



# COGNICA

CANADIAN COUNSELING AND PSYCHOTHERAPY ASSOCIATION

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AND LEGAL ISSUES**

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# A Message from CCPA President Kathy Offet-Gartner



CHAOS, CONFUSION, CONCERN, AND THE  
INCREASED NEED FOR SELF-CARE AND  
COMPASSION...

I have now written three separate entries for this edition of *Cognica*, each one vastly different than the previous version. Each one geared toward the matters at hand, the happenings of the time it was written in. However, with the rapidly changing situations in each province, most especially my home province of Alberta, I simply would be remiss if I did not acknowledge the gamut of emotional responses that are swirling about; changing rapidly; with conflicting information and directions. It seems that daily the circumstances which we find ourselves in differ from that of the day before, depending on where you live in this vast country of ours. People's suffer-

ing, confusion, conflicting opinions, fears, and concerns are heightened, with no one pathway being the definitive and only pathway to assist all who need it. To say things are changing rapidly and chaotically is an understatement for some, while others still seem to be in a holding pattern of some sense of normalcy with hopes that things will remain that way. Even in the latter, it is the speed with which things can change that is disconcerting and puts people on edge.

All of this uncertainty means our professions are needed more than ever! We have the double-whammy of being affected by what is going on, as well as part of the solution, the calm in the eye of the storm. Everyday, most of us are reaching out, trying to help others remain calm, to practice coping skills, and entertain problem-solving strategies to problems that seem to emerge rapidly and require solutions almost immediately. Never before have we seen this kind of demand on such a large scale and for such a prolonged period of time. Interestingly, never before have we seen such an exponential growth in our profession. Interesting correlation perhaps a question for the future consideration, when we are not in the thick of responding to the high demand.

Whatever the motivation, the good news is that none of us are alone! With increased numbers means increased colleagues that we can call on for support, consultation, debriefing, or just to hear a friendly voice from someone who doesn't need

something from you at that moment. Many of our Chapters are hosting events, some geared toward professional development and skill development (e.g., National Capitol Chapter; Technology and Innovative Solutions Chapter) some focusing on sharing and healing (e.g., Indigenous Circle Chapter); offering support (e.g., Spirituality in Counselling Chapter) whereas others more social in nature (e.g., Alberta/Northwest Territories). A few Chapters have formed Communities of Practice (e.g., Counsellor Educators and Supervisors Chapter), while others have turned their attention to Regulation and Third-party billing (e.g., Manitoba Chapter). The list goes on, as each Chapter is actively working to support their own members, just as National Office and your Board of Directors are working hard to support all of our current members while also lobbying for greater access and reduced barriers for our services with governments, insurers, and employers. There is so much going on behind the scenes—far too much to highlight here, just know, we are all hard at work to help Canadian's cope with the myriad of challenges Covid has brought us.

Our power and strength are reflected in the integrity, enthusiasm, and professionalism of our members as well as in our numbers. We *are* the largest Counselling and Psychotherapy Association in Canada, having just welcomed our 10,000<sup>th</sup> member! Wherever you are; whatever you need, we probably have someone in our membership who can assist in one way or another. So reach out, ask for what you need, or even for what you want. Can we guarantee you will get whatever is asked for—nope, but you will never know if you don't ask. Just as we counsel our clients, asking is a big part of the solution for it requires connection and connection is

what we need more than ever.

We need one another right now, probably more than we could ever imagine! So I encourage each of us to get involved with the association. Use all the resources offered to you through the association. Connect with Chapters, other members, your Regional Directors, Chapter Presidents, Board, and/or National Office staff—we are all here to help. We need one another now more than ever! Our clients and communities need us to be there for them, and we need to be ready, willing, and able to meet their needs. To do that we must also have compassion, care, kindness, and a strong support system—for we too are weathering this storm. I urge each of you to take some time each day for self-care, for mindful reflection, to do what is necessary for yourself and your family first before you turn outward to assist others. Fill your buckets, so to speak, and don your lifejacket, as we head into this fourth and hopefully last wave of this pandemic.

