivity and blood pressure (Leaf, 2013). More so, fasting can be another powerful tool for lowering inflammation; it works to enhance anti-inflammatory mechanisms in the body called autophagy. Autophagy is a self-cleaning process that the body undergoes to eliminate damaged cells and regenerate newer and healthier ones, which helps to keep inflammation under control (Lindberg, 2018). For me, a common motivation for fasting is that it allows for the renewal of my faith through redemption. This form of renewal invigorates my spirit and improves my holistic health and wellness.

Attendance to online church gathering has awakened my understanding of faith. I now realize that as a person of faith, I am the “church.” It is not a physical edifice where I go to worship on Sundays, or any other day of the week for people of other faiths. In the Bible (see 1 Timothy 5:15-16 NKJV), church refers to people, not a place. The church is a body of believers (i.e., Christians) who live out the love of God in their words and actions. Thus, the church community is at its best when people inside the building take Jesus’s message outside the building and serve those they meet. As such, this pandemic has made me purposeful in not only listening to services but applying key principles into my life. For example, I am taking the initiative to connect with my estranged family members and friends to see how they are coping in self-isolation and offering them support. Research evidence shows that religious gatherings provide social and emotional support to many individuals, which is a strong predictor of men-

tal health (e.g., Dixon, 2015; Koenig, 2005). I posit that meditation in general is a form of spiritual inquiry that helps increase self-awareness and sensitivity to the Holy Spirit in moments of mindful silence and stillness. By creating these moments, I can disrupt the negative thoughts that often overwhelm my mind. As a woman of faith, scriptures help me to create these moments of silence and to become more attuned with the spiritual comfort of the Holy Spirit. A powerful scripture for me in this meditative state that I often repeat is: “Be still and know that I am God...” (Psalm 46:10, NKJV). This verse invites me to become more aware of and reflect on God’s transformative power in my life. Research has overwhelmingly supported that meditation offers many mental health and physical health benefits (e.g., Shapiro & Walsh, 2007). These benefits include stress reduction, acceptance of self and others, improved coping and interpersonal relationships, enhanced memory, and the reset of one’s day which provides mental clarity (e.g., Plante, 2011). Additionally, some believers may prefer mindfulness practices that are faith oriented. Trammel’s (2015) work explores several mindfulness practices from a Christian perspective that might be helpful for believers. For example, the author talks about *Lectio Divina* (i.e., meditative Bible reading), breath meditation that is focused on the love of God, and incorporating prayer with mindful breathing and tea drinking to manage stress.

Listening to gospel music helps to uplift my somber mood during this time of self-isolation. In this context, gospel music honours God and exalts His majestic name in a spirit of holiness because of His awesome power and divine nature. In the Psalms, believers are continually encouraged to praise and magnify the Lord (see Psalm, 145; Psalm 118: 19; Psalm 34: 1-3, NKJV). Beyond celebrating faith and showing reverence to God, gospel music serves as personal, mental, physical, and social motivation. The literature shows that religious music can increase intimate relationship with God, inspire the soul through spiritual healing, alter emotional states in health-promoting ways, shift thoughts and energy away from the undesirable and painful aspects of life, and serve as a source of strength and meaning in times of suffering (e.g., Bradshaw et al., 2014). In the same vein, upbeat black gospel music is reported to inspire relief and reassurance about one’s struggle, which in turn facilitates relaxation and promotes a sense of calm for believers (Krout, 2007).

Finally, I engage in journaling on a regular basis as an active part of my faith practice. Here, I describe journaling as a creative way to encounter God through attentive writing and personal reflection (Cepero, 2008). Recording thoughts in a free-flowing way helps me to be authentic

and reduces performance anxiety. More so, journaling allows me to deepen my connection and communion with God through self-reflections. It also challenges me to slow down, become introspective, pay attention to the guidance of the Holy Spirit, and chronicle my feelings through words. The benefits associated with journaling are well established in the literature. There are many psychosomatic and physical health benefits to creative writing like journaling, which has been shown to strengthen the immune cells called T-lymphocytes, reduce depression, manage anxiety, increase positive mood, enhance social engagement, and improve attention (e.g., Asherson, 2013; Grothaus, 2015; Ketler, 2017). Journaling, alongside the other mentioned faith practices, could be useful in managing the chaotic time of the COVID-19 pandemic.

