

COGNICA

Fall & Winter
2023-2024



CANADIAN COUNSELLING AND
PSYCHOTHERAPY ASSOCIATION
L'ASSOCIATION CANADIENNE DE
COUNSELING ET DE PSYCHOTÉRAPIE

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Table of CONTENTS

- 03 — Moving Forward Together
By Caroline (Carrie) Foster, CFT, psychotherapist, RDT, CCC, M.Sc, M.A. CATs,
CCPA's President
- 07 — Congratulations to our Professional Champion of the Year
By Kathy Offet-Gartner, PhD, CCPA's Past President
- 10 — Climate-Informed Counselling in the 21st Century –
A Living Document
By Nancy Bair, Trevor Lehmann and Graham Nichols
- 11 — Are you sitting into anxiety and fear?
By Michelle Greenwell, BA Psych, MSc CAM, Ph.D. CIH
- 14 — Saying Hello Again:
Applying Michael White's Approach to Grief and Loss in a
Post-Pandemic World
By Michael Towers, MA, MFC, RMFT-S, RCC-ACS, CCC-S, CPC-S
- 18 — 2024 Annual Conference
- 19 — Value of Existence – How Existential Therapy Creates Authentic
Living & Meaning
By Irish Dhindsa, MACP Student
- 21 — What's the Brain Got to Do With It?
Neuroscience in Counseling and Mental Health
By Kim Calder Stegemann
Faculty of Education & Social Work, Thompson Rivers University
- 23 — How Exercise Will Help Our Clients
By Kristy Loewen, MACP Student
- 25 — Beyond Mainstream Modalities: Introducing the Tree
of Life Model
By Sandra Dixon and Shayla S. Dube



MOVING FORWARD TOGETHER

**BY CAROLINE (CARRIE) FOSTER, CFT, PSYCHOTHERAPIST, RDT, CCC, M.SC,
M.A. CATS, CCPA'S PRESIDENT**

Dear Members, I think of what the CCPA means to me as a Couple and Family therapist, Psychotherapist, Drama therapist and CCC; not to mention long time board member and now President. It has been a source of connection to community and has generated ideas. Volunteering as a board member has allowed me a voice and input into an association that represents my profession; it is my way of giving back whilst shaping the future of the profession. I see the Association moving ahead in good ways and I am both moved and inspired by the strength, wisdom, and drive of the “new board”. Each board has moved our agenda forward, each board member has focused on the issues at hand during their term. Each board member is there to represent you in your regional setting. I appreciate their volunteering given the commitment and challenges that their roles entail. I also hope that your needs, dear reader, are met by our association and the work that the CCPA (Directors, Committees, Chapters, National Office) undertakes on behalf of all of us. I also hope that you will reach out to me, your Provincial Directors and any Chapters you belong to, to get the support you would like and participate in ways that strengthen our association.

I would like to give you an idea of the many things that CCPA's Board of Directors and National Office are doing, and what I have been up to since the AGM in May and the direction I hope to bring us towards in my two-year term. In my first six months as CCPA President, I have attended three full days of orientation with the Executive and new Board of Directors, spent time with our CEO Kim Hollihan and the National Office team looking at the strategic plan and advocacy work that has been in continual evolution around GST/HST, third-party billing and our next steps. CCPA's continual work and implication on the federal level has gained CCPA a reputation as one of the go-to resources when questions of mental health and mental health care are brought up on The Hill. CCPA's role has been paramount in advising on and recommending the removal of GST/HST and in case you missed the news – things are moving forward! The Honourable Chrystia Freeland, Finance Minister, has tabled a Bill in the House of Commons to back up the Fall Economic Statement and GST/HST exemption for counselling therapy and psychotherapy services is in the Bill! See [page 384](#) for more information.

Our ongoing strategic leadership plan brings in new initiatives and moves us forward in the area of provincial regulation and advocacy for third-party billing. CCPA continues its outreach to and meetings with various companies, parliamentarians, insurance associations, and individuals, as we work towards procuring the rights of the general public to access our services, and professional parity for counsellors, counselling-therapists and psychotherapists. I am happy to meet with those that can help, and to add my voice to the team at National Office, that do more than I realized in my previous eight years on the board. Being President has enabled me to better understand and appreciate the work that our staff do to drive our association to the forefront of the mental health field. In conjunction with this work is the CCPA Non-Insured Health Benefits (NIHB) action and advocacy plan aimed at reinstating CCCs into the Federal Government's program for First Nation and Inuit peoples. The NIHB Program, run through Indigenous Services Canada (ISC), removed CCCs as eligible providers for mental health services within this program. CCPA's work to reinstate this right and address the many other needs of Indigenous communities has been organized and continues to be executed by our Indigenous Lead positions (inaugural position formerly held by Angela Gier), Indigenous Directors past (Bill Thomas, Jamie Warren, Melissa Jay) and present (Charity Fleming), and of course Roch Courcy, our Senior Director of Communications and Partnerships and coordinated by our CEO, Dr. Kim Hollihan. I wish to give a loud and clear shoutout to the amazing Charity Fleming who has gone beyond the imaginable – presenting in many Indigenous and political spaces, hearing the requests and giving voice to the needs for Indigenous mental health practitioners to serve in their communities and off reserve. Her support as the reflective voice and leadership has been encouraging and strengthened our board's determination to take action. She is a truly gifted leader. If you haven't already, please join CCPA in letting politicians and decision-makers know that it's time to support Indigenous peoples' mental health and support their right to self-determination! Participate now and check out this link as well: <https://www.ccpa-accp.ca/indigenous-initiatives/>

In the context of my own personal work and actions towards truth and reconciliation, in August, I had the privilege of attending the 9th International Healing Our Spirit Worldwide Conference in Vancouver. Its theme was "Resiliency through Indigenous Teachings, Celebrating Wellness, Health Governance and Nation-Rebuilding". The gathering's purpose was to showcase how Indigenous people have control of their health, healing and wellness based on their culture, practices, and languages. It also provided a safe space for social and intellectual discussion, and for Indigenous leaders to work together on challenges about Indigenous health, healing, and wellness.

For me it was a humbling experience on my learning journey. I have only worked in Indigenous communities for 14 years now. I have taken many courses and spoken with my Elders and Knowledge Keepers to gain insight and to help those I work with intentionally and in a good way. I understand that the fundamental right to self-governance and the necessity of self-determination is essential to Indigenous communities and to those folks and communities I work with. The generations of harm done, and settler domination is unspeakable – but must be voiced, acknowledged, and changed. This conference allowed me to immerse myself in the many perspectives of the First Nations, Métis, and Inuit communities present and to see the incredible work being done and the strength required to progress towards a state of being that was taken from them; an incredibly rich and moving experience.