To borrow the words of Dr. Bonnie Henry: "*Be kind, Be calm, and Be safe*". Stay safe everyone and know how very important you are and how much you are needed and appreciated!

With kindness, appreciation, and a love of our profession and this Association,

yours in service,

Kathy Offet-Gartner, PhD, R. Psych,  
CCPA President

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# A Message from the CCPA President-Elect Carrie Foster



A PERSONAL REVIEW OF  
RESEARCH WORK IN  
DRAMATHERAPY



Statistics Canada (2020) has reported that since the pandemic “fewer Canadians have reported having excellent or very good mental health - 55% (July) from 68% (2019 pre-COVID-19)” (p.19) people aged 15 - 24 showing the steepest drop, from 60% in 2019 (pre-COVID-19) to 40% in July. Visible minority groups reported poorer mental health, and “were more likely to report that the pandemic had had a ‘moderate’ or ‘major; impact on their ability to meet their financial obligations compared with White participants (35% vs. 22%)” (Statistics Canada, 2020, p.19). Since the pandemic, the indigenous population has reported worsening mental health and greater economic impact. During the pandemic, poor mental health has been correlated with an increase in substance use - which is correlated with MDD (WHO, 2017). Services calls answered by the Police have increased by 7%, these include: wellness checks (+12%), domestic disturbances (+12%) and calls related to mental health (+11%) (Statistics Canada, 2020).

Similar results have been shown in specific populations and more generally. A recent meta-analysis of health professionals showed an increase in depression since the pandemic (up to 12.2% vs 9.5% pre-COVID-19) (Neto et al., 2020). A systemic review of mental health in the general population during

COVID-19 in China, Spain, Italy, Iran, the US, Turkey, Nepal, and Denmark has also shown increases in the rates of depression (14.6% - 48.3%) (Xiong et al., 2020).

These preliminary results consistently show elevated rates of depression. Given what we know about existing prevalence rates of depression (pre-COVID-19), the mortality associated with it, the economic impact of mental health care, and the barriers in accessibility - it appears more pressing now than ever to find additional, cost-effective treatments for major depressive disorders.

This past June I was asked to run a series of group Dramatherapy sessions for people suffering from Major Depressive Disorder (MDD) as part of a research project on the use and efficacy of virtual group drama therapy on depression severity in adults with clinical depression.

I said yes. Not because I am not busy enough or need more case load, but because part of what I believe in is contributing to the community. As a registered Dramatherapist (RDT), a couple and family therapist and psychotherapist I have been supporting the Counselling and Psychotherapy community through my work with the CCPA and the



Quebec Counselling Association for the past 11 years, but I started out as a Dramatherapist and doing group work. This change in rhythm from my individual and couples work excited me. The need to offer my services to research that has a scientific component and to add to the research into Dramatherapy as a viable and important option in the treatment of mental health is long overdue.

The therapeutic objectives for the group members were to create an embodied sense of self-awareness through the facilitation of sharing creative and emotional connection within the group setting. The aim was to promote positive behavioral changes that comes within the group experience; to improve interpersonal relationship skills. As well as to integrate physical and emotional well-being through metaphor, storytelling, the embodied work of roleplay, psychodrama and dramatherapy techniques. Finally, I hoped to help clients achieve personal growth and self-awareness through Dramatherapy processes using spontaneity and adaptability – in the end goal of feeling empowered and more confident in their ability to improve their state of wellbeing.

As the summer rolls towards its end, I have finished my sessions with the experimental group and my personal findings I share here. I realized as the group progressed that I needed the creative work for me too. Since the pandemic lock down(s) and the isolation that came followed, my need to connect and be creative was perhaps as important to me as the group's creativity was to them. I found myself reaching out to colleagues and friends and returned to my knitting and dance. I believe, the human need to be embodied and experience ourselves in the here and now in a creative way varies from person to person but is essentially engrained in each of us. I welcomed the waitlist group this past Sunday and my delight at continuing my use dramatherapy continues. It enriches my practice and strengthens my connection to myself. The ability to connect even in a virtual reality – or perhaps

especially in a virtual – is possible and in fact some of the progress I saw within the group speaks to the strength of image and imagination as a method in connecting to self and other. There was a need to use the space that the screen provides in new and inventive ways. I saw myself working harder in session to explore the use of the virtual space and in so doing becoming engaged bodily; I saw the group reaching out with gestures, words and images to contain, support and connect. The screen encouraged a certain visual and symbolic connection, engagement and presence and intimacy that a live group may not have awakened with quite the same proximity.