Concluding Reflections

Writing this paper was a spiritual experience for me. It gave me the opportunity to normalize my experience in the midst of crisis. As previously mentioned, I recognize that not everyone comes from a Christian orientation in their faith belief system and might not view faith in the same way that I do. With this in mind, I am writing this reflection about faith to invite richer dialogues on the topic and to share personal strategies supported by anecdotes from others and empirical research that one might be able to incorporate into their current daily life. My hope is that the activation of faith will provide sparkling moments of self-awareness and stillness for others who might need a spiritual anchor in this unpredictable season. As we embark on this journey of faith together, with some useful tools in our repertoire, I believe that we are more armoured to tackle whatever obstacles lie ahead.

References

- Archibald, H. (1999). *The anxiety cure*. Thomas Nelson.
- Asherson, B. S. (2013, April 30). The benefits of cursive go beyond writing. *The New York Times*. <https://www.nytimes.com/roomfordebate/2013/04/30/should-schools-require-children-to-learn-cursive/the-benefits-of-cursive-go-beyond-writing>
- Bradshaw, M., Ellison, C. G., Fang, Q., & Mueller, C. (2014). Listening to religious music and mental health in later life. *The Gerontologist*, 55(6), 961-971. <https://doi.org/10.1093/geront/gnu020>
- Cepero, H. (2008). *Journaling as a spiritual practice: Encountering God through attentive writing*. InterVarsity Press.
- Dixon, S. (2015). *Reconstructing cultural identities: The lived experiences of Jamaican Canadian immigrant women of Pentecostal faith* (Unpublished dissertation). University of Calgary, Calgary, Alberta, Canada.

- Grothaus, M. (2015). Why journaling is good for your health (and 8 tips to get better). <https://www.fastcompany.com/3041487/8-tips-to-more-effective-journaling-for-health>
- Healthy Hilegard. (n.d.). *Spiritual fasting: A practice of mind, body, & spirit*. <https://www.healthyhilegard.com/spiritual-fasting/>
- Hodge, C. (n.d.). AZQuotes.com. Retrieved May 19, 2020, from <https://www.azquotes.com/quote/1210409>
- Ketler, A. (2017). Scientific studies show how writing in a journal can actually benefit your emotional & physical well-being. <http://www.collective-evolution.com/2017/01/23/scientific-studies-show-how-writing-in-a-journal-can-actually-benefit-your-emotional-physical-well-being/>
- Koenig, H. (2005). *Faith & mental health: Religious resources for healing*. Templeton Foundation Press.
- Krout, R. E. (2007). Music listening to facilitate relaxation and promote wellness: Integrated aspects of our neurophysiological responses to music. *The Arts in Psychotherapy*, 34(2), 134–141. <http://dx.doi.org/10.1016/j.aip.2006.11.001>
- Leaf, C. (2013). *Switch on your brain: The key to peak happiness, thinking, and health*. BakerBooks.
- Lindberg, S. (2018, August 23). *Autophagy: What you need to know*. Healthline. <https://www.healthline.com/health/autophagy>
- Newberg, A., & Waldman, M. R. (2009). *How God changes your brain: Breakthrough findings from a leading neuroscientist*. Ballantine Books.
- Plante, T. G. (2011). Addressing problematic spirituality in therapy. In J. D. Aten, M. R. McMinn, & E. L. Worthington Jr. (Eds.), *Spiritually oriented interventions for counseling and psychotherapy* (pp. 83–106). American Psychological Association.
- Shapiro, S. L., & Walsh, R. (2007). Meditation: Exploring the farther reaches. In T. G. Plante & C. E. Thoresen (Eds.), *Spirit, science, and health: How the spiritual mind fuels physical wellness* (pp. 57–91). Praeger/Greenwood.
- Sproul, R. C. (1998). *Essential truths of the Christian faith*. Tyndale House Publishers, Inc.
- Trammel, R. C. (2015). Mindfulness as enhancing ethical decision-making and the Christian integration of mindful practice. *Social Work and Christianity*, 42(2), 165-177.

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Helping Each Other
in the Face of Adversity



S'entraider face à l'adversité

Meaning Exploration Programming for Clients of The Ottawa Mission

Robert Fabes

MA, Registered Psychotherapist (Qualifying)

In May 2019 I began an internship with Addiction and Trauma Services at The Ottawa Mission. My interactions with the clients inspired and motivated me to conduct research into meaning exploration programming in a way that would resonate and have value to them.

Client and Staff Requirements for Programming at The Ottawa Mission

My research identified a gap in most mental health treatment programs for homeless people: many neither address nor explore the concept of “meaning” and its relevance to their lives. Meaning has been found to be important for the experience of mental health, as well as addiction prevention or intervention (Armstrong, 2018; Frankl, 1988; Oakes, 2008; Thompson, 2012). Meaning has also been found to be linked to resilience, itself a contributor to positive mental health (Wong, 2011).

Engaging key knowledge users (or stakeholders) is often called knowledge transfer or knowledge translation. In its broadest iteration, it involves stakeholder interaction both to create knowledge and promote knowledge use, or action (Armstrong, 2017; Armstrong et al., 2018; Donnelly et al., 2014; Graham et al., 2006; Jull et al., 2017), and is highlighted by the guidelines and recommendations of the Canadian Institutes of Health Research (2012).

Despite the existence of some meaning and resilience-based approaches in programming for homeless people who experience addiction and mental health challenges, these people have not been engaged in the development of such programs. Programs that do not include key stakeholders in the design of services

affecting them can fail to meet individual and group needs (Amsden & VanWynsberghe, 2005; Armstrong, 2017; Armstrong et al., 2018; Judd, 2001). Addressing this gap by involving stakeholders experiencing homelessness would be consistent with the principle that meaning is unique to, and discoverable by, the individual stakeholder. Given the potential benefits, I thought it would be beneficial to integrate meaning exploration into programming for people experiencing homelessness. I chose to assess programming needs by consulting and collaborating with clients and staff involved with The Ottawa Mission’s Day Program. This program is a drop-in support and harm reduction group program for clients with addictions and/or mental health challenges who are from the community or in The Mission’s shelter system.

I used the knowledge translation-integrated (KTI) standards of acceptability, feasibility, sustainability, and credibility (Armstrong, 2017) as the underpinnings for a practical needs assessment of The Mission’s stakeholders, consistent with community-based, participatory action, and consensual qualitative research (CQR) principles. CQR strives to detail the participants’ lived experience of the world while minimizing the researchers’ inevitable bias (Hill et al., 1997). The KTI standards focused the research on the expressed needs of The Mission’s stakeholders rather than on my expectations and biases, resulting in high confidence that the resulting general themes faithfully captured the needs of the stakeholders.

Meaning exploration programming

would likely be acceptable to The Mission’s stakeholders given they expressed that: meaning is relevant and helpful in their lives; is unique to each individual; that there are multiple paths to discover meaning; and connecting with others. It is likely feasible to have a meaning exploration program within the existing Day Program, as it reduces the administrative burden of creating a new venue, and was viewed by participants as not creating any unsupportable costs. It is likely that such programming could be sustained at The Mission after completion of the research, as participants indicated that programming could be conducted by staff at The Mission. Programming would likely be credible, as participants indicated that meaning exploration sessions in Day Program would be relevant, helpful, consistent with the values of The Mission, and that they are likely to attend such programming.

Continuing the programming process, regardless of outcomes, may provide clients attending The Mission’s Day Program with an ongoing opportunity for meaning exploration and its potentially positive effects on well-being. In the words of The Mission’s stakeholder participants as captured by one of the general themes: “Meaning exploration sessions can be done and should be created in Day Program as the program is adaptable, safe, open to all, clients would attend, and simply attending Day Program can be meaningful”.

The 3-Minute Thesis Competition

In March of 2020 I submitted my thesis in partial fulfillment of my degree re-

quirements in the Master of Arts, Counselling and Spirituality program at Saint Paul University in Ottawa. Given that part of my thesis considered how to improve stakeholder use of research, I struggled with how to apply this to the resulting 165-page document.

In March 2020 I was scheduled to compete in the University of Ottawa finals of The 3-Minute Thesis (3MT) competition, an internationally recognized competition for thesis-based graduate students in which participants present their research and its impact in 3 minutes or less – penalties are imposed for being even one second over. The challenge is to present complex research in an accessible and compelling way with the assistance of only one static slide. Not only do you have to impress a panel of judges, you also have to convince a public audience of the merits of your research. Ultimately, members of the audience and of the jury must be able to understand the passion behind your research and how your research can be useful in today's society.

Unfortunately, as a result of the physical distancing protocols put in place to combat the serious effects of the COVID-19 pandemic, the competition was cancelled. Writing this article provides a venue for my presentation to be heard by, and influence, a broader audience. Here, then, is my actual planned presentation.

Over 235,000 Canadians experience homelessness every year, 8000 of them right here in Ottawa. This doesn't include people afraid, unable, or unwilling to access shelters. Job loss, lack of affordable housing, and government policies all contribute to the risk of homelessness. Over 70% of people who are homeless experience mental health challenges.

Take a look at the people in these pictures. We all know or have seen someone who is experiencing homelessness. Like you, I wish I had the millions of dollars it would take to provide these people with housing and support. But I don't.

I've learned, though, that community-based mental health programming results in longer stays in stable housing and increases well-being. These programs don't consider the importance of meaning exploration.

Meaning, that sense of what is important and valuable to us, connects us all. We explore meaning by doing something, by connecting with someone, and by the attitude we choose in the face of suffering. Rather than being defeated by suffering, we often come through wiser and stronger – we are resilient. We all have this ability to bounce back stronger, to bend without breaking. Meaning exploration and resiliency work together

to enhance and strengthen our well-being, helping us overcome mental health challenges.

Asking people who are homeless what matters to them, and their well-being is a new idea. To date we have not engaged these individuals in developing programs, resulting in reduced program use and effectiveness. The Ottawa Mission is an emergency shelter. I asked clients and staff in the daily drop-in support and harm reduction group program what they thought about meaning and well-being, and what they would want in a meaning exploration program. They got to express their needs and contribute to a solution for those needs.

They told me that meaning exploration sessions can and should be done, that these would be helpful to their well-being, and they would attend. I observed that by simply participating in this study, clients experienced being valued – what they said mattered, they were seen, they were heard. The uniformly positive outcomes of this study merit further research to create and implement meaning exploration programming for people who are homeless. The words of positivity and affirmation you see in this slide are not my words – they are the words of the people at The Mission who participated in this study. All people who are homeless deserve to experience this. Thank you.



My Verbatim 3MT Presentation

Concluding Thoughts

Research should be shared with as diverse an audience as possible. Turning 165 pages into 3 minutes of persuasive, understandable, and passionate relevance can be done. I thank the people from The Ottawa Mission for their thoughtful and valuable contributions; this research would not have happened without them. Because of them, I remain humbled and inspired. And because of them, I continue to seek opportunities to share their stories and to promote the importance of consulting with persons experiencing homelessness and those who work alongside them, throughout the research process when seeking ways to contribute positively to their overall well-being.