During the conference I was moved by the connection, energy, and care of the many workshops I participated in and the many individuals I spoke with. I am grateful for their sharing and for my learning. There were projects and research explored and laid out; many stories of hurts and wrong doings shared, projects ignited, and hard work elucidated. There were moments of deep connection. It was truly illuminating to be a part of the energy of this healing experience.

October was a busy month for me with a lot of travel and meetings. I was asked to deliver the French message for the October 3rd, 2023 Canadian Alliance on Mental Illness and Mental Health (CAMIMH) press conference on Parliament Hill Press with Florence Budden Co-Chair of CAMIMH. There were several meetings with MPs –Michelle Ferreri, Mike Lake, Bardish Chagger, along with other CAMIMH member association representatives such as Glenn Brimacombe, CPA, Susan Boyce, Co-President of PSR Canada and Michelle D’Amico, Executive Director for National Initiative for Eating Disorders.

The 2023 Champions of Mental Health Awards Luncheon followed these meetings. This is where we celebrated the incredible winners and the work that they do to champion the advancement of mental health issues and awareness across the country. Here are their bios. Here are some of the highlights on CAMIMH. Every year, nominations are accepted in the following categories:



1. *Sharon Johnston Champion of Mental Health Award for Youth - Any Canadian 21 years of age or younger who has shown leadership in their community in promoting mental health and/or substance use awareness, or any organization dedicated to providing services for youth.*

2023 Winner: Tina Colaco, Wilfrid Laurier University student

2. *Media- Any media personality or outlet who has contributed to public awareness of mental health, mental illness, and/or substance use health.*

2023 Winner: Eva Milko, President of Good Vibes Strategy

3. *Workplace Mental Health - Any employer or employee who has contributed to creating a mentally healthy workplace for staff.*

Willa Zlabis is a Peer Support Co-coordinator

4. *Community Organization - Any organization that has provided great public service to community members experiencing mental illness and/or substance use.*

2023 Winner: Isaksimagit Inuusirmi Katujjiqaatigiit Embrace Life Council, accepted by ED Sheila Levu

5. *Community Individual - Any person, who through personal commitment has increased awareness about mental illness and/or substance use services, or reduced stigma in their community.*

2023 Winner: Mike Beauchesne, Executive Director—Dave Smith Youth Treatment Centre in Ottawa

6. *Parliamentarian - Any provincial, territorial, or federal Parliamentarian who has advanced the mental health and/or substance use health agenda in Canada.*

2023 Winner: MPP Bhutila Karpoche

7. *Innovation - Researcher or Clinician - An innovative person or organization who, through their work, has advanced the mental health and/or substance use health agenda.*

2023 Winner Dr. Ann Marie Churchill accepted on behalf of Stepped Care Solutions(SCS)

October 19th - 21st was the CCPA Annual Conference in Toronto; my first conference as CCPA President. The conference theme was Unpacking for Equity's Sake. This sort of theme we will see more of in the years ahead; themes where we can see ourselves and our communities of practice. I think it is fair to say that it was a well appreciated, and well attended conference. It was the first in-person conference in a while. I think that made it special for many. It was a full agenda with hard choices to make between the many concurrent workshops; the Indigenous space with Edebwed Ogichidaa - She who speaks the Truth Warrior woman leader - Mkwaa dodem - New Credit doonjibaa (Knowledge Keeper [Valarie King https://mncfn.ca/board-of-lifelong-learning/](https://mncfn.ca/board-of-lifelong-learning/)), her wealth of teachings, and all the work that she and her family are doing in her community; and then just trying to catch up with old friends, and the meetings.

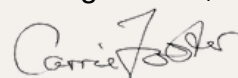
The CCPA Executive and Board meetings took place over three days prior to and after the Toronto Conference. They were full days of learning, planning, and hard work. The members of the board of directors are amazing—I really hope you will make the most of the meetings and events that they are planning over their two-year terms. They are there as your voice—to support you and speak to your needs and your community's needs. Please reach out [here](#).

The board meeting covered many topics and was focused on advancing the planning and establishing next steps for the Association after reaching 14,000 members! The membership's diversity and broad range of social and regional needs are in constant flux. There has been much done and there is much left to do. We appreciate what has been done and acknowledge that we, in two years, will move the Association forward a little more, and looking to the future we know that there will be changes again as needs evolve. Historically excluded groups, including women, racialized persons, LGBTQ2S+ peoples, Indigenous Peoples, and people living with disabilities, have different lived experiences in Canada.

The power dynamics that have been assumed to be the way things are, are actually so anchored in our system—in every level of politics, our health system and social fabric that those of us that come from privilege don't even realize it.. Discrimination, racism, conscious/explicit and unconscious/implicit biases are well-documented issues faced daily for many of our members and our clients. These issues are rooted in continued power imbalances, marginalization, stereotyping, and inadequate IDEAA (inclusion, diversity, equity, accessibility, anti-racism) awareness, policies, procedures, and training.

More than an apology for past behaviour is necessary; we cannot ask for forgiveness from the past whilst continuing or maintaining a hegemonic role in establishing true reconciliation with the First Nations, Inuit and Métis peoples. We cannot be fully inclusive until we can see and understand those we may be excluding. We need to change our framework. The CCPA board is working diligently towards a new governance model that is inclusive of the diversity of voices, social locations, and interests of the association as we grow to meet the needs of over 14,000 members. Our process is slow and thoughtful and involves consultation from many. That includes the members by way of past surveys, the IDEAA and BIPOC members, staff, and community leaders. This is a project that we count on member input for, so again please stay tuned for next steps and please feel free to reach out to me for questions, points of view, and anything else that you feel is pertinent to enlightening this conversation.

With gratitude,



Carrie Foster (she/her/elle)
M.Sc, M.A., CFT, psychotherapist, RDT, CCC
Couple and Family Therapist, Psychotherapist
President, Canadian Counselling and
Psychotherapy Association

CONGRATULATIONS TO OUR PROFESSIONAL CHAMPION OF THE YEAR

BY KATHY OFFET-GARTNER, CCPA PAST PRESIDENT

Every year the CCPA President has the opportunity to choose an individual to receive the Professional Champion Award. This award was created to honour and promote the stellar work of individuals in Canada who have played exemplary roles in enhancing the lives of others through championing the role of counselling and psychotherapy in its many forms in enhancing the mental health and well-being of people.

To be considered for this award, nominees:

- must have a presence on the national or international stage;
- must publish, speak and advocate on behalf of the counselling and psychotherapy profession either directly or indirectly through social justice, humanitarian, or other related actions that advance the importance of mental health and wellness in populations;
- may have delivered an address at a CCPA or other highly visible counselling- or psychotherapy-related conference, humanitarian-focused conference, or social justice forum; and
- must have a stellar reputation over more than five years that shows consistent advocacy for the profession and for increased access for those who seek service.

Past recipients include Senator Murray Sinclair, Lieutenant-General (retd) Romeo Dallaire, Mary Walsh (actress, comedian, writer, and activist), Grand Chief Sheila North, Barbara MacCallum (former CEO of CCPA), Doctor and Elder Albert Marshall and the CCPA Ethics/Standards of Practice National Task Group.

As your outgoing President, I had the distinct pleasure to choose Dr. Cindy Blackstock as the 2023 and 8th Professional Champion Award recipient. Dr. Blackstock is an individual who most definitely fits all of these criteria and epitomizes the very essence of the award's spirit and intent!



Dr. Cindy Blackstock OC FRSC is a Canadian Gitksan activist for child welfare and executive director of the First Nations Child and Family Caring Society of Canada. Dr. Blackstock holds a Bachelor of Arts Degree (UBC), two Master's degrees (Management from McGill University; Jurisprudence in Children's Law and Policy from Loyola University Chicago) and a PhD in social work (University of Toronto). She is also a professor for the School of Social Work at McGill University. Dr. Blackstock has published more than 75 articles on topics relating to reconciliation, Indigenous theory, and First Nations child welfare and human rights.

Zoe Tennant, of CBC Radio's "Unreserved" talk show said Dr. Blackstock has been described as "Canada's 'relentless moral voice' for First Nations equality." She has worked for decades as a tireless champion for the rights of Indigenous children and their families.

For more than 15 years, Dr. Blackstock has been working on a successful human rights challenge to Canada's inequitable provision of child and family services, and failure to implement Jordan's Principle (which aims to eliminate service inequities and delays for First Nations children). A ruling announced in January 2022 requires the federal government to pay \$40 billion in child welfare. It will compensate Indigenous children and their families harmed by an underfunded child welfare system and establish long-term reform.

Half the money will support young First Nations adults transitioning out of the child welfare system and bolster preventive mechanisms to keep children at home and in their communities. Her advocacy has resulted in a wide range of services now being provided to Indigenous children, youth and families, so much so that many consider her a hero— I know I do!

When Dr. Blackstock is asked about the future, she has hope. She sees things changing for the better, and that's what keeps her motivated. Dr. Blackstock encourages all of us to act—for unless we do, equity for all children will be just a dream. She says that "Building of community, working together, and having faith is what creates change." Her challenge to each individual is that "Every one of us has to do what I did and that is to kick yourself over that line where life leads into darkness and realize that you have to be a hero for kids." And so poignantly explaining that "If we can raise a generation of First Nations kids who never have to recover from their childhoods, and a generation of non-Indigenous children who never have to say they're sorry, then I think we have made a major step in co-creating a society that our ancestors always dreamed of, and that our great-great-great grandchildren would be proud of". (Tennant, 2019, CBC Radio's "Unreserved").



From the first time I heard Dr. Blackstock speak, I treasured her truth, her wisdom, and her passion and have taken her messages to heart, dreaming the same dream. I have witnessed the impact of Dr. Blackstock's work through the use of Jordan's principle for some of the children and families I work with. I am sure I am not alone, so on behalf of all of our CCPA membership, it was my honour to present the CCPA Professional Champion Award to Dr. Blackstock.

The CCPA Professional Champion award includes a \$1000 donation for a charity of the recipient's choice. Dr. Blackstock chose Assembly of Seven Generations which is an amazing Indigenous youth led organization, aimed at assisting other Indigenous youth in the Ottawa area that Dr. Blackstock loves to support.

Although Dr. Blackstock wasn't able to be present at our recent conference in Toronto, she did record a message of thanks to CCPA for this honour and spoke so eloquently, asking each of us to be the agent of hope and change she envisions so we can continue to see greater equity and positive changes for Indigenous youth, their families, and communities. This is a commitment worth making.

Dr. Blackstock's acceptance video can be viewed [HERE!](#)



Tax Free Therapy Update

progress continues!

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CLIMATE-INFORMED COUNSELLING IN THE 21ST CENTURY – A LIVING DOCUMENT

BY NANCY BLAIR, TREVOR LEHMANN AND GRAHAM NICHOLS

We live and work in the 21st century - a time of climate crisis, increasingly frequent and severe environmental emergencies, and accelerating species extinction. This paper highlights key issues in the field of Climate Counselling/Psychotherapy at this time. It is designed as a tool for members of the Canadian Counselling and Psychotherapy Association (CCPA) who are seeking to increase their capacity to work with clients on climate issues and to reinforce their personal resolve to do this work. Drawing on the vast, far-ranging, and quickly growing body of literature in the field of climate psychotherapy (including ecopsychology/ecopsychotherapy), the authors (all of whom are practicing counsellors/psychotherapists within the CCPA) have included references to articles, books, and organizations that they have found to be particularly useful.

[CLICK HERE TO READ THE
COMPLETE PAPER](#)

The complete paper is available on the Climate-Informed Counselling CCPA Website and will be presented to members at the February 20th Climate-Informed Peer Support Group.

ARE YOU SITTING INTO ANXIETY AND FEAR?

BY MICHELLE GREENWELL
BA PSYCH, MSC CAM, PH.D. CIH

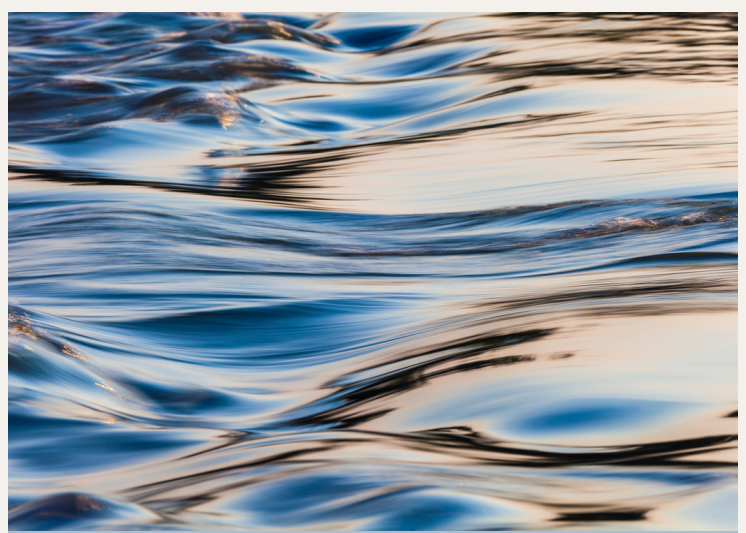
Many of us consider our emotions a result of an experience we have had. In part, this is true. But is it completely true? Our emotions are also an expression of the well-being of our physiology. Our anxiety can be the result of a previous experience, or it can be the result of our cognitive understanding of a situation. It can be the result of our body's position frozen in time as we sit to work at our computer or drive long distances in our car. Consider how many minutes or hours you spend in a day in a position with your knees and your hip bent at a 90-degree angle. What if this position was increasing your anxious feelings or thoughts?

Recently I watched a TEDx talk with Dr. Alan Watkins as he explained how we could be brilliant every day if we just went inside ourselves to understand the status of our thoughts, feelings, emotions, and physiology. You can find his explanation [here](#). It was delightful to see him break apart thoughts, feelings, and emotions, and it was like being gifted chocolate to hear him talk about how our physiology affects our emotions, then our feelings, into our thoughts, and then into our outward actions. These are the same ideas I share in my weekly Tai Chi and Movement Made Easy classes and in my presentations.



When we sit, our Psoas muscle, which connects in the center of our spine at Thoracic 8 – 12, contracts. It is supposed to as the psoas muscle assists us in raising our knees towards our chest or lowering our upper body to our thighs. It is a dual-purpose muscle that is linked to the Water Element in Traditional Chinese Medicine. Its Spiritual connection is to ‘Balance Polarities.’ The Psoas muscle also provides emotional integration and awareness for the emotions of rage, hate, and being ‘pissed off.’ When the Psoas muscle is open and moving easily throughout the day, it helps create ‘emotional balance and flow.’

Going back to your awareness of how much time you spend in a contracted position while sitting each day, consider how that posture can be locking you into some feelings or thoughts of anxiety or fear. If we go one step further, how might decisions, conversations, and creative ideas be locked within this same framework?



Many people will often feel lethargic in the middle of the day, around 3 pm., This is the time of day when the Water Element becomes the focus of energy for our body on the Time of Day Wheel from Traditional Chinese Medicine. If you have been sitting for the better part of the day (starting at 8 or 9 am for example), the Psoas muscle will have been locked in position with other muscles to hold you at your computer or in front of the steering wheel. You may notice your ability to focus has decreased and you cannot seem to get as much done as you did in the morning. You may reach for a cup of coffee, a chocolate bar, or a sugary snack to perk you up. r Distractions easily derail your work, and you could really use a nap. Do any of these scenarios sound familiar?

These Five Element Wheels share the relationship of the Elements to the Organ Systems, and the Emotions that are associated with the Organ Systems. We have muscles and tissue related to these Organ Systems and these are connected to corresponding emotions.

By engaging in activity that moves the hips and body, and adding water to your day, you may be able to release this freeze response. This will signal your limbic system and initiate the space for the body to feel comfortable and in balance. For example, when the Water Element is in flow, the emotions of Fear and Anxiety can transform into Confidence and Peace. As a part of the workday, engaging with others in conversation or collaboration can really change thoughts, actions, and creative flow when the systems in the body are free to function naturally.

What are some movement options you can use to release the locked positions?

1. Choose a chair that is flat and sit up of your own accord, rather than leaning back into the chair and shutting off the cerebral spinal pump at your tailbone.
2. Take time to stand, sit, walk, and rotate on the chair so that the body can release positions at regular intervals throughout the hour.
3. If you do not need to be sitting, move around, stand dynamically with weight equally distributed on the floor with the knee and hip joints relaxed.
4. Breathe deeply and do a few Seated to Standing Don Yu's to expand the hip and shoulders.
5. Take a walk for meetings when you do not need to be sitting.
6. Stretch the hip area while sitting on your chair if you cannot get up.
7. Inspire others in the office to move, together you can create the space for joy and energy to flow throughout the day.



MICHELLE GREENWELL

BA Psych, MSc CAM, Ph.D. CIH (Complementary and Integrative Health), Touch for Health Instructor, Therapeutic Touch Foundations Instructor, NeuroReflex Integration, EFT *face and feet. Award-winning author of My Little Black Book of Qi: Qi YINtegration, to support understanding movement at its most basic components. Michelle offers online and in-person training through classes, workshops, retreats, and conferences. She has presented and received awards for Dance, Tai Chi, Qi Gong, Business, Children, Adults, and more. She has authored several self-help books including "It's in the Cards" deck and "Affirmations for the Body and the BioField." To find Michelle's full resources, please check out <https://linktr.ee/dancedebut>. A Tea Artist, Michelle's unique tea blends and Tea with Intention series can be found at www.capebretontea.ca, where the Essences of Herb workshops and Tea with Intention workshops are offered. Online classes at www.dancedebut.com include Balancing Business Mastermind, Movement Made Easy with intuitive musicians playing live through the exercises, and Qi YINtegration (balancing the body and the biofield), Tap, and Cape Breton Stepdance. Tai Chi is offered through Tai Chi Cape Breton in Nova Scotia/Unama'ki, where Michelle resides with her husband, two cats, and the ocean.

Saying Hello Again

Applying Michael White's Approach to Grief and Loss in a Post-Pandemic World

BY MICHAEL TOWERS, MA, MFC, RMFT-S, RCC-ACS, CCC-S, CPC-S

In the beginning of 2020, as we witnessed the world 'shutting down,' our lives started to change in profound ways. Streets emptied and hospitals filled up as the pandemic spread. We lost friends and family over the next three years but we also lost much more. We lost a sense of our identity. We lost who we were. Forced out of our places of employment. Forced into seclusion. Forced into loneliness we slowly lost our connection to one another. We lost, in essence, what makes us human. As we emerge from the pandemic and the world opens up again, it is only now that we are tending to this social grief and loss, and the reality is that we don't know how.

The familiar socially constructed narrative is that our grief and loss can be adequately processed once we have said goodbye – once we have accepted that our loved one is gone. We mark those occasions through ceremonies like wakes or funerals, gathering together with others who will share our grief and help carry our loss. What the pandemic did was stop us from saying goodbye. We were not allowed to have wakes or funerals or any type of gathering when we needed to tend to those we had lost. We couldn't be with our loved ones when they were dying. We were forced into disconnection and isolation and without anyone to help us share our grief and help carry our loss – our mental health got worse.



Now we are able to have those wakes or funerals – those ceremonies with others to mark our loved one's passing - but what about the larger social grief and loss? How do we mark the loss of our social groups? Our workplaces? Our clubs and gatherings that we participated in? Today, we have no choice but to wake up in the morning and enter into our new realities in new places with new people and new experiences, being known in new ways, without anyone knowing what we have lost over these last three years. For many of us this grief is overwhelming and with the socially constructed narrative telling us we are supposed to say goodbye we are confused with how to do that.

Michael White first published "Saying Hullo Again"¹ in the 1988 Spring issue of the Dulwich Centre Newsletter and with it came a beautiful Narrative Therapeutic approach to grief and loss. It may be fair to say that grief and the journey that often accompanied it up to that point in our modern Eurocentric history was all about processing the 'stages of grief' and to get moving on with our lives.

Certainly, this was a regret, later expressed by Elisabeth Kubler-Ross, around her 1969 book *On Death and Dying*, where she introduced us to the five stages of grief.



She expressed how her work was misunderstood and that same message has been carried forward through the work of David Kessler who had co-authored two books on grief and loss with Elisabeth. David emphasizes through his teaching, his books, and his website, grief.com, that those stages do not represent a linear timeline in grief. They are tools to help frame and identify the grief. To further emphasize this departure from the long-embedded narrative of a linear and definitive process to dealing with grief, he has written a new book called *Finding Meaning: The Sixth Stage of Grief* published in the fall of 2019, only months before the pandemic changed our world.

To try and address this social grief and loss we can apply Michael White's principles captured in his work on this topic and apply it through an identity and systems-based lens. When we see these clients in our counselling rooms, we may want to begin with some curiosities around who the person is. We can then capture some of the client's ideas around self and using Michael White's approaches through 'saying hello again' we can begin to ask some action orientated questions. The idea is to help the client connect with those descriptions of self, often found in the various systems (groups) that they are connected to and help bring those descriptions forward. As an example, someone graduating high school and entering adulthood will be going through their own process of identity, something Murray Bowen first introduced us to through his Family Systems Theory. This is when we were introduced to the idea of differentiation and how that is representational of identity. This concept of a strong sense of self, unwavering through various external means to describe another is also reflected in Maslow's Hierarchy of Needs through the expression of self-actualization. When we take all of these theories and its related research, we have an individual seeking out descriptions of self through the various systems that they are connected to. As they feel safe in these systems, they have a chance to express themselves through their understood self-descriptions and their sense of self – their identity is reinforced.

Take those systems away though and this becomes very disruptive to one's understanding of who they are. This is different from one choosing to leave a system on their own volition. Here they have autonomy and purpose and means and support when they leave a system. Their identity has empowered the self to make that departure and who they are is securely fashioned or connected to other systems to help support the transition. But, suddenly removing one from a system they felt connected to and established in - this is grief and loss. As an example, if someone suddenly loses their job through a lay-off or the business goes bankrupt and suddenly shuts down, that is an abrupt disruption to one aspect of one's identity. They will naturally experience grief and loss and will seek the comfort and support from others to help process that grief and loss. They may not formally hold a wake or a funeral but there are many socially constructed 'ceremonies' in which we gather around one another to support during these types of life transitions.



Even if we look at high school graduation as one example, we have the graduation ceremony as a way of celebration of what was accomplished but it also marks the loss of one significant experience in a person's life. We are encouraged to say our goodbyes and to look ahead to our futures. We do this in connection with one another and it helps with these types of life transitions. Take that away then and it is abrupt and sharp and disorientating. Without connection and without those types of ceremonies we can easily feel lost and disconnected to self. Who are we if we hadn't had the experience shared with others? How do we want to be known when we haven't had others around to experience our preferred self? The pandemic disrupted this for all of us. We had these seemingly common life transitions occur without anyone there to witness it and that left us feeling very much disconnected from ourselves. Who are we if we are not noticed by others? It can all begin to feel very existential. For us, as clinicians, we first have to do this work ourselves. We need to process our own grief and our own loss. What are those social losses each of us have experienced over these last three years? For me it was the loss of working in a cooperative space with nine other clinicians. The pandemic shut that down and ultimately then the clinic itself shut down dispersing all ten of us to our own corners. We were locked away from one another – apart from a zoom call, and eventually what was wasn't.

Now, three years later we are each doing our own thing and that past connection is long gone. I am in private practice, working alone, wondering if something like what I lost during the pandemic could ever be again. This is a real loss for me and I grieve that loss.

Understanding the social losses for ourselves will better equip us to sit with our clients as they process their social losses. As they struggle with who they are outside of these systems that no longer exist we can be aware of our own losses. Being mindful of countertransference we can then build a safe space for our clients to explore who they are and how they want to be known in this post-pandemic world. We can do that by embracing Michael White's "Saying Hello Again" ideas and re-introduce them to themselves while inviting the client to bring that pre-pandemic person into the present.





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VALUE OF EXISTENCE - HOW EXISTENTIAL THERAPY CREATES AUTHENTIC LIVING & MEANING

BY IRISH DHINDSA, MACP STUDENT

Existential therapy finds its roots in existential philosophy, founded by Soren Kierkegaard. I find philosophy and therapy go hand-in-hand because both allow for a person to do some soul searching. Existential therapy encourages one to think deeply about their existence in relation to the world. Existential therapists define authenticity as living a life that exudes one's unique genuineness, which is a possibility available to everyone (Jacobsen, 2007). Existentialism has seen contributions from many philosophers and therapists, among them the famous Irvin Yalom, who defined four existential givens. These givens are death, isolation, freedom, and meaninglessness which contribute to existential anxiety (Jacobsen, 2007).

Being a humanistic discipline, existential psychotherapy focuses on the therapeutic relationship through which the client observes and processes the impact of existential givens (Georganda, 2022). A supportive therapeutic relationship creates space for the client to confront their unique reality and reflect on it in ways that can lead to life-changing insights (Georganda, 2022). Existential psychotherapy applies the phenomenological method, exploring the client's worldview to best understand experiences and emotions felt by the client (Georganda, 2022). The therapist creates a "holding environment" to facilitate safety through non-imposing presence, encouraging client openness and vulnerability (Georganda, 2022).

Existential therapy focuses on developing meaning in one's life, which is considered subjective rather than objective (Vos et al., 2015). A core assumption is that each individual can create meaning in their life that connects with their authentic self. The "meaning of life" is often considered an objective truth that everyone should follow, but existential therapy emphasizes that we can all create our own meaning in life.



Research studies have indicated that existential therapies involving meaning-making can be highly effective in psychotherapy practice (Vos et al., 2015). Existential therapy can also be successfully integrated with other therapies such as CBT or mindfulness to enhance depth and client engagement (Helmes & Ward, 2017).

There are various schools of existential therapy that are all of keen interest to me, but the most interesting are Yalom's work and Victor Frankl's Logotherapy. Existential therapy is a promising modality to use in supporting clients recognize their values and their connection to meaning-making and authentic living. I appreciate the depth of self-learning and growth that can be fostered by bringing together philosophy and therapy. I hope to continue seeing development in the use of existential therapy in the years to come.



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WHAT'S THE BRAIN GOT TO DO WITH IT?

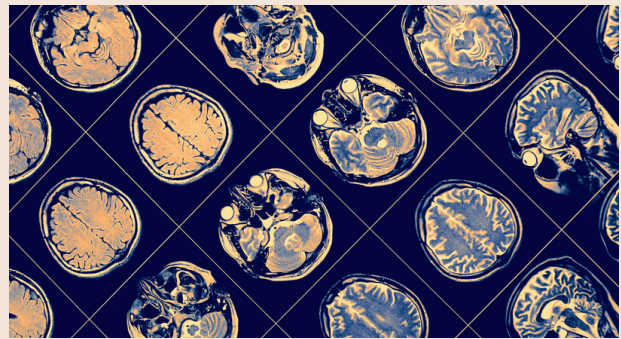
NEUROSCIENCE IN COUNSELING AND MENTAL HEALTH

By Kim Calder Stegemann

Faculty of Education & Social Work, Thompson Rivers University

Counsellors are master observers. They also make client-counsellor relationships front and centre in their work. However, we are not as astute at knowing what is going on inside the heads of our clients. In fact, as Dr. Daniel Amen (2005) would say, we are among the only professions that never work with the organ that we deal with. Why is it that counsellors or mental health workers never consider the brain? I would argue that we must begin to understand the brain (and body) and how it impacts overall wellbeing.

For most of us, we did not learn much about the brain in our basic training. The closest we may have gotten might have been an anatomy and physiology course. This likely took more of a medical approach, rather than linking brain functioning with behaviours. And yet, the brain and how it functions or doesn't function is relevant to every individual working in mental health.



Because there are distinct phenotypes or biomarkers of brain activity that are directly related to learning and emotional behaviours (Janiri et al., 2020), by looking at brain activity, we can identify or anticipate mental health challenges that an individual may experience. Further, there are numerous technologies available, and ever more emerging, that can alter brain activity. Why would we ignore this knowledge or these types of interventions? If mental health workers understood more about the brain and symptoms of dysfunction, they could become optimally situated to guide interventions. To do this, we absolutely must learn about basic brain functioning.

Without getting into the nitty gritty of what this entails, let me provide a few examples of how neuroscience in counselling and mental health could improve our practice and our client's healing. Psychiatry can now determine the most suitable antidepressants for patients with mental health issues (Burkhouse et al., 2018). They make that determination based, in part, on brain functioning! It takes the guesswork out of prescribing medications. Suppose you could access your client's brain activity and could see that there are trauma markers. In that case, you might do some bodywork or EMDR (eye movement desensitization and reprocessing) before beginning talk therapy. You would want to address the underlying brain and body barriers before you could successfully move to the cognitive aspects of the trauma experience. Another example of how neuroscience could benefit counselling and mental health would be to confirm that the symptoms described by the client are not imagined but have true brain origin.



This can be enormously helpful for the client to have their experience of mental health pinpointed as originating in the brain! Yet another application of neuroscience and counselling/mental health is more straightforward. Clients themselves can learn more about their own brain and body functioning, and then learn strategies to self-regulate, as needed. This can be very empowering for the client! My challenge to you would be to learn as much as you can about the brain now so that you can be ahead of a very steep learning curve for all of us in counselling and mental health. You can do this by enrolling in a course in cognitive or educational neuroscience or by finding out more about the work of neurotherapy and how it can complement your work. We can no longer ignore what is going on inside the heads of our clients, and more importantly, we have the technology to do it!

HOW EXERCISE WILL HELP OUR CLIENTS

BY KRISTY LOEWEN, MACP STUDENT

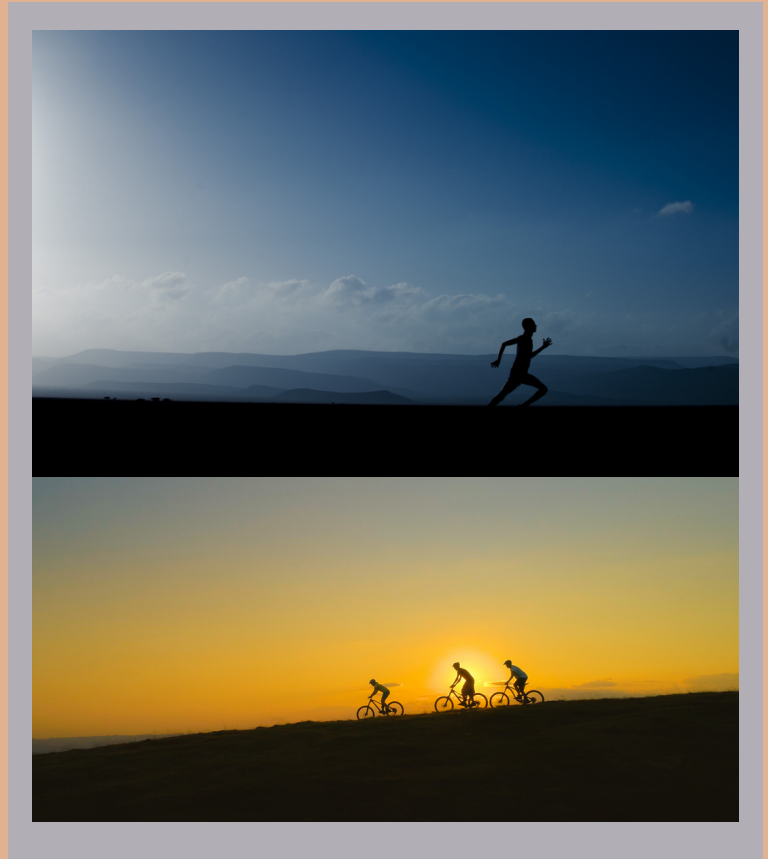


Exercise is an excellent way to reduce mental health challenges and fight stress while building confidence and resiliency. The benefits of exercise have been highly researched and the list is extensive:

1. Exercise can reduce the production of the stress hormone cortisol, which leads to a reduction in stress levels and an increase in more positive mental well-being.
2. Exercise can enhance your mood by secreting the feel-good chemicals endorphins, which can reduce pain perception and boost our mood.
3. The intensity of a challenging exercise session can help build mental stamina that might translate to resilience for the rest of life's challenges.
4. Exercise helps regulate our internal clock, helping you sleep better.
5. Exercise increases brain function by increasing blood flow, delivering more oxygen and nutrients to your brain.
6. Exercise remarkably reduces symptoms of anxiety.
7. Exercise can serve as a social catalyst through sharing your fitness goals and discussing your workout routine with others. If you go to a gym, you can build relationships there as well.
8. Exercise is a potent stress management tool as it provides a constructive outlet for stress and frustration, leaving us with a clear mind. It can also foster self-control.
9. Exercise is a strong defender against mental health disorders as it encourages neuroplasticity. Neuroplasticity is what helps your brain change and adapt to life.
10. Exercise might prevent depressive symptoms.

In order to receive maximum mental health benefits, research indicates aerobic (cardio) exercises 3 sessions per week, at any intensity for at least 10 minutes longer than your normal session (up to an hour), to be most effective. It has also shown that strength exercises should be done 2-3 sessions weekly, which can include weights, yoga or tai chi. The intensity of the workout should be increased by just 10% of your normal intensity to yield a greater antidepressant effect.

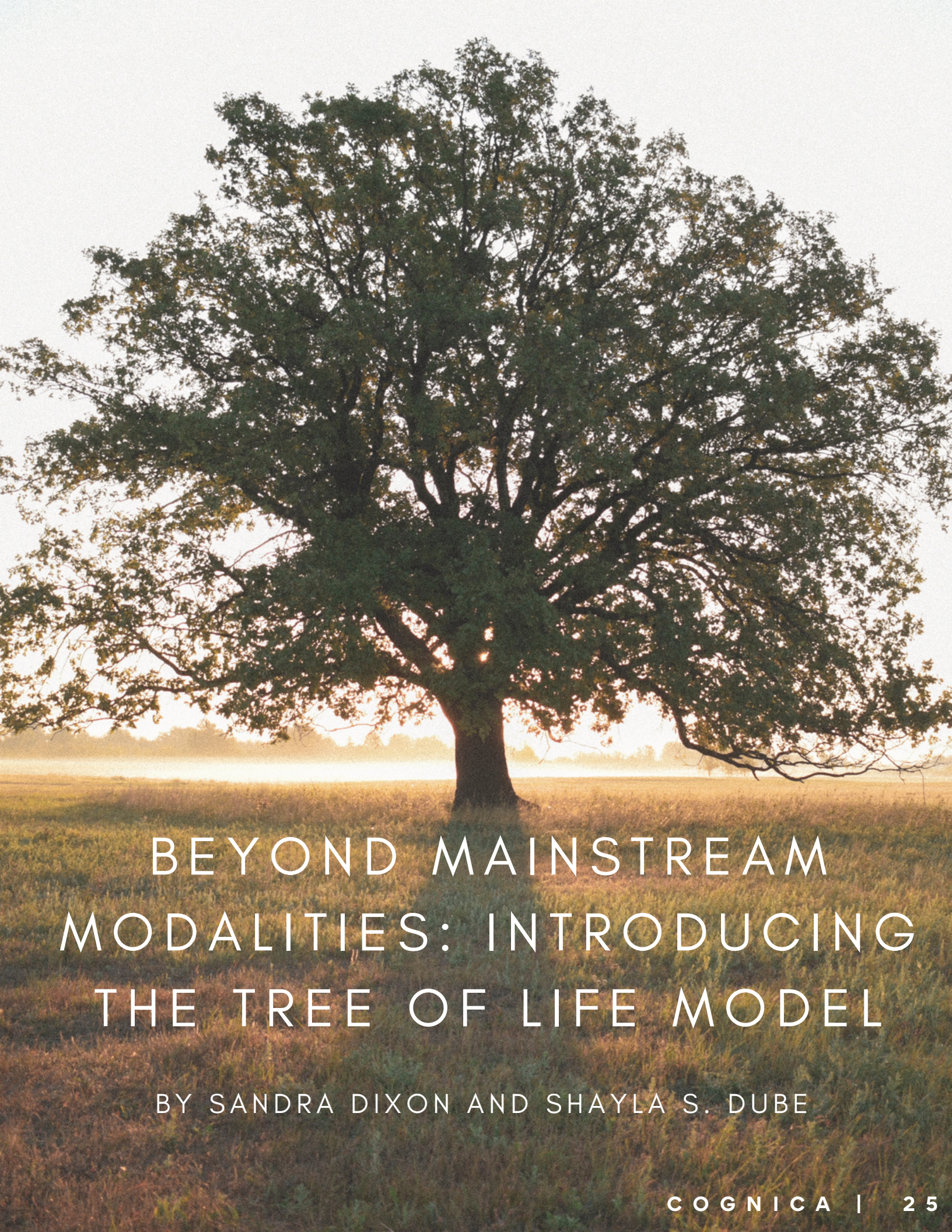
Many clients can benefit from exercise. Help them make it a part of their routine!

A photograph of two women standing in a field of tall, dry grass. The woman on the left is wearing glasses and a dark top, looking towards the woman on the right. The woman on the right is wearing a light-colored top and looking back towards the woman on the left.

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BEYOND MAINSTREAM
MODALITIES: INTRODUCING
THE TREE OF LIFE MODEL

BY SANDRA DIXON AND SHAYLA S. DUBE

As Canada's racialized populations continue to increase due to culturally diverse groups like Black immigrants, exploring interventions beyond traditional counselling becomes critical. Racialized persons refer to non-White individuals who have been impacted by such systemic factors as discrimination, language barriers, historical trauma and colonization (May, 2015). For these persons, culturally appropriate counselling interventions are required to address their unique challenges and experiences related to race and ethnicity. As such, for Black individuals the counselling profession should strive to design interventions that promote understanding, healing, and resilience within the context of their racial identity. This paper aims to shed light on the Tree of Life (ToL) model, which is an effective intervention tool when working with racialized groups. The origin of the model is briefly addressed to understand its historical context. Next, we discuss the theoretical framework and therapeutic approach that informs this intervention. Key tenets of the model are outlined to offer useful processes for practitioners. Lastly, relevant counselling implications are provided to guide practitioners' work with racialized clients.

Origins of the ToL Model: The development of ToL is credited to Ncazelo Ncube (2006), a Zimbabwean psychologist and narrative therapist living and working in South Africa. This intervention was co-created through collaboration between Ncazelo Ncube and David Denborough of Dulwich Centre Foundation. The Foundation was co-founded and co-directed by social worker, Michael White (Lock, 2016; Ncube, 2016).





The ToL intervention was initially co-developed to aid in Ncube's work with orphaned children; a number of them were impacted by trauma resulting from the loss of their loved ones, many of whom died from HIV/AIDS in Southern Africa (Lock, 2016). Growing in popularity in recent years, this model has been adapted cross-culturally across various geographical locations like North America (Denborough, 2018; German, 2013; Lock, 2016). Taken from African collective narrative practice, ToL considers cultural roots, beliefs, and values (Ncube, 2006). Its collaborative approach is practical for working with diverse groups, communities, and organizations to overcome difficult life experiences (Lock, 2016). Allowing for creativity and flexibility, this model draws from a tree metaphor, using different parts of a tree to represent various aspects of clients' lives (German, 2013; Ncube, 2006). Using metaphors and questions, ToL encourages individuals to share their multistories of hope, strength, resilience, and community connectedness (Lock, 2016). This model also positions individuals as experts in their lives while identifying personal strengths and resources to nurture self-esteem (Lock, 2016).

Positioning ToL within Social Constructionism Theoretical Framework and Narrative Therapy:

ToL is grounded in narrative therapy, which is rooted within a *social constructionism theoretical framework* that rejects objective truths and values subjective realities (Khawaja et al., 2022; Lock, 2016).

Social constructionism embraces the assumptive belief that the observer examines human experience subjectively through language (Burr, 2003). This framework also emphasizes that knowledge and social action are situational and socially constructed by interconnected patterns of communication and behaviour (Burr, 2003). These foundational views align well with narrative therapy, which was co-developed by Michael White and David Epston (for further reading, see White & Epston, 1990); it underscores the idea that problems are co-created and maintained in social-political-cultural contexts (Lock, 2016). Therefore, ToL fits within social constructionism theory because it gives people opportunities to voice their traumas through stories and re-author their lives (Brown & Augusta-Scott, 2007). More so, it offers racialized clients the agency to externalize their narratives in brave spaces within the context of community connections.

Key Tenets of the ToL Model: As a strength-based intervention, ToL draws knowledge from the African-centred practice of *Imbeleko*. It is a unique concept that refers to a blanket composed of animal skin that African women used to carry their babies on their backs to symbolize love and protection (for further reading, see Ncube, 2018). This practice signifies the importance of working collectively with Black communities while prioritizing their culturally specific knowledge and skills (Ncube, 2006).



It encompasses four key tenets that are discussed successively in relation to client care and the counselling process. These tenets include the following: Drawing of the Trees, Forest of Life, Storms of Life and Certificates/Songs Ceremony (Stiles et al., 2019). For the first tenet, *Drawing of the Trees*, different parts of the tree are used as metaphors to represent various aspects of clients' past, present, and future lives. Here, clients are encouraged to draw their own 'ToL' to visually demonstrate their stories. To illustrate, *roots* of the tree represent where they come from, the *ground* signifies their current life, the *trunk* displays their skills and abilities, the *branches* highlight their hopes and dreams, the *leaves* showcase important people in their lives, and *fruits* from the tree feature gifts (e.g., mentorship) received from these important people. Second, the *Forest of Life* tenet is about witnessing and retelling of second or preferred stories, whereby clients share stories about their creatively drawn trees. The third tenet characterizes the *Storms of Life* metaphors, which constitute adversities (i.e., presenting problems) that people have experienced and overcome. Lastly, the *Certificates/Songs Ceremony* tenet is a celebratory event for clients to reflect on their insights and overall experience with the ToL intervention process. This final principle allows for the integration of perspectives from the individual and the group (Ncube, 2006). Further, ToL recognizes the deconstruction of the dominant problem, also known as the 'single story' (TED, 2009). In this context, clients are encouraged to tell and retell their stories with the hope of facilitating change and healing.

Next, clients are encouraged to explore alternative stories about themselves in non-blaming and non-pathologizing ways that are not problem-focused. By doing so, individuals can develop and enrich their preferred stories in culturally brave spaces. In this stage, clients are given the agency to live and witness their preferred stories with the support of outsider witnesses. This collective process assists clients and witnesses to acknowledge the secondary story and generate community healing in humanizing and ethical ways.

Counselling Implications for Practitioners: Given Canada's growing diverse landscape, practitioners working within racialized communities are encouraged to adopt new ways of applying culturally appropriate interventions, such as ToL, to bridge the gap between services and communities (Lock, 2016). With this awareness, practitioners are invited to consider the relevance and relatability of this intervention when providing care to racialized populations. To start, the ToL model calls for practitioners to offer flexible psychosocial support and culturally adapted strategies for racialized clients with different life histories, wherein traditional therapeutic interventions may not be effective (Lock, 2016).

Next, practitioners should co-create courageous spaces for clients to sit in their discomfort with problem-saturated stories in counselling. This collaborative approach will allow clients to feel heard, respected, and understood in sharing their experiences around help-seeking behaviours (Ncube, 2006). Adopting this shared approach will increase the cultural competence of practitioners who engage with racialized clients. It is also essential for counselling professionals working with diverse groups to exercise cultural humility through constant reflexivity that allows them to interrogate their beliefs, values, and assumptions about racialized groups (Dixon & Chaing, 2019; Tervalon & Murray-Garcia, 1998).

In sum, the experiences of racialized individuals who struggle with trauma should be humanized as practitioners co-construct relationships with such clients to increase cultural humility (Tervalon & Murray-Garcia, 1998; Van Dyk & Nefale, 2005). As part of lifelong learning through education and reflection (Dixon & Chaing, 2019), practitioners should remain committed to seek training in culturally adapted tools like the ToL model. We also believe that practitioners should recognize and honour clients' subjective realities and unique cultural experiences. Through the continual process of co-creating knowledge with racialized clients, these mental health professionals will help to foster a sense of hope through shared responsibility and community.



Meet the authors

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Dr. Sandra Dixon is a Registered Psychologist in Alberta, and an Associate Professor within the Faculty of Education, University of Lethbridge, Alberta, Canada, working on Treaty 7 Land. She has published a wide range of work that addresses racial trauma, faith, immigration and culturally adapted counselling practices. She currently serves on the Boards of the Psychologists' Association of Alberta, Alberta Network of Immigrant Women, and Lethbridge Family Services. She has received several awards for her excellence in practice, research, and teaching, including the Professor Cecille DePass Research Award, the Farquharson Institute of Public Affairs (FIPA); Equity Diversity and Inclusion (EDI) Scholar Award, University of Lethbridge; 2022 People's Choice Award, Alberta Black Therapists Network; and 2023 Psychologists' Association of Alberta (PAA) Excellence in Teaching Psychology Award.



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Shayla Dube (she/her/ we/us) is an Africentric Cultural Safety Consultant with affiliations with Alberta Black Therapist Network and Alberta Association of Black Social Workers. She is an equitable board approved social work clinical supervisor and interprovincially licensed clinical social worker who resides, works and plays in unceded Treaty 6 territory. Shayla was planted in Zimbabwe and she has been grounded in Turtle Island (Canada) for the past 19 years. She has been dedicated to holding space and bearing witness to the sacred stories of diverse children, youth, families, and adults of different identities and abilities for the past 12 years. Rooted in African worldview of UBUNTU and grounded in critical social work and anti-oppressive lenses, she is an Advanced Tree of life Practitioner who is passionate about decolonizing and rehumanizing mental health services through integrating culturally responsive approaches such as: EMDR in COLOR, COURAGE, Narratives in the Suitcase, Kniffley Racial Trauma Therapy, Integrative Cultural somatics and Queer Narrative Therapy, all of which she is trained in and a student of.

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