

WINTER 2020

# INSIGHTS

THE BC ASSOCIATION OF CLINICAL COUNSELLORS' MAGAZINE

Youth and mental  
health identifiers

---

Restoring  
relationships  
between youth  
and adults

---

Counselling youth  
with adverse child  
experiences

## REPORT CARD

HOW YOUNG PEOPLE ARE  
DOING IN THESE UNUSUAL TIMES

Alternative  
therapies for  
young clients





# CREATIVE INSURANCE SOLUTIONS

to better meet your needs

Founded in 1921, **Mitchell & Abbott** is built on relationships. With the client at the centre of all we do, we take a holistic approach to our service model.

As a Navacord Broker Partner, one of Canada's largest commercial brokers, **Mitchell & Abbott** offers increased sector expertise, expanded product offerings and stronger relationships with insurance companies. This means we're able to deliver a more diverse service offering, greater support, and more creative insurance solutions to better meet our clients' needs.

For any questions,  
please contact one of  
our team members at  
**800-463-5208**

BRENDA MATHIESON  
bmathieson@mitchellabbottgrp.com

LORRAINE CAVENDER  
lcavender@mitchellabbottgrp.com

JOHN PAUL MITCHELL  
jpmitchell@mitchellabbottgrp.com

## WE ARE PLEASED TO PROVIDE THE FOLLOWING INSURANCE SUMMARY TO BETTER PROTECT THE MEMBERS OF THE BCACC

- ▶ Policies start at \$105 annually
- ▶ Professional Liability (Errors & Omissions) & Commercial General Liability coverage is available for either \$2,000,000 or \$5,000,000 per claim
- ▶ DAS Legal Expense Insurance included for members who have purchased Professional Liability. The policy provides unlimited personal legal & tax protection advice. Simply call 1-877-255-4269 and provide your BCACC Legal Expense Insurance policy number GRP0016100.\* \$500 deductible applies to CRA tax audits (\$10,000 max per claim)
- ▶ Policy pays the full cost of the legal defence up to the limit of liability selected (subject to sub-limits for the following: Abuse & Sexual Misconduct, Disciplinary Action, Penal Defence)
- ▶ No deductible for any claim
- ▶ No exclusion for libel & slander
- ▶ Legal Entity coverage now includes up to three professionals on staff
- ▶ Options available for clinics with more than three professionals
- ▶ E-counselling is included in British Columbia and/or any unregulated province
- ▶ Security & Privacy Liability is included up to \$100,000 per member – subject to a shared limit of \$3,000,000 for all insured members
- ▶ Employers Bodily Injury Liability Extension \$2,000,000
- ▶ Employee Benefits Errors & Omissions Insurance \$1,000,000
- ▶ Commercial Property coverage available
- ▶ Accidental Death & Dismemberment coverage available
- ▶ Retiring members have the benefit of seven years reporting for claims during the time they were insured on the program
- ▶ Coverage available for inactive members

 **MITCHELL & ABBOTT**  
INSURANCE BROKERS

 **NAVACORD®**



## 24 Lost in Plain Sight

Youth seem to be losing their attachment to adults. How do we make sense of it? How do we restore the relationship between young people and the adults who love them?

### FEATURES

**8 BEYOND TALK THERAPY** Working with teens can be incredibly rich and rewarding. Here we explore some alternative therapies to try with young clients

**12 HEALING ACES** A reflection on working with youth with adverse childhood experiences from an RCC with lived experience

**18 REPORT CARD** Perspectives from three youth counsellors on how the young people they work with are doing in these unusual times

**30 YOUTH AND MENTAL HEALTH IDENTIFIERS** Youth are more open about talking about mental health, but they need support in understanding what it all means to them



### IN EVERY ISSUE

**5 Good to know**  
News and information from BCACC

**6 Plugged In Resources,**  
information, and tools

**34 Member Profile**  
Natascha Lawrence, RCC

**37 Check it out** Ideas to  
motivate and inspire

**38 Before you go** Lessons  
from today's youth

## INSIGHTS

THE BC ASSOCIATION OF CLINICAL COUNSELLORS' MAGAZINE

*The Insights team wishes to thank the writers who contributed to this edition of our magazine:*

Michele Maurer, Deirdre McLaughlin, Leah Pells

BCACC is dedicated to enhancing mental health all across British Columbia. We are committed to providing safe, effective counselling therapy to all and to building the profession through accountable, well-resourced, and supported counsellors.

#204-780 Tolmie Avenue  
Victoria, BC V8X 3W4  
Tel: 250-595-4448  
Fax: 250-595-2926  
Toll Free in Canada: 1-800-909-6303  
communications@bc-counsellors.org  
bc-counsellors.org

In the spirit of reconciliation, BCACC acknowledges and respects the Indigenous people upon whose traditional territories we work and live throughout the province.

*Insights* is published on behalf of the BCACC by  
Page One Publishing  
580 Ardersier Road  
Victoria, BC V8Z 1C7  
Tel: 250-595-7243  
pageonepublishing.ca



Contributing Agency: Getty Images, Shutterstock

*Insights* is published three times a year. To submit article proposals, contact the editor, Carolyn Camilleri, at ccamilleri@pageonepublishing.ca.

Find more information about submitting article proposals at bc-counsellors.org/media/insights-magazine or by contacting Marci Zoretich or Elana Ilott, BCACC editorial advisors, at communications@bc-counsellors.org.

Printed in Canada by Mitchell Press.

Ideas and opinions expressed within this publication do not necessarily reflect the views of BCACC or Page One Publishing Inc. or its affiliates; no official endorsement should be inferred. *Insights* writers are responsible for the accuracy of the information in their articles and for obtaining permission to use source material, if applicable. The publisher does not assume responsibility for the contents of any advertisement, and any and all representations or warranties made in such advertising are those of the advertiser and not the publisher. No part of this magazine may be reproduced, in all or part, in any form — printed or electronic — without the express written permission of the publisher. The publisher cannot be held responsible for unsolicited manuscripts and photographs.



# BCACC Executive Director, Carolyn Fast, is Retiring

**C**AROLYN FAST, Executive Director, has tendered her resignation and will be leaving her position with BCACC on January 31, 2021. Carolyn has been at the

helm of BCACC for six years and guided the Association through a time of rapid growth and modernization. Not only has the size of our membership grown by 1,800 members while Carolyn has guided us, so too has the depth and breadth of the work of the Association.

Carolyn was instrumental in facilitating the restructuring of BCACC's governance practices, updating facilities and technology, and creating vital human resource systems — all of which have been a great benefit to members, Board, and staff. She also enabled the creation of strategic plans that serve as invaluable guideposts as we look ahead to the future.

Understanding the importance of stewarding relationships built on trust and value, she is also responsible for the creation of a Member Services Department. This has added great value to the BCACC membership through the creation of community and opportunities for professional development and skill advancement.

Speaking of her departure, Carolyn said:

*"It has been my honour to serve BCACC over the past six years. I have especially enjoyed the collaborative work with staff, members, committees, and Board as we have together modernized the structures and practices of the Association. Of course, the greatest part of work is always the people. I have benefitted from wonderful connections with members and, of course, with our fantastic staff team. It is this that I will miss most of all.*

*Like politicians who say when departing their posts that they are leaving to spend time with their families, for me, this is actually true! As I reflect on what the experience of the pandemic has brought into relief, it is most certainly the enduring relationships with my family. I look forward to working less and*



JEFFREY BOSDET

*spending more time with family and friends while I move into the next adventures of my life.*

*I wish everyone safety and health through the pandemic, as well as regulation of counselling as soon as possible! I know the Association is well placed to bring on a new Executive Director to pick up the torch for the continuation of the race.*

*Thank you for the opportunity to serve and to be part of building the profession of counselling in British Columbia."*

We thank Carolyn for building a strong foundation on which the BCACC community can continue to develop. We will miss Carolyn's steadfast and collaborative leadership style and her supportive mentorship. The BCACC Board of Directors is grateful for Carolyn's dedicated and outstanding service, and we offer our sincere congratulations for her well-deserved retirement.