As to the outcomes of the actual research project – as expected – the MRIs and cortisol levels indicated by the scores of the experimental group were significantly improved compared to the wait-list control group, thereby allowing us to propose that it was not simply the passage of time that reduced the experimental groups depression severity. To me this was a rewarding engagement allowing me to give back to the creative arts, encourage a young researcher and engage my creative spirit in the creative process of healing and mental health. I feel a refreshment of spirit and the awaking of new potential – in self and clients. A feeling I will take with me as the season changes to autumn and we harvest the fruits of our summer labours.

In kindness,

Carrie Foster

M.Sc, M.A., CFT, psychotherapist, RDT, CCC

Couple and Family Therapist, Psychotherapist



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A RACIALIZED STUDENT  
AND WHITE SUPERVISOR  
REFLECT ON THEIR  
JOURNEY IN RACISM  
RESEARCH

**About the Authors:**

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**Patricia J Neufeld, PhD, LPC, NCC** is a Professor in the Faculty of Education and School Work at Thompson Rivers University, Kamloops, BC.

**R**ecently, a supervisor and student relationship prompted a 2-year conversation around race, privilege, microaggressions and the reluctance of Canadians to consider their implicit and explicit conditioning in systemic racism. This paper attempts to speak to the relationship that was developed between a racialized student and a white supervisor through the process of writing a thesis on contemporary racism in Canada.

*When my student expressed interest in the experiences of South Asian Canadians as a thesis topic, I gave her Sue's article *Microaggressions in Everyday Life* to read. Thus began our journey.*

Prior to meeting my potential supervisor, I had been turned down by the program coordinator on my thesis topic because I was told that it was not related to education and that it was not relevant. When I expressed an interest to conduct a study with the South Asian population and my supervisor did not immediately shut me down, I was both surprised and cautious as I did not want to get my hopes up. I went home and read Sue's article on racial mi-

croaggressions and it was as though a lightbulb turned on. So many moments came flooding back to me of the times where I felt othered, alienated, not good enough, disturbed, or dehumanized. Sue's article put language to something I had been experiencing my whole life. When I came to the second meeting with my supervisor I was bursting at the seams with so many stories, and examples, completely unsure of how I was going to filter all that out and create a thesis that would meet the criteria that the program outlined. My supervisor's response was not the same as the program coordinator and it was the opposite of my cumulative life experience. I was used to being silenced and told that my interests were irrelevant. At that moment, my supervisor gave me permission to tell my story, and that I mattered. I heard for the first time that my people matter.

*On numerous occasions my student has indicated that I gave her "permission" to tell her story. We have discussed and explored this term, and what it means to each of us. To my student, the word suggested and offered space and voice to explore her lived experiences. To me, the word suggested that I am the keeper of knowledge. We have come to understand that within each of us, the meaning we*

*ascribe to the word “permission” is reflective of our respective struggles.*

As I began my thesis and research, I thought how can every racialized man, woman, and child have no idea that the person next to them confronts the same level of systemic and individual racism. I realized we were all living in silos, holding on to our stories in reticence. We are in a silent epidemic. The first recorded Indian coming to Canada was in 1902 and I couldn't understand why for 118 years the racism that my ancestors experienced has been pushed under the rug. Voices have been silenced, suffering has been ignored, the common response of stuffing down our disdain and wounds has and continues to be the standard. In this tornado of emotions I felt lost, shocked, angry and confused. In the middle of all of this, I received an email from my supervisor encouraging me to submit my work to the CRIEVAT Student Symposium at Laval University on the opposite side of the country. Imposter syndrome filled every cell in my body and when the proposal was accepted, I was both excited and fearful. My supervisor mentored me during the preparation phase and her final lesson was to equip

tions?

My thesis research focused on 15 interviews, subsequently family, friends, acquaintances, and strangers also bravely shared their stories with me. I began to realize that people are interested in talking about race and racism. After successfully defending my thesis, momentum picked up and I commenced disseminating the findings to non-profit organizations, corporations, and students. Given the racial climate at the time, people wanted to know what role they could play in dismantling long-standing oppressive systems. In this part of my journey, I came to understand the personal tax that is paid when doing this work. During presentations, or at the dinner table with skeptics I became susceptible to judgment, criticism, and dislike. Before presentations I heard people in the room discount my work because of my age, or maybe because of the colour of my skin. Am I seen as a whiny millennial? Do I appear to be an angry brown woman? Would my reception be the same if I was white? Having to armour up before presentations is a process I undergo before engaging in a battle with racism. It begins with an infinite number of checking


***“I’m often seen as the trouble maker in my university when I call out what I believe are racist acts or systemic racism that are embedded in policy and practice, and oftentimes behaviour. I am often marginalized or excluded on committees because I question our policies and practices. Is this the consequence of doing this work?”***

me for the potential for a person in the room to be combative or oppositional. I did not understand it at the time or really even believe that someone would deny my story, and the suffering of my racialized brothers and sisters. Sadly, as my supervisor warned, there was a white, cisgender, middle-age, male who disrupted my presentation from beginning to end. I left that symposium with a national award.

*As my student prepared for her first presentation on her thesis at a national conference, I knew I had to prepare her for the heckler and naysayer in the room. Much like a parent, preparing their child for the potential encounter with bullies in the schoolyard, I knew I had to prepare my student for conference attendees that would potentially, argue, discredit, derail or disrupt her presentation. This too was my struggle, knowing my student may not be well received by everyone in the room. Was I causing harm and hurt? Was I setting her up to further experience microaggressions and microinvalida-*

and rechecking my presentation, practicing endlessly to friends, family, and myself in the mirror to prevent the naysayers from discrediting the data. One false step on my part could result in a gash in the rhetoric and the potential for the individuals in the room to walk out unchanged, unscathed, and refute the stories of those who have so bravely shared them. As I meet my eyes in the mirror, and practice my carefully chosen words, I tone down the passion in my voice. I rehearse the self deprecating jokes to make the material digestible. As the clock ticks closer to presentation time, my hands are shaking from the caffeine, my armour is on, I push down the feeling of disgust of how much I have diluted the content and myself to make the environment more comfortable for white people. I prepare myself for the truth that not only is my work going to be dissected, but I am about to be dissected. When the engagement is over, and I take my armour off, the spiritual exhaustion sets in.



*I'm often seen as the trouble maker in my university when I call out what I believe are racist acts or systemic racism that are embedded in policy and practice, and oftentimes behaviour. I am  in marginalized or excluded on committees because I question our policies and practices. Is this the consequence of doing this work?*

I feel a sense of duty to honour the stories of the participants in my research and acknowledge the hard truth that the bigotry my ancestors faced when they immigrated to Canada 119 years ago has not dissipated. As much as this work comes with a tax, it also brings me comfort in knowing that there are more people in this world who can put language to their experiences, or what they have witnessed. I take comfort in knowing that this information can provide a vehicle for social change. Reflecting on that day in my supervisor's office, when I was at long last given permission to share my story, I know now that it was a pivotal moment in my life. I have witnessed that moment replicated when racialized people are given the opportunity to share their experiences, and it is accepted as truth. I have determined that the answer to ending microaggressions seems unsophisticated and simplistic. I have come to understand the power of feeling heard and believed is the first step in fostering change. When we can step into the lives of another, even just for a moment, without centering ourselves in their story, it is within that space that lies the answer to dismantling racism. It is an act of love to listen and believe ones' story, and only through acts of love can we dismantle oppressive systems. Through each single act of sharing, listening, believing, and finding out that we are not alone can racialized people begin to feel seen and heard. What I have learned is that this is just the beginning.



*Nowhere in my Canadian education was I taught about race and racism, but I was systematically taught to not see colour. This is my internal struggle. The very fact that we can't, don't and won't acknowledge our legacy of oppressing marginalized populations reflects our unwillingness to enter into a dialogue of systemic racism in Canada. Talking about and acknowledging how systemically I was taught and conditioned to see white as normal, is an ongoing process and struggle for me. As a white, cisgendered, middle aged woman, I have had many conversations with students over my 35 year career in higher education. Many of the conversations and relationships have impacted and influenced my teaching and professional practice, but this relationship pushed and challenged me both personally and professionally.*

For us, this work has been both personal and political. The process has been messy, painful, uncertain, and also hopeful. Through this raw and uncensored journey, we became tethered to the work. We now continue to reach into our relationship to persist in the battle against racism. What we have come to understand from this research is that the amount of suffering we found in the stories indicates that there is an irrefutable collective pain that racialized Canadians experience. The task of dismantling racism is not complete and may never be, but what we know is that every revolution has a beginning. Within each of us is the power to initiate change and it begins with our own call to action. We are often asked, but what can I do? Our advice is to listen. Our recommendation is to believe, learn, and do better. It begins with our willingness to take risks, make mistakes, ask questions, and look inwards. The choice and responsibility lies within each of us.

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## Trigger Warning

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The following article deals with police violence. If this topic is triggering for you, we suggest you go directly to the next article on page 14.



## Deaths During Police Interventions – Significant Influencing Factors

### EXECUTIVE SUMMARY

To read the article in its entirety, please click [here](#).

This article is a very brief overview on the topic of deaths which occur during police interventions in response to calls. Also, it is noted, there are many factors, many perspectives, to consider related to the topic which would require much more space than is possible with this article. Even topics in each identified topical area can be a focus of research and the exploration of additional factors. However, it addresses some of the salient issues in brief fashion to expose the several key components and factors to consider in addressing the problems associated with deaths during police arrests which have occurred over the recent period of time since the late winter spring of 2020.

The recruiting of police officers should involve appropriate psychological testing. Recently I have learned of planning and research being conducted to pre-assess applicants for positions which involve staff who must respond to traumatic events. The tests are designed to assess applicant's levels of stress and trauma they are experiencing when applying for policing positions, possible indicators of psychopathy and of social cultural biases. Work on and applications of findings in these areas could result in reductions of social and cultural / subcultural biases which are expressed in work situations.

When police are involved in such incidents, they are impacted significantly! Some of the literature which is relevant is related to the experiences of military personnel during combat. Lt. Col. David Grossman is the author of the book: *“On Killing: The Psychological Cost of Learning to Kill in War and Society”*. Other relevant literature has been noted in a section on Relevant Reading following the References attached.

Another important component which addresses early intervention for first responders after they respond to critical incidents are briefly listed below. They are designed to provide supportive interventions, ideally by peers working with mental health professionals. This includes incidents involving deaths which occur during arrests. The impacts of traumatic events such as being addressed in this paper are significant and have potentially devastating and long-term impacts on officers, their families and colleagues, supervisors and managers of their departments, as well as oversight personnel such as police commissions, not to overlook the families of those who have experienced such deaths.

Some programs to assist officers and others impacted from such events include:

- CRITICAL INCIDENT MANAGEMENT (CISM) as delivered by programs with training provided by Certified Instructors with the International Critical Incident Stress Foundation



(ICISF). The Foundation has training programs for Mental Health Professionals and First Responder Peers, who are trained to work in teams to provide support to officers impacted by the stress and trauma of such events. Several courses of CIS Management are available and training for instructors.

- **STRATEGIC RESILIENCE TRAINING** which ideally takes place before such incidents occur and involves techniques and approaches of keeping calm before, during and after critical events occur, including police arrests and deaths which may occur during arrest. This involves learning deep breathing relaxation (meditation) which is proving to have powerful impacts for calming involved and impacted officers. ICISF and other agencies are becoming more involved with the delivery of training in this area. Certification for Strategic Resilience for First Responders (CSRFR) is being offered in Canada as well.

- **MENTAL HEALTH PROGRAMS** and agencies which provide support to first responders and their agencies involving appropriate assessment and treatment and usually in consultation with Peers, as noted above. Therapies from the realm of Power Psychology of Eastern medicine in the form of Thought Field Therapy and Emotional Freedom Therapy are included and gaining popularity as a result of the positive impacts created in their use. (Feinstein, David, (2018))

- **SUPPORT FOR OCCUPATIONAL STRESS INJURIES (SOSI)** a program developed with the RCMP delivered by a person of

PEER status, who is outside the administrative “line-of-command”, but who has credibility among those impacted by critical events and have difficulty addressing critical event impacts within the organizational system. Initial data is revealing a significant increase in members seeking assistance, a significant statistical fact, in itself!

- **OCCUPATIONAL STRESS INJURY SUPPORT SYSTEM (OSISS)** – A Canadian Military program designed specifically for the Military personnel which was developed by Lt. Col. Stephane Grenier. The system is focused on military and first responder impacts and reactions to traumatic events. (Wikipedia, Occupational Stress Injury)

The programs noted above provide for appropriate referral for further professional psychological assessment and therapy as may be required.

It is important to note that the substantive content in each of the five areas addressed in this paper are constantly evolving, and with new information, being updated and renewed as time goes on. It is therefore necessary to provide the resources and time to review and update all components and activities identified above and provide the training necessary for all responders to be kept up-to-date!

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# The Hippocratic Oath

*I swear to fulfill, to the best of my ability and judgment, this covenant....*

*I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.*

*I will apply, for the benefit of the sick, all measures which are required, avoiding those twin traps of overtreatment and therapeutic nihilism.*

*I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.*

*I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.*

*I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. Above all, I must not play at God.*

*I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.*

*I will prevent disease whenever I can, for prevention is preferable to cure.*

*I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.*

*If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.*





## Notebook on Ethics, Standards and Legal Issues for Counsellors and Psychotherapists

### Going Back to Fundamentals: A Way Back!

By Dr. Glenn Sheppard

Recently when a young friend of mine was graduating from medical school one of the gifts I gave him was a framed copy of the Hippocratic Oath. He appreciated it very much and informed me that he and his classmate took the Oath during their graduation commencement. This was also a reminder for me that some of our basic and fundamental ethical values come from antiquity and have been long-lasting.

The Hippocratic Oath is usually attributed to the Greek physician Hippocrates (460-370 BC). This ethical covenant has been changed and updated on a number of occasions. Taking the Oath is part of commencement programs at many medical schools. Some schools have their adapted version and, in other cases, the graduating class is expected to create their own version of it.


The Hippocratic Oath was modified by Louis Lasagna in 1964 and appears to be the one that now receives the most use. I am sharing it with you for this Notebook because it reminds us of the long history of some of our core values that remain relevant to all health professionals including counsellors and psychotherapists. Also, whenever I am in choppy ethical waters I find it helpful and reassuring to return to such basic core ethical values to help me navigate the ethical challenges.

The following are the **Ethical Principles** as stated in the **CCPA Code of Ethics**:

- a) **Beneficence:** Being proactive in promoting the best interests of clients.
- b) **Fidelity:** Honouring commitments to clients and maintaining integrity in counselling relationships.
- c) **Nonmaleficence:** Refraining from actions that

risk harm and not willfully harming clients.

d) **Autonomy:** Respecting the rights of clients to agency and self-determination.

 e) **Justice:** Respecting the dignity of all persons and honouring their right to just treatment.

f) **Societal Interest:** Upholding responsibility to act in the best interests of society.



It may be a valuable exercise to determine to what extent you can find these more formal and explicit principles in the personalized statements of the Hip-

pocratic Oath. A few of my counsellor education colleagues have informed me that they have found it meaningful to give graduate students in their ethics course the task of reaching a consensus on their adapted version of the Oath that might better align with their anticipated professional work as counsellors and psychotherapists. Whatever your response to it, I trust that its inclusion in this Notebook will be personally and professionally meaningful for you.



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