References

- Amsden, J., & VanWynsberghe, R. (2005). Community mapping as a research tool with youth. *Action Research*, 3(4), 357–381. <https://doi.org/10.1177/1476750305058487>
- Armstrong, L. L. (2017). The D.R.E.A.M. program: Developing resilience through emotions, attitudes & meaning - Program development and evaluation through a knowledge translation-integrated approach. *Counseling et Spiritualité / Counselling and Spirituality*, 36(1–2), 93–120. <https://doi.org/10.2143/CS.36.1.3285228>
- Armstrong, L. L. (2018). REAL education to prevent smartphone addiction. In W. E. Peterson, L. L. Armstrong, & M. Foulkes (Eds.), *Mothers, addiction and recovery: Finding meaning through the journey*. Demeter Press.
- Armstrong, L. L., Desson, S., St. John, E., & Watt, E. (2018). The D.R.E.A.M. program: Developing resilience through emotions, attitudes, & meaning (gifted edition) – A second wave positive psychology approach. *Counselling Psychology Quarterly*. <https://doi.org/10.1080/09515070.2018.1559798>
- Canadian Institutes of Health Research. (2012). Guide to knowledge translation planning at CIHR: Integrated and end-of-grant approaches. Canadian Institutes of Health Research.
- Donnelly, C., Letts, L., Klinger, D., & Shulha, L. (2014). Supporting knowledge translation through evaluation: Evaluator as knowledge broker. *The Canadian Journal of Program Evaluation*; Toronto, 29(1), n/a.
- Frankl, V. (1988). *The will to meaning: Foundations and applications of logotherapy: Expanded edition, with a new afterword by the author*. Meridian.
- Graham, I. D., Logan, J., Harrison, M. B., Straus, S. E., Tetroe, J., Caswell, W., & Robinson, N. (2006). Lost in knowledge translation: Time for a map? *Journal of Continuing Education in the Health Professions*, 26(1), 13–24. <https://doi.org/10.1002/chp.47>
- Hill, C. E., Thompson, B., & Williams, E. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist*, 25(4), 517–572. <https://doi.org/10.1177/0011000097254001>
- Judd, J. (2001). Setting standards in the evaluation of community-based health promotion programmes: A unifying approach. *Health Promotion International*, 16(4), 367–380. <https://doi.org/10.1093/heapro/16.4.367>
- Jull, J., Giles, A., & Graham, I. D. (2017). Community-based participatory research and integrated knowledge translation: Advancing the co-creation of knowledge. *Implementation Science*, 12(1), 150. <https://doi.org/10.1186/s13012-017-0696-3>
- Oakes, K. E. (2008). Purpose in life: A mediating variable between involvement in alcoholics anonymous and long-term recovery. *Alcoholism Treatment Quarterly*, 26(4), 450–463. <https://doi.org/10.1080/07347320802347103>
- Thompson, G. (2012). A meaning-centered therapy for addictions. *International Journal of Mental Health and Addiction*, 10(3), 428–440. <https://doi.org/10.1007/s11469-011-9367-9>
- Wong, P. T. P. (2011). Positive psychology 2.0: Towards a balanced interactive model of the good life. *Canadian Psychology/Psychologie Canadienne*, 52(2), 69–81. <https://doi.org/10.1037/a0022511>

Notebook on ethics, legal issues and standards for counsellors and psychotherapists:



**When Can a Client be Denied Access to
Their Counselling Record? An Answer
from an Adjudicated Complaint.**

Dr. Glenn Sheppard

Members of the Canadian Counselling and Psychotherapy Association (CCPA) know that the contents of their counselling records belong to their clients and that they must be the responsible custodians of them. Their clients' right of access to their records is stated in this clause from the **CCPA Code of Ethics (2020)**.

B7. Access to Records

Counsellors understand that clients have a right of access to their counselling records, and that disclosure to others of information from these records only occurs with the written consent of the client and/or when required by law. (Page 9)

However, the right of access is not absolute and there is a specific exception to it. It is expressed as follows in the **CCPA Standards of Practice**:

There may be the following exceptions to clients' full access to their records:

- When access to the information could be harmful to the client. For example, should the client's mental status be such that there is significant doubt about the client's ability to handle the full disclosure.
- In any case, counsellors should be aware that any denial of a valid request for disclosure may be challenged and ultimately adjudicated in court and/or by an arbitrator whose authority could be established under a provincial freedom of information and privacy legislation. (P. 23-24)

This Notebook is a review of a decision based on a similar provision that was highlighted in a complaint made by a client against his psychotherapist. This complaint was first adjudicated in 2019 and it is documented in **PHIPA** Decision 100. It was conducted under the authority of the **Personal Health Information Protection (PHIPA)** of Ontario. All provinces of Canada have similar legislation that is intended to ensure all citizens have the protection of and access to their personal health information.

In this complaint the psychotherapist denied her client access to his therapy records by relying on Section 52(1)(e)(i) of the **PHIPA**. It states that access can be denied if the following condition is met: *Granting access could reasonably be expected to result in a risk of serious harm to the requester's treatment or recovery and a risk of serious bodily harm to the requester and to the custodian and to others.*

Prior to receipt of this complaint a mediator, following contact with both the complainant and the psychotherapist, determined that a mediated outcome was not possible. The Adjudicator for the complaint received both the original and unsolicited information from both parties. The records being sought by the complainant covered the two years when he was being seen by the psychotherapist.

Having satisfied himself that all conditions under the Act were met in order to hear the complaint, the adjudicator considered all the evidence presented. The psychotherapist stated that she had ended the relationship with her client because of his abusive and threatening behaviour. She disclosed that he had a complex mental health condition and that some of the information in the record was documented when he was in a dissociated state. She provided additional information to show his history of violence including threats of violence and harassment towards her and others. She expressed her view that disclosure of the record to the client was very likely to trigger a violent response by him directed towards himself and/or towards her and others.

The Adjudicator stated that in order for the exemption to a health record disclosure provided for in the PHIPA the psychotherapist had to "Provide evidence demonstrating a risk of harm that is well beyond the merely possible or speculative". After considering all the evidence made available to him in this case, he reached the following conclusion and upheld the decision of the psychotherapist to deny access to her client's record.

However, overall, I find that the evidence establishes a risk of the harm contemplated by section 52(1)(e)(i) that is well beyond the merely possible or speculative. In particular, I am satisfied that granting access to the responsive records could reasonably be expected to result in a risk of serious bodily harm to the complainant or another individual. In making this finding, I note that the Psychotherapist is not required to prove that disclosure will in fact result in such harm occurring; rather it need only establish that there is a reasonable expectation of harm. I am satisfied that the Psychotherapist had done so. (p. 8)

Subsequent to this outcome the complainant sought to have a reconsideration of the decision. In this appeal he argued that he met all three conditions stated in the Act for its review. These are as follows:

- There is a fundamental defect in the adjudication process;*
- There is a clerical error, accidental error or omission or other similar error in the Decision; or*
- New facts relating to an Order come to the IPC's attention or there is a material change in circumstances relating to the Order. (p. 2)*

Having reviewed and considered the material submitted to support the request for a reconsideration, and judging it against those appeal condition, the Adjudicator rendered the following decision:

Having considered the complainant's reconsideration request and representations, I find that he has not established that there is a fundamental defect in the adjudication process, or a clerical error, accidental error, or omission or other similar error in PHIPA Decision 100. As the complainant has also not provided evidence of new facts or any material change in circumstances relating to PHIPA Decision 100, I find that he has not established a basis for reconsidering PHIPA Decision 100 under section 27.01 or Code. (P. 6)

It is worth noting that CCPA has a similar provision for the appeal of decisions taken by its Ethics Committee. They are stated in the **CCPA Procedures for processing inquiries and complaints of an Ethical Nature in this manner.**

Please note that grounds for appeal are limited to the following:

- 1. An error in fact on the face of the record that would affect the outcome.*
- 2. An error in the interpretation and/or application of the CCPA Code of Ethics and/or the Standards of Practice that would affect the outcome.*
- 3. Failure to provide due process**

**Due process is defined as providing fair and transparent procedures that respect the rights of all parties involved (following CCPA procedures, providing opportunity to be heard, access to material used to make determinations, and providing reasons for judgements). (p. 12)*

The Adjudicator in this case emphasized that anyone requesting an appeal or reconsideration of an ethical decision must demonstrate that it meets one or more of the established grounds that would warrant it. It cannot be solely an opportunity to re-argue the initial case because of dissatisfaction with the outcome. He states his view in this way:

It is important to note that the reconsideration power is not intended to provide a forum for re-arguing or substantiating arguments made (or not made) during the review, nor is reconsideration intended to address a party's disagreement with a decision or legal conclusion. (p. 3).

This Notebook highlights an important provision with respect to denying client access to their counselling records as expressed both in the CCPA Standards of Practice and in provincial statutes intended to protect personal health information. It also sheds light on the standard that must be met to support a denial of access as well as on the criterion for appealing any such decisions.

This case can be seen at Canlii; file numbers: HA18-2, HA19-00264

BOARD NOMINATION ANNOUNCEMENT

The Board of Directors for the Canadian Counselling and Psychotherapy Association is elected every two years. Elections will be held in **January 2021** and the new Board assumes its responsibilities in **May 2021**. The President-Elect and all regional Director positions are open for nominations.

Descriptions for these positions are as follows:

President-Elect: In addition to assuming the duties of the President should both the President and the Past-President be absent, the President-Elect shall perform other duties prescribed from time to time by the Board, coincident to the office. Specifically, the President Elect will:

- Work closely as consultant and advisor to the President;
- Keep informed on key issues, and
- Carry out other duties as assigned by the Board.

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The deadline to apply is December 15, 2020!

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