---

*Shirley Halliday, President of the BCACC Board of Directors*



## BCACC CONFERENCE

# COUNSELLING IN A CHANGING WORLD

BCACC is excited to bring together counsellors from around the world in June 2021 to discuss the many facets of counselling in a rapidly changing society. More than ever, counsellors are needed to bring compassion, hope, and resilience forward and to hold space for the challenges and grief we are all experiencing. Counselling in a Changing World will unite counsellors from around the globe in relevant discussion on current approaches to psychotherapy, the changing nature of our relationships, and the global response to an increase in trauma brought on by crisis. Interested in presenting? Watch for our Call for Proposals in your emails and on the BCACC website.



## HAVE YOU RENEWED YOUR MEMBERSHIP FOR 2021?

BCACC membership renewals are open and are due by December 31, 2020. To renew your membership, log in to your member account through the BCACC website and renew online in a few easy steps. [members.bc-counsellors.org/login](https://members.bc-counsellors.org/login)

## Continuing Competency

As 2020 draws to a close, we remind all members to visit the Continuing Competency program and tool in your member portal.

As a BCACC member, you already complete professional development as part of your ongoing practice. The Continuing Competency program is a way to formalize and demonstrate that professional development by providing you with a structure and process to facilitate individualized continuing education and competency. You can reflect on your practice, identify professionally relevant areas of growth, and facilitate a self-directed plan to enhance competency.

The program features a tool that allows you to set goals for your education and complete activities that are specific to you, including the area of ethical practice. You then record and measure your professional development over the course of the year. The Continuing Competency program is flexible and not intended to be time or labour intensive. To orient yourself to this program, log in to your member portal and access the Continuing Competency area. An instructional video is available to help you understand the process of the program.

## BCACC Member Orientation Course

Watch for news about our new BCACC Member Orientation Course in eConnect. All members are encouraged to visit the eConnect learning system in the member portal and have a look at this valuable resource. The Member Orientation Course houses all information related to your BCACC membership and is a great resource for all members.



## HOW ARE WE DOING?

Angela Burns, BCACC Registrar, is happy to report that complaints against members are rare.

"The actual percentage of complaints we get is very low, given the size of our membership," says Burns. "We've had one conduct review hearing in our entire history since 1988. We resolve complaints by consent agreement, with the ultimate belief that the improvement of one of our professionals improves the whole group."

BCACC has never had a complaint about a school counsellor that hinged on differences between a workplace code of ethics and BCACC's code. Circumstances more likely to lead to complaints tend to be about reports written for the courts, situations with high-conflict families, and RCCs who also offer coaching, which has looser standards around, for example, socializing with clients.

Keep in mind that the Office of the BCACC Registrar cannot give RCCs advice.

"We're really here on behalf of the professional's clients — they're the group we're here to serve and protect in our mandate," says Burns. "We really want every professional to have a clinical consultant or supervisor they can talk to about dilemmas and how they should proceed — because you can't always plan for ethical dilemmas."



# When worlds collide

Understanding potential conflicts between your Code of Ethics and Standards of Practice and the expectations of your employer

BY CAROLYN CAMILLERI



**B**ritta West, RCC and member, BCACC Board of Directors, is a counsellor and clinical traumatologist with a private practice in Burnaby. She is also a clinical supervisor at PLEA Community Services, a non-profit agency funded by the BC government. In her 11 years in this agency role, discussions around potential conflicts between an RCC's Code of Ethics and Standards of Practice and the expectations of an employer or agency come up monthly — and even weekly.

The way to think about it, says West, is that your Code of Ethics and Standards of Practice can be further limited by a contract, employer, or legislation — almost like a decision tree.

For example, consider mandated counselling in the youth justice world.

"When you do counselling for youth justice — and it applies in the adult world, as well — your reportable circumstances list gets bigger," says West.

In addition to RCC requirements, such as harm to self or others and abuse of a minor, a counsellor has to report on breaches of conditions, such as not sleeping at the appointed residence, not abstaining from drugs

and alcohol, not abstaining from physical violence, etc. There could be many legal conditions.

"You can see how it can be very tricky," says West.

That's just one relatively straightforward example.

"When we hire clinicians, we make sure we're being very forthcoming about how the contracts you have with your referring body may further limit your practice of confidentiality," says West. "An RCC has to make a decision if they're comfortable with that."

In this work, complying isn't an option.

"When you're a funded agency, you're working inside of a governmental body — they're funding you for this service," says West. "When you're talking about something like legal jurisdiction or conditions, you can get yourself into really hot water legally if you don't meet the requirements of that funding stream."

This is particularly the case when it comes to criminogenic factors, but there are other examples — ICBC, for instance. ICBC may expect you to answer subtle questions like: "Do you believe the client is capable of going back

to work?” or “Do you believe the client has achieved enough mental health stability services?”

“Those aren’t really questions we would generally report on inside classic RCC ethics, but it is something that ICBC needs to know if you’re working as part of that wraparound team, because everybody’s working to get this person back to work.”

Schools can also be tricky.

“One of the important things to think about is when you’re a counsellor at a school, you really work as part of an educational team to support the psychosocial health of the child,” says West.

While you may be directed to keep the confidentiality of session details, you do need to share information in what West calls a “thematic” way — non-specific but with more substance than you would in private practice.

“If you think of it from the other side of the ethical coin, it is often about getting the best outcomes for the student, and it wouldn’t be very productive for a school counsellor to be operating in a silo with no access to paraprofessional communication,” says West. “Inside the agency and education worlds, we really do think in terms of collaborative practice.”

**You can get yourself into really hot water legally if you don’t meet the requirements of that funding stream.”**

## PLANNING AHEAD

If you want to do contract work, there are some considerations to think about ahead of making a decision. Contract employment positions are set up in essentially three ways. The first and most common situation is when you report to a supervisor who’s not a therapist but is at an organization that hires a consultant for clinical supervision.

The second situation, and the way it works at West’s agency, is that you’re hired by and report to a clinician who’s also your clinical supervisor.

In the third situation, you’re hired by someone who’s not a clinician, and you’re not offered clinical supervision at your agency. The onus is on you to talk to the employer about using clinical supervision from outside of the agency, but because of privacy and financial concerns, it may not be allowed.

With respect to contracts, for EAP, ICBC, or similarly well-established streams, the terms are generally written into the contract. West strongly recommends carefully reading the terms and ensuring you are very clear on reportable circumstances — then make a decision

about whether you can live with those terms.

It can be more complicated with some agencies and employers where terms are not as clearly laid out. RCCs have to ask about the requirements, ideally, at the interview stage.

“That’s a tricky thing even in and of itself, because sometimes the hiring manager may not understand the RCC Code of Ethics,” says West. “It’s very important that clinicians not expect other people to understand their ethics.”

In fact, it becomes your job to talk about those ethics and why they’re there. For example, understand that confidentiality is good for clients, because it allows a client to explore their own growth in an unlimited way.

“It’s important for an RCC to understand that, so when they explain why they can’t talk about certain things to a school or a social worker or health authority that they talk about it in a really pro-social productive way,” says West. “I think that’s the biggest thing that gets missed — we can be protective of the time and space, but we can’t really articulate why it’s good for the client.”

And if you want these types of contracts, being prepared to explain why confidentiality is good for the client and collaborating to meet contract requirements are part of the deal.

## Remote Jurisdiction Counselling Outside of BC

**C** OVID-19 has shone a light on the issue of providing counselling in areas outside of the province and even Canada. Before RCCs engage in providing online services outside of the province, there are important considerations to research.

RCCs must ensure they are covered by their insurance to provide remote counselling services, and those who provide services to clients in other jurisdictions should familiarize themselves with the risks involved. Risks range from invalidating their insurance if they are knowingly providing services in a regulated jurisdiction to breaking the law. BCACC has put together a list of low-risk and high-risk online counselling scenarios to assist you.

### LOW RISK

- ▶ BC-based RCCs providing remote counselling to BC clients.
- ▶ BC-based RCCs providing remote counselling to clients in provinces that are not regulated by regulatory colleges.
- ▶ BC-based RCCs providing remote counselling to BC clients who are temporarily in a jurisdiction outside of BC. For example, if a client is on vacation or temporarily outside BC/Canada.
- ▶ BC-based RCCs who are temporarily in a jurisdiction outside of BC providing remote counselling to BC-based clients. For example, an RCC on vacation provides counselling online to BC-based clients.

- ▶ RCCs based in unregulated provinces providing remote counselling to clients in other unregulated provinces.

### HIGH RISK

- ▶ BC-based RCCs providing remote counselling to clients in provinces with regulatory colleges when not registered with those colleges (and where counselling is a controlled act).
- ▶ BC-based RCCs providing remote counselling to clients in the United States when not registered with the state licensing body.
- ▶ BC-based RCCs providing remote counselling to clients in other countries when not registered with the counselling regulation body in that country.



# BEYOND TALK THERAPY

ALTERNATIVE THERAPIES FOR TEENS

BY DEIRDRE MCLAUGHLIN, RCC



Working with teens in the counselling space can be incredibly rich and rewarding — and it also holds its own considerations. Beyond basics like whether they've come to therapy of their own accord or have been sent by a caregiver, there are other factors to be aware of when working with this population. Simply put, teens are their own animal. Their brains are developing in different ways than younger children or adults. This invites counsellors to view them through a broader lens and also offers the potential for deep discovery and insight in therapy.

### SETTING THE STAGE

Dr. Daniel J. Siegel, psychiatrist and founding co-director of the Mindful Awareness Research Center at UCLA, explains the twofold task of the adolescent brain as it remodels itself. Its first task is to prune itself. Whereas in younger childhood the brain is absorbing any and all information, during adolescence, the brain begins to differentiate. This is where teens begin to specialize and find their passion.

The second task of the adolescent brain is myelination. Myelin is the healthy sheath that allows connected neurons to communicate with each other in a faster, more efficient and coordinated way. Teens can use this focused attention to become more aware of themselves, others, their environments, thoughts, and activities. The potential this offers in counselling is vast, as so much of our work with adolescent clients involves supporting them to expand self-awareness, build interpersonal skills, and connect to their meaning and passion.

This myelination — or linkage, as Siegel calls it — can reinforce parts

of the brain that a person wishes to hold onto. Between the differentiation provided by pruning and the linkage from myelination, the brain becomes more integrated. And integration, according to Siegel, is what allows “more intricate functions to emerge — such as insight, empathy, intuition, and morality. A result of this integration is kindness, resilience, and health.”<sup>1</sup>

In his work, Siegel puts forth what he calls the ESSENCE of adolescence — an acronym that stands for Emotional Spark, Social Engagement, Novelty-seeking, and Creative Exploration. Emotional spark refers to the way “emotion generated from sub-cortical areas washes over the cortical circuits of reasoning.”<sup>2</sup> When we talk about teens and emotions, we often hear stories about attitude. Viewed from a more empowering lens, however, emotional spark points towards their passion and idealism.

Social engagement refers to the importance of relationships in our lives. During adolescence, this can look like turning away from parents and more towards peers. It also highlights how central relationships are influencing and shaping who we become. Social engagement is an important aspect of our sense of connection to the world around us.

Novelty-seeking can certainly be problematic for teens: though their bodies are strong, they can be at greater risk for injury and harm. It's one of the reasons getting a driver's licence is such an arduous process and why insurance rates are higher for new drivers. On the other hand, novelty-seeking is what allows teens to move beyond the safe and familiar and into the great unknown — an important task in becoming their own people.

And finally, creative exploration is a feature of the idealism we often see from youth — that ability to see beyond (and challenge!) the status quo and imagine what could be.

Why spend so long setting the stage simply to discuss alternative therapies for teens? It's important to appreciate who we are working with so we can understand better ways to serve them. What follows are some of my favoured approaches to working with teens — and there are many more as well.


### ART THERAPY

Art therapy is a great go-to with teens. At this age, straight-on talk therapy can feel too direct. For some, language isn't a great resource, and talk therapy can be quite demanding in this respect.

**TEENS ARE THEIR OWN ANIMAL. THEIR BRAINS ARE DEVELOPING IN DIFFERENT WAYS THAN YOUNGER CHILDREN OR ADULTS.**

Others are in counselling because their caregivers want them to be. In those cases, buy-in is not even a guarantee. Finding common ground and ways to establish therapeutic rapport are paramount.

Many adolescents also prefer a more casual approach, finding a clinical setting to be too formal for them to



**PULLING OUT ART SUPPLIES  
CAN HELP TEENS FEEL AT EASE.  
IT INVITES IMAGINATION,  
CREATIVITY, AND PLAY.**

relax and feel safe in. Pulling out art supplies can help teens feel at ease. It invites imagination, creativity, and play. And though play sounds like a simple concept, its effects can be profound.

One of the things we can work with in art therapy is implicit rather than explicit processes — the emotional more than the cognitive. In *Right-Brain Affect Regulation: An Essential Mechanism of Development, Trauma, Dissociation, and Psychotherapy*, Allan Schore discusses the dominance of the right hemisphere of the brain in “the recognition of emotions, the expression of spontaneous and intense emotions, and the nonverbal communication of emotions.”<sup>3</sup> When we sit down to play with our adolescent clients, we come alongside and communicate indirectly with their emotions.

The results are often surprising. One teenage client I worked with had been coming for weeks, quite unwillingly. As a general rule, I tend to decline working with clients who do not wish to be

there. I made an exception in this case because the severity and immediacy of the trauma warranted intervention. We plodded along, week after week — me, trying to build therapeutic rapport and them, steadfastly withdrawn. One week, we did some drawing to explore the trauma. What they drew was nuanced and expressive, the emotional communication as clear as a bell. While they were drawing, I also drew — a unicorn wearing high heels. For the first time, I saw this client laugh, marking the beginning of our therapeutic bond.

Through the lens of Daniel Siegel’s work, what came alive in this interaction was the client’s emotional spark as they shared their passion for art with me, their social engagement as we connected relationally for the first time, and, of course, their creative exploration. They wordlessly taught me what they needed from therapy: an approach that fit their passions and a language through which they could express themselves.

## SOMATIC THERAPY

Somatic therapy is a body-based approach to working with clients (soma means body in Latin). In this therapeutic technique, the body is seen as a holder of information — if you’ve ever heard the expression “your issues are in your tissues” it fits here. It’s particularly useful when working with trauma. There are certain situations when cognitive approaches fall short: simply put, one cannot think their way out of trauma. When trauma is alive in the body, it must be resolved in the body.

In situations of dissociation or disconnect, somatic therapy is a means by which counsellors can help the client re-enter their bodies in a safe way. A guiding principle is that we cannot change what happened in the past, but we can change the way it’s held in the present. And the way we do this is twofold: with present-time awareness and relational support.

Generally speaking, the present moment is safer than the traumatic memories from the past. As counsellors, we can help clients anchor themselves in the present moment so they can recognize and distinguish this from the past. It must be a felt sense: their body must take in the information of the now and allow it to update residual fear and trauma still being held in the body.

Another key piece of somatic therapy is the relational nature of trauma. Oftentimes, there was not enough (or any) support for the individual when the trauma occurred. A phrase that lends well to the experience is “No map, no help, no exit.” Our role as counsellors is to help repair that rupture, as we support the client in the present. We do this through attunement, validation, and mirroring the client’s words and gestures.



Somatic therapy lends well to themes that can arise for teens, such as bodily awareness and boundary support. Growing up, it's fairly standard for children to be given a lot of direction. As they enter adolescence, they begin to see the world more through their own eyes. This fits well with Siegel's pruning concept: rather than taking in any and all information, teens begin to specialize and find their own passions and interests. What helps any of us know what matters to us? What rings true and what does not? Bodily awareness is essential to this — the ability to check in the sense of what fits, what feels safe, and what inspires us. Some people call this gut instinct.

## SOMATIC THERAPY IS A MEANS BY WHICH COUNSELLORS CAN HELP THE CLIENT RE-ENTER THEIR BODIES IN A SAFE WAY.

As teens move beyond their families and into broader social connections, understanding boundaries takes on new meaning. There are a couple of activities I like to use to help them gain a greater sense of their own personal space. In the first activity, they stand still, and I gradually approach them. This goes very slowly so they can continually check in with their bodies and see how they feel: Is the person too close? Do I want them to come closer? Would I like them to be more to the left or right of me? I encourage teens to get really fussy about their needs — oftentimes, a new permission for them. The goal is for them to get a felt sense in

their bodies of what feels “just right.”

Another way to explore boundaries is with props. I offer them rope and encourage them to create a circle around themselves, however large or small they feel it needs to be. Then using other props (pillows, furniture), I encourage them to make the boundary as strong or as permeable as feels right to them. Then we again explore how close feels okay for them to have someone approach. During adolescence, teens often begin to explore intimate relationships for the first time. Whether for this reason or simply to practise assertiveness, boundary work can be a means for learning about embodiment, autonomy, and empowerment.

### A FINAL WORD

An academic supervisor for my counselling degree once said to me, “You should be experimenting in therapy.” This surprised me: at the time, I really thought we had to do things by the book. As open as teens are to novelty-seeking and creative exploration, they are among the most up for experimentation in therapy. Our adolescent clients are wonderful teachers.

In the end, it comes down to safety and rapport. When clients feel safe with you, they are more likely to trust the therapeutic process. The more we, as clinicians, can abandon our own agendas and show up for what happens in the present moment, the more our teen clients will feel seen and respected. And I might add that it's better for us, as well. Curiosity, exploration, and play don't stop in adolescence. These qualities help us keep the passion for our work both generative and alive. ■

---

*Deirdre McLaughlin, RCC, is a counsellor and sexual health educator living on the unceded traditional land of the Ktunaxa, the Syilx, and the Sinixt peoples. She's listening and learning every day. [www.deirdremclaughlin.ca](http://www.deirdremclaughlin.ca)*

## RESOURCES

Dr. Daniel Siegel's work, including articles, videos, and books:  
[www.drdansiegel.com](http://www.drdansiegel.com)

Art therapy content and ideas:  
[expressiveartworkshops.com](http://expressiveartworkshops.com);  
[arttherapyblog.com](http://arttherapyblog.com);  
[thirstyforart.com](http://thirstyforart.com)

### SOMATIC RESOURCES

[Opening to Grace Somatic Studies](#). This is where I received my certification in relational somatic therapy.  
[openingtoGrace.com](http://openingtoGrace.com)

[Lisa Mortimore](#). Dr. Mortimore has contributed to *Insights* magazine in the past and also offers trainings in somatic attachment.  
[lisamortimore.com/workshops-training/](http://lisamortimore.com/workshops-training/)

[Trauma Geek: Trauma and Neurodiversity Education](#). This creator generates incredibly comprehensive and educational posts on, among other things, somatic therapy tools.  
[facebook.com/TraumaGeek/](https://facebook.com/TraumaGeek/)

### REFERENCES

- 1 Siegel, D. About Interpersonal Neurobiology. [https://www.drdansiegel.com/about/interpersonal\\_neurobiology/](https://www.drdansiegel.com/about/interpersonal_neurobiology/)
- 2 Siegel, D. The ESSENCE of Adolescence. <https://www.drdansiegel.com/blog/2014/02/07/the-essence-of-adolescence/>
- 3 Schore, A. N. (2009). Right-brain affect regulation: An essential mechanism of development, trauma, dissociation, and psychotherapy (p. 112–144). In D. Fosh, D. J. Siegel, & M. F. Solomon (Eds.), *The healing power of emotion: Affective neuroscience, development and clinical practice*. W. W. Norton & Company.

# Healing ACEs

## A REFLECTION ON WORKING WITH YOUTH WOUNDED BY ADVERSE CHILDHOOD EXPERIENCES

BY LEAH PELLIS, RCC

I was constantly alert as a child, often waking in the night to check for burning cigarettes, to be sure the door was shut and locked, to be sure my mum was breathing. Not knowing what male might be in the house. To this day, I can walk into a room and know within seconds if I am safe.

My waking routine as a child has carried over into my sleep pattern of adulthood, that is, I am a very light sleeper. I am hypervigilant in noticing my surroundings. This is how the lingering symptoms of adverse childhood experiences (ACEs) look in my adult life. I can live with these symptoms. I have healed the more destructive symptoms of ACEs as an adult.

My own history involves love, but it also involves a hurt and traumatized caregiver who had no idea how to heal, so alcohol and prescription substances were her ways to self-soothe. The abuse that landed in my life due to my mum's early childhood sexual abuse was not a choice she made. My mum did not want to harm me, but it was a result of how she soothed her wounds at a young age with alcohol, which led to substance abuse and a high-risk lifestyle as an adult.

As an adolescent, I recall my doctor saying to me, "You are one stressed-out young lady," then telling me I have IBS (irritable bowel syndrome). That was all he said. He never explained why my intense stress was making me ill, or how I could help myself to become more well. That didn't make sense to me: my world was what it was — it was all I knew — so how could I understand what not being stressed felt like?

My ACE score is seven. Today, I do not feel like a seven. I feel whole and well, and I carry that hope into my practice with the young humans I work with. My ACE score is not a devastation to me but rather a hopeful testament to healing and choosing a life path of passing on and assisting others with healing. I believe in the healing part of connection, and I understand that connection takes time. But I am patient.

Essentially, the ACE survey asks 10 questions regarding different types of trauma that a youth may experience prior to the age of 18. A high ACE score has a correlation to less healthy functioning as an adult.

### WHAT IS THE ACE STUDY?

As a clinical counsellor who works mainly in the area of trauma, the ACE Study has been incredibly helpful and insightful for me, personally and professionally.

"The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization







members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors.”<sup>1</sup>

Essentially, the ACE survey asks 10 questions regarding different types of trauma that a youth may experience prior to the age of 18. A high ACE score has a correlation to less healthy functioning as an adult.

Understanding that our young brains and bodies are impacted by fear, abuse, loss, sorrow, and stress, but knowing we are not simply an ACE score, that we are humans who are moving towards healing all the time — I choose to focus on that aspect: the ability to heal. I choose each day to highlight my good and to let the sadness or past anger slide off me. I cannot change my past, but I can control this day. I focus on this one day that I am currently in. This has helped me through many tough moments. I share this with my young clients in our first session. I let them

Many young people feel safer communicating by text initially as they don't have to look at me or have me look at them. I carry this into our sessions, talking about the things that may have started in a text and can continue when we are together.

know that once they have some good tools to care for themselves, they can make the choice to heal and be in this day. That part is up to them.

#### **IMPACT OF A HIGH ACE SCORE**

What does a high ACE score mean to that young child once they are an adult? The ways ACEs can impact a human in their adult years are vast and many. When we experience a physical wound, it needs to heal. If a child experiences a trauma wound and no one is there to help them heal or show them ways to heal, the wound either does not heal — it festers and becomes worse — or it heals in ways that are unsustainable and may keep opening up.

Wounds we see in adults that may be connected to a higher ACE score

may present as substance abuse — an attempt as a youth to heal pain, which then becomes another issue. The wound may also present as a personality disorder, as the youth may not have learned how to regulate their emotions due to a lack of attunement with a loving caregiver or a caregiver who was unattentive to the cries for soothing. The wound could fester into self-harm or suicidal ideation, as the pain is intense and there has been no healthy attachment figure to help soothe the pain or teach ways to self-soothe.

If the youth has one healthy adult to connect and feel safe with, healing is much more possible. That does not mean a youth cannot heal if they do not have that person, it just means it is much more challenging. Sometimes in

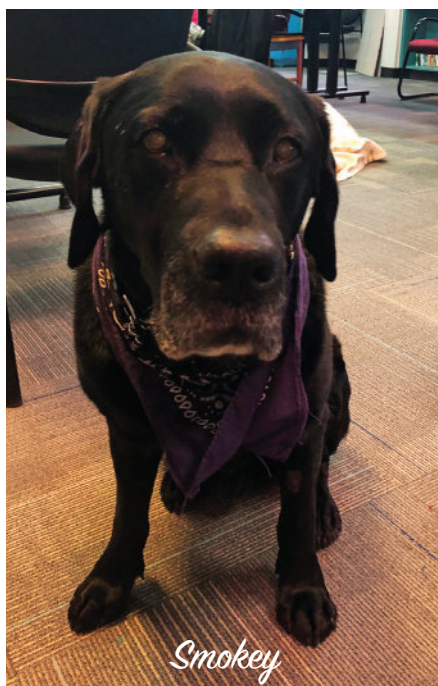


our role as clinical counsellor, we are that one healthy adult. I keep this in my thoughts and heart with the young people who come to my cosy office. This is where my role as counsellor may look slightly different, as I often give the youth my cell number for texting. It's a way for them to know I am there, and if they need to touch base with me, it's okay. I have found this piece to be very helpful in establishing a connection. Many young people feel safer communicating by text initially as they don't have to look at me or have me look at them. I carry this into our sessions, talking about the things that may have started in a text and can continue when we are together. The relationship must be authentic and real; humans who have high ACE scores are able to sense when it is not real very quickly.

### CREATING SAFETY

As an adult who has chosen to make my life work about healing, I understand how to heal and what it may look like. My world is safe, my home safe, and my main approach to working with youth who have experienced developmental trauma is first and foremost about creating safety. I do this in many ways, and I try to involve their caregivers. This is necessary because the caregivers were either part of the youth's ACE score or they are part of the healing or both. And I am rooted in the belief that humans do their best with what they have.

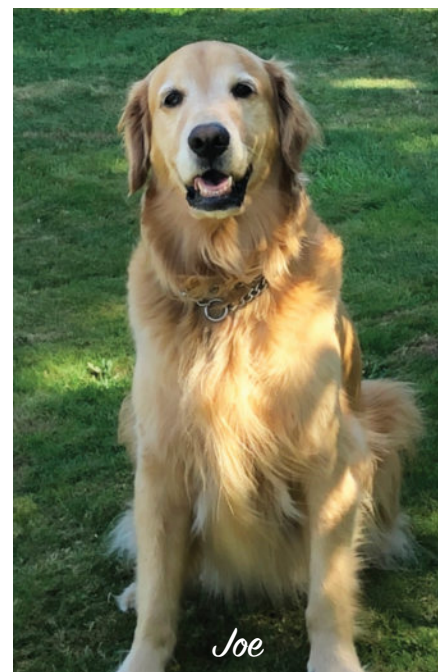
The tools I bring in when the young person first comes to my welcoming office are based in love. The pillars of healing from trauma as I have experienced and learned both from readings and life are safety, choice, a strength-based lens, and going slowly with patience — and more patience.



Many of the youth I see are also disconnected from the school system. They are often labelled as externalizing or internalizing or troubled kids. Whatever label they are assigned has not been helpful to them as it somehow blames them. They are innocent in their trauma wound, and they display hurt in ways that may make people feel uncomfortable. Punishing behaviours that their trauma wound speaks is not helpful in their healing.

I ask ahead of time if they want my two dogs, Smokey and Joe, in the session. This helps establish connection and safety. My dogs are loving and gentle and often the first few sessions are just talking with the youth about Smokey and Joe. I have noticed it is easier to have a conversation when it's wrapped around the dogs. The young human in my office does not have to look at me, they can look at the dogs or anywhere they choose. Animals are great tools to explain how trauma works in the body, as they are honest and present at all times. They do not

I ask ahead of time if they want my two dogs, Smokey and Joe, in the session. This helps establish connection and safety.



hide their hurt, and after an intense experience, they shake off the excess energy created by the sympathetic nervous system. Youth can understand this, and we explicitly talk about the differences with animals and humans. Humans often hide their wounds, whereas animals do not.

Of course, some young people do not want the dogs in session for whatever historical reason.

The next welcoming strategy is art and creating. Again, this is more connection and also choice: the youth open a huge art chest and pick whatever they want to use and create whatever they feel like creating. Using our right brain — the creative side — is very soothing. I have a table set up for



A powerful moment of healing occurs when the youth uses their voice to articulate their wound. In doing so, they acknowledge that something happened to them and it hurt — that they did not ask for that wound nor are they responsible for it.

art with paint, canvases, paint pens, sketchbooks, and lots of beads.

Depending on the depth of the trauma wound, the first three to 10 sessions are all about safety, building a connection, and choice. This is also a time to slowly get to know the caregivers when they drop off and pick up their child. Providing hope and safety for the entire family is essential for healing. If the caregiver has historical trauma, they will also need safety and connection. It is helpful for the caregiver(s) to learn strategies as well or to understand the strategies their child may be learning.

I am very focused on the strengths of the youth, empowering them to know they are more than their wounds, they are many other things, and they are survivors.

Creating safety takes time and, in this phase, I often notice some push back. Will I leave them? Will I contain their strong emotions? Will I raise my voice? We do art and I let them test the safety. I use a low, soft voice so their SNSs are not activated, and slowly, their brains acknowledge safety.

It has seemed helpful to let the youth express themselves, and this can take time. Some sessions are very quiet. Just the sound of the paintbrush on the canvas. Joe resting his head on their lap as they paint. One young human describing their painting said: “This is Joe’s red ball. He loves to play with his red ball, and I like to see him happy.” Joe loves them and they love him. It is a safe place to learn what healthy attachment feels like. They often start with Joe or Smokey.

Over time, they learn that coming to my home office is safe. This is a place they can let go. The dogs love them. They are taken care of. It is a safe place for them to explore their hurt, their anger, and eventually their trauma wounds.

### PROCESSING THEIR SUFFERING

After safety is in place, the young client can start to put words to their wounds, or they ask questions about their experiences or about what we are doing. I find choice incredibly helpful for empowering the young human. Often when I first ask the child what they

want to do today, they look at me with confusion. They may not ever have had choice before. Choosing takes time, and it can be very uncomfortable for them. If it’s too hard, I may offer three choices to help the child learn that they have a voice and can choose. “We can do art, walk the dogs, or drink our tea.” They love the fact that they get to choose.

Once we get to a place where they arrive and list off exactly what we will do with our time, their worries and their wounds take words. They start to speak to the hurt. I will hear them. There is no way that this typically happens — it is different with each young human — but it happens when we are playing or creating. “My dad hit me.” A powerful moment of healing occurs when the youth uses their voice to articulate their wound. In doing so, they acknowledge that something happened to them and it hurt — that they did not ask for that wound nor are they responsible for it.

When the child leaves, I ask them if their backpack is a bit lighter, and the most common response is a smile and yes. Before they leave, we set an





## FIND YOUR **ACE SCORE**

**TEN TYPES** of childhood trauma are measured in the ACE Study. Five are personal: physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. Five are related to other family members: a parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a

mental illness, and the disappearance of a parent through divorce, death, or abandonment. Each type of trauma counts as one. So a person who's been physically abused, with one alcoholic parent, and a mother who was beaten up has an ACE score of three. To learn more, including seeing the questions, go to [acestoohigh.com/got-your-ace-score/](https://acestoohigh.com/got-your-ace-score/).

intention for the week. What is one thing you may like to see happen in your world? How can you bring that in?

### THE CAREGIVERS

While my main role is to support the youth, I am an advocate for the caregiver as well. I try to get to know the caregivers and offer compassion and support. They may be unsure of how to support their child or heal themselves. I let the caregiver know it is a hard time for them, and they need to take good care of themselves. If they are unwell and part of the environment that wounded their child, they also need healing. As the caregivers are slowly connecting with me, I am supportive of their healing and offer resources for counselling, such as the BCACC website or a list of local and low-cost resources.

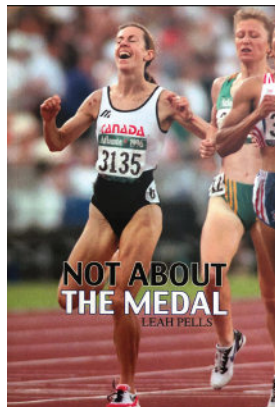
The youth I see in my private practice require a healthy caregiver to bring them to my office. However, I am also a school counsellor in an alternative program in the public system, and I know the limits of providing therapy in the schools. While therapy in school with school counsellors could be very helpful to youth living in a dysfunctional home, at this time, the system is not supportive of this. Instead, I focus on what I can offer

in school: a safe place and choice in all my interactions with youth. I often wonder how many more youth we could capture earlier if we were able to offer therapy to them in the school setting.

ACEs research has informed us of how developmental trauma wounds our children and how it impacts the adult survivor, but there is always hope for healing. Healing from ACEs is a long road of forgiveness, acceptance, and mindfulness. It is about knowing that we experienced wounds, but that they happened in the past, and today is now and we can choose healing today.

I am a seven. I should be dead. But I am alive and thriving, and I will carry my healing heart forward and continue to offer it to other humans who carry a high ACE score.

"I wish you well. May you not be in pain. May you be at peace. May you live with ease."<sup>2</sup> ■



Leah Pells, RCC, is a mom, three-time Olympian, and a survivor of developmental trauma who believes in the healing nature of humans. Her book, *Not About The Medal*, is her story of love, substance abuse, and resiliency. Currently, Leah owns her own private practice and is a school counsellor in Suwa'lkh, an Indigenous educational program in Coquitlam for students in grades 10 to 12. She runs nearly every day and finds calmness and grounding in connecting with Mother Earth and movement.

### REFERENCES

1 About the CDC-Kaiser ACE Study. Centers for Disease Control. <https://www.cdc.gov/violenceprevention/aces/about.html>

2 Hanson, R., (2011) *Just One Thing: Developing a Buddha Brain One Simple Practice at a Time*. New Harbinger Publications, Inc. p. 219.

### OTHER SOURCES

Alexander, B., (2008) *The Globalization of Addiction. A Study in Poverty of the Spirit*. Oxford University Press.

Hanson, R., (2020) *Neurodharma*. New York, Harmony Books.

Herman, J., (1992) *Trauma and Recovery: The Aftermath of Violence, From Domestic Abuse to Political Terror*. New York, Basic Books.

# REPORT CARD

Perspectives from three youth counsellors on how the young people they work with are doing in these unusual times.

BY CAROLYN CAMILLERI

**A**nthony Steinruck, RCC, is a public high school counsellor for the Vancouver School Board and works with a culturally diverse student body with a range of socio-economic backgrounds. Many have parents who sacrificed a lot to come to Canada for the promise of a better life.

Because of the pandemic, students attend a hybrid program of a 1.5 hours per day in a classroom with a maximum of 15 students, while the remaining school day is online. Staff are in the school building all day.

“Youth with accessible parents and resources at home are more able to focus on their online studies and manage the changes the pandemic has thrown their way,” says Steinruck. “I’m happily surprised with how quarantine boredom has increased the appeal of school for many youth. They want to take this opportunity to get ahead, buckle down, and finish courses with more gusto than ever before.”

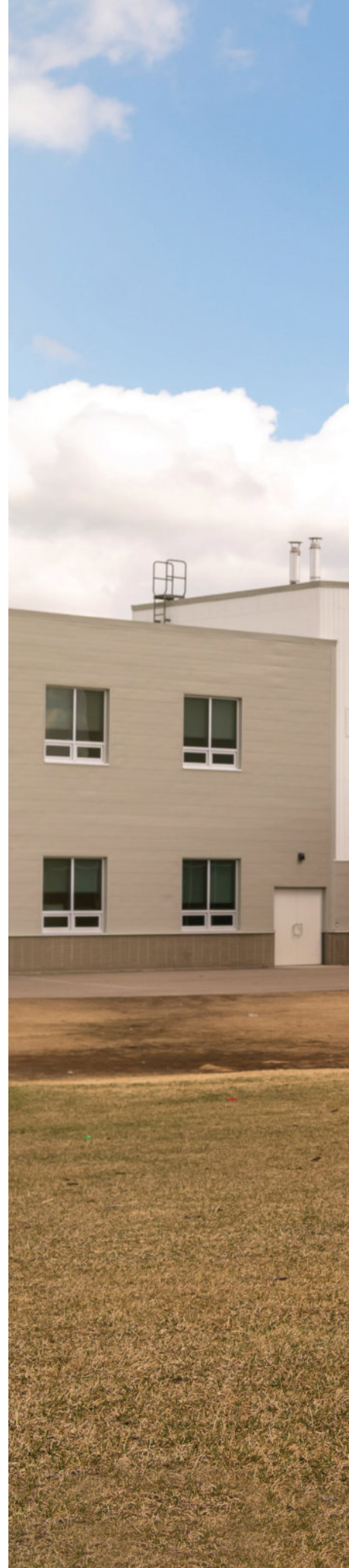
In general, Steinruck has seen an increase in the students’ determination to achieve concrete steps: to get the courses and training they need and get part-time jobs.

“In a way, a lot of them have more time and energy to devote to those things, plus I think with the uncertainty of the pandemic and maybe their parents being in a bit more of a precarious situation, they’re wanting to really speed things up and be on track.”

Typically, the main goal is getting accepted into post-secondary programs. If this doesn’t pan out, teens find themselves adjusting their goals towards trades programs instead.

“Young people are incredibly resilient, and most are adjusting well to online learning and focusing on future goals despite the uncertainties COVID-19 presents,” says Steinruck. “They want to practise independence from their parents, while working towards dreams that align with the hopes of their family.”

However, not all families are faring well with the challenges of the pandemic. Many of these are working-class families living in cramped suites and facing financial stresses due to employment changes. Shared bedrooms and living space, fewer devices to do online schoolwork, limited access to the internet, and inconsistent routine all increase the difficulty of keeping up with online learning and good sleep schedules and eating habits. Some youth are also trying to help









their siblings and support their families economically.

“The families and students that are at risk are now pushed closer to the edge or over the edge, dare I say,” says Steinruck. “My heart goes out to those families.”

He estimates that the at-risk families make up about five per cent of the student body and take about 90 per cent of his time as a counsellor.

“These kids were stressed out before the pandemic, and now it’s like everyone’s that much more stressed,” he says. “Their parents keep them home for safety reasons, and their mental health is suffering. It’s hard to expect enough executive functioning to manage fast-paced online learning with a chaotic home life.”

#### THE COST OF ISOLATION

While Steinruck understands parents feeling protective, he worries about the cost of isolation and restricted social connection from a socio-emotional perspective for all the kids, but especially those who are fully online for classes. Although isolation is sometimes due to medical or immunity issues, mental health and well-being can suffer if youth are that disconnected.

“It does break my heart how kids feel so disconnected. I feel so disconnected from kids and knowing what goes on,” he says. “In the past, it was informal — kids dropping by and saying ‘hi’ constantly, as opposed to making an appointment, booking online, waiting outside, a lot of it by email. We miss so much with digital in authentic ways of communicating. It’s so surface. Everyone’s trapped and removed from each other.”

Steinruck saw a visible difference when students returned to school after a summer spent at home — many



had gained weight, had spent little time outdoors, and had lost skills for socializing face to face.

“They were just literally crawling the walls,” he says. “What’s been going on? What’d you do this summer? Absolutely nothing. I’m so bored. Let’s do schoolwork. Can we come to school? We want to be here. We want anything that’s real.”

In any time, but perhaps especially in a time like this, when everyone is on edge and our sense of safety and security feels so threatened, it’s important to engage and process what’s happening together, Steinruck adds.

“If they could only meet with each other and with teachers to make sense of it, because I don’t think it’s cathartic or therapeutic to discuss things online,” he says. “A group sitting together and having an authentic discussion is going to be so much more fruitful.”

Steinruck is hopeful some kind of compromise can be reached to allow more social interaction for youth. He

**I’m happily surprised with how quarantine boredom has increased the appeal of school for many youth.**

encourages families to talk to their doctors about risks and plan for what they can safely do.

“Life doesn’t have to end because of this, and you can allow your kids to come to school and stay engaged with peers and have that authentic face-to-face interaction with others and stay part of the community,” he says, noting the schools are working hard to maintain safety protocols.

“It’s so difficult as a parent to role model resilience and to be authentic about fear, to talk openly about fears and frustrations and uncertainty,” he says. “It’s this waiting game we’re all doing. To spend some part of each day being really open about our fears and

our frustrations, and then trying to move into healthy distractions and stay productive and connected. It's a really hard balance."

### IN SCHOOL ALL DAY

Nicola Doughty, RCC, is senior school counsellor for grades six to 12 at a private school in Vancouver. Students are in cohorts and, as a smaller, private school with fewer students in each grade, they have some flexibility. School has been in session full days for all students since September, with close to full attendance daily. Extracurricular activities have also continued within safe guidelines.

"We have team sports starting, and while they are not playing against teams from other schools, we have a full volleyball team that scrimmages against each other," says Doughty. "We have a school newspaper, and we have the business club. In fact, we have about 20 clubs going on within cohorts."

All health protocols are being followed, and the students have adapted well to the new measures.

"The students are doing great following the rules — there was zero resistance to masks," she says. "Our head of school is incredibly cognizant of everything that's going on. He stays very informed, and every single step we've made in our school has been completely related to Dr. Bonnie Henry's instructions."

Other than being confined to the school at lunch instead of going out, student life is very normal even with a pandemic.

"Our students are so busy with their schoolwork — because school hasn't changed to them — that they actually have a very pleasant escape into it," she says.

While there has been little direct impact on the students' daily school

lives, the pandemic has amplified pre-existing situations.

"For example, for a student with anxiety and some hesitance about coming to school, [COVID-19] has given them a very logical reason to feed the anxiety, and it's become a greater barrier," she says. "For kids whose families are separated because one of the parents works in another country, and they haven't seen that other parent in a really extended time, it can create a tricky family dynamic. Kids in situations where the parenting is less optimal are now confined to spaces within those circumstances and struggling without their regular support system, including extended family and friends."

### FUTURE FEARS, AMPLIFIED

As for what the students worry about, their futures top the list.

"Will there be an earth left for us? What will university look like? What will jobs look like? It's never been more uncertain about what the future looks like," says Doughty. "But that's in their psyche. They are a cell

phone generation. They are a social media generation. They have grown up post-9/11, with a 24-hour news cycle. While the pandemic has added an unprecedented level of uncertainty, students were already worried about the environment, climate change, and economic disasters."

At Doughty's school, 100 per cent of the students go to university. This year's grade 12 students are seeing last year's graduates sitting alone in residence rooms just staring at Zoom screens and feeling homesick and out of touch with their families.

"They had this vision of what first-year university would look like, and that's definitely not it," she says.

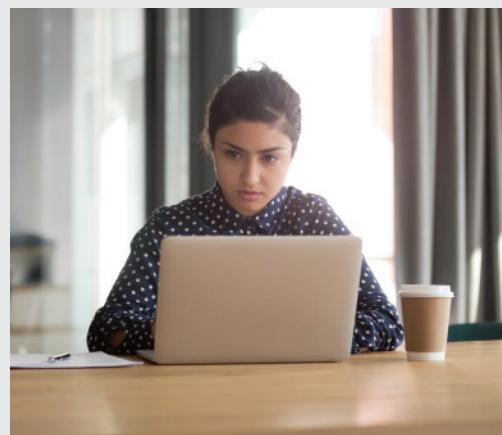
Technology has taken over so many forms of communication, and it isn't the same as being in person.

"People are doing their best to communicate and those methods that they're communicating with leave them feeling more isolated," she says.

The constant bad news doesn't help. Doughty describes a recent

This year's grade 12 students are seeing last year's graduates sitting alone in residence rooms just staring at Zoom screens and feeling homesick and out of touch with their families.

They had this vision of what first-year university would look like, and that's definitely not it.





## They don't tend to plan into the future, because they're not sure if they're going to be in the future.

social-emotional learning activity about balancing a healthy news diet. After a discussion about John Krasinski, an actor and filmmaker who created a popular eight-episode YouTube series in March called *Some Good News*, students grades six to 12 were engaged in the pursuit of good news stories. Using Padlet, an online platform for bulletin boards, students added good-news stories every day to share with each other and across cohorts.

"Even some teachers reported experiencing a brief lift under the heaviness of COVID by remembering that there are also these good things, too. It's about having that space to think, 'Oh, wait, I have a choice about what I'm going to do right now. I have a choice to turn the news off. I have a choice to only read legit news articles.'"

Doughty says it's important to note that kids who come from families with more money don't have fewer problems — they have different problems — and everyone's problems have been amplified by the pandemic.

"It doesn't matter how much you have if you're sad. If you're cut off from your family members, if you have grandparents that you haven't seen. Parents with high-level, demanding jobs with longer hours have relied on grandparents to pick up kids from school. If they have two or three kids, grandparents take one or two of them and go do stuff with them, and none of that's happening. If one parent is working abroad, that adds pressure to the one that's here, and there is no promise of reunification anytime soon with the travel restrictions. Like all of us, there is a sense of not having anything to look forward to."

Her advice on the best way to help youth in these times is to be present with them in the moment.

"I think never before has it been more important to stop turning to research

for answers about kids," says Doughty. "It's more important to sit across the kitchen table, have a family dinner, and say, 'How are you doing? How are you feeling? What can we do to get through this together?'"

## GROWING UP IN SURVIVAL MODE

Brynne Wambold, RCC, is a child and youth counsellor and art therapist at Watari Counselling and Support Services in Vancouver's Downtown Eastside. She works with children and youth in foster care and from migrant families, as well as any who are substance-affected in some way.

How she works has changed drastically since COVID-19 started. In the morning, she messages all the people she supports to see if they need anything, because Watari also provides food hampers and toiletries. For the homes with young children, she asks if the family needs 30 minutes or an hour where their child can be distracted by story time.

"I pull up a webcam call, and I sing songs, I play imagination games, and I read them storybooks from my therapy collection," says Wambold. "It's a way I can still connect with them, and they can still have rapport with someone outside of their circle without doing therapy because of confidentiality reasons."

She has recently started allowing youth 12 years of age and older to come in to do art therapy with health protocols in place. Online therapy is also available for older youth, but Wambold has found that fewer teens want remote therapy.

"Being in-person was a really important aspect of therapy for them," she says.

In fact, much of the peer pressure she sees affecting youth comes at them from being online. For example, being left out of online interactions when they can see



others connecting and supporting each other.

Other pressures are coming from within their families, particularly migrant families living all together. They are in a minority with barriers to connecting with people, and family is incredibly important. Many of the migrant families left countries that weren't safe.

"My young people, during the pandemic, haven't really come to me to ask for help with pressure outside of their household," says Wambold, commenting on increased stress on parents and the effect that has on youth learning to regulate. "It's been pressures within their household and how to deal with that."

#### CHILDREN AND YOUTH IN CARE

For the most part, with children and youth in foster care, Wambold worries about the same things now that she did before the pandemic.

"It's the constant displacement of caregivers and adults that the people I support go through that causes so many complications," she says. "Whether it's a legal guardian, like a parent or a family member or a social worker — those are constantly changing — then they also have therapists, support workers, outreach team, and teachers. They're going in and out of their lives."

Because they are young, they are completely dependent on this revolving door of other people. When they go into adulthood, this constant displacement impacts their ability to trust and connect, develop healthy coping mechanisms, and reach out for help, says Wambold. Many of these young people have also watched their early role models cope in unhealthy ways.

"They're more likely to resort to drugs, and I'm counting alcohol as a

drug in this category because it is such an immediate coping mechanism. It's a very effective way of escaping. And that starts a cycle over."

She references *A Series of Unfortunate Events* — movies, a TV series, and novels — about the Baudelaire children, who were from a place of privilege then suddenly became very poor.

"The children I see, they're not like that," says Wambold. "These are young people who were raised by people that were also impacted by the system, and now they're in the system and it keeps going and going and going."

These youth don't think about the future — they live very much day to day, in the present.

"Something I actually hear, mostly from my people over 25 when reflecting back on their teen years, is that they don't tend to plan into the future, because they're not sure if they're going to be in the future," says Wambold. "They see people around them who aren't making it, and they know the reality of what they're doing to their bodies and how they're going to end up, because the transition from foster care to SROs [single room occupancy] — there's not as much support as we would like."

She sees this day-to-day thinking with her young people in migrant families, too.

"When you're constantly in this chaos, horrible things are happening left and right," she says. "As a coping mechanism, instead of just going insane and constantly being in that hypostate outside of the window of tolerance, you normalize it. It's normal for my friends to OD. It's normal for me to see someone get shot in the head."

Wambold's people were already sitting in fear — COVID-19 is just one

more thing to be afraid of and normalize.

There's a quote by American model and activist Ebonee Davis that Wambold likes: "The tools you created to survive won't serve you when it's time to thrive."

"The people I work with, they don't have a time to thrive — they're constantly in survival mode," says Wambold. "I think that's a big thing to understand — just knowing that they're in that state where they're always in survival mode and that normalization becomes a coping mechanism and so do substances and desperation." ■



As a coping mechanism, instead of just going insane and constantly being in that hypostate outside of the window of tolerance, you normalize it. It's normal for my friends to OD. It's normal for me to see someone get shot in the head.

COVID-19 is just one more thing to be afraid of and normalize.

# LOST IN PLAIN SIGHT

## RESTORING RELATIONSHIPS BETWEEN YOUTH AND ADULTS

BY MICHELE MAURER, RCC

**T**heir heartbreak is palpable, as the parents sitting across from you tell their story. “It’s a school night and we hear ‘I’m going out.’ We ask if homework is done and instantly, there’s this annoyance that we’re even asking. We hear muttering under their breath and they’re gone. We know calling, texting, or following them will just make things worse. We feel bewildered, frustrated, and distant from our own child. We lose sleep, afraid for their safety. They don’t want our help, and our interest in their lives barely gets a one-word answer!”

Most of us have heard a similar lament from parents — good, caring parents and from countless educators, too. What’s going on? Something feels off. Some have tried to reassure you that this is normal. But, is it? Youth seem to be losing their attachment to adults. How do we make sense of it?

Attachment is a powerful drive characterized by the pursuit and preservation of proximity, the purpose of which is to ensure the survival of our species. We are born very immature, not at all ready to be without the care and guidance of adults. Attachment provides a sort

of external womb in which to grow up.<sup>1</sup> Attachment of dependent children to their providing adults offers the necessary context for growing infants into viable adults. When we attach to someone, we seek contact and closeness, to be together, be like them and loyal to them. If they claim us as one of theirs, we reciprocate and soon they start to matter most. If all goes well, we open our hearts and everything within us. We take their side, want to make things work for them, please them, love them, and share our secrets.<sup>1</sup>

Parents are usually a child’s formative and primary attachments. The child stays close, acquires our language and values, feels a part of our family, and relishes signs that they matter to us — are loved and invited to be close. Attached children feel safe in our company and follow our lead, and this relationship is a child’s best bet.<sup>2</sup>

Part of this attachment drive is the orienting instinct. As with all mammals, we are preprogrammed to get our direction and orientation from somebody. These instincts are crucial for establishing the alpha-dependent “right relationship” between children and adults.<sup>1</sup> Rearing children to adulthood encompasses



For the first time  
in our evolution,  
youth had become  
more influential on  
the behaviour and  
values of fellow  
youth than parents.



nurturing children to their full potential — to be the next generation of caregivers, workers, and problem solvers.

“The realization of human potential is primarily in the hands of parents, pure and simple. It always has been.”<sup>3</sup> This is as nature intended. What does it mean when we casually refer

to an entire generation of youth, the millennials, as selfish, spoiled, lazy, immature, and shallow?<sup>4</sup> What if it goes beyond this one age cohort? Gordon Neufeld asks, “Where has all the maturity gone, and why have so few noticed its lack?”<sup>3</sup> In the words of author and educator, Deborah MacNamara, “We’ve lost the ability

to parent, teach, and guide youth, and many of them are not looking to us anymore.”<sup>5</sup>

What happens when, instead of orienting to the adults responsible for them, youth orient to other youth?

Without attracting mainstream attention, a troubling trend has been unfolding for over 50 years. As early as



**Scholars in 16 countries studied youth and confirmed that a children's culture had been developing since shortly after the Second World War, and coincident with that, the rates of violence, bullying, youth crime, and delinquency had also escalated significantly.**

the 1960s, Dr. James Coleman alerted us to an alarming change in our culture. In a study of 7,000 youth, he warned of a fundamental change in our society. For the first time in our evolution, youth had become more influential on the behaviour and values of fellow youth than parents.<sup>6</sup> Attention was drawn to the phenomenon of “peer orientation” in 2004 when Gordon

Neufeld and Gabor Maté published *Hold On to Your Kids: why parents need to matter more than peers*.<sup>7</sup> Scholars in 16 countries studied youth and confirmed that a children's culture had been developing since shortly after the Second World War, and coincident with that, the rates of violence, bullying, youth crime, and delinquency had also escalated significantly.<sup>8</sup>

Contemporary research confirms that peer orientation presents a significant risk to future well-being.<sup>9,10,11,12</sup>

Is it time to take a closer look?

#### **PEERS MAKE POOR PARENTS**

In 2020, many stable, loving families with parents who care about their children are discovering their youth have shifted their orienting “north star” and instead of emerging into their potential, have become distant and no longer seem to care about family or societal priorities. They prioritize time with peers, adopt the language and habits of their peers, vehemently defend their peers, and seem to reserve their thoughtfulness, affection, and secrets for their peers. So commonplace, many of us haven't



paid much attention, though what is common or normative is not always good. Peers, unlike parents or other caring adults, are ill-equipped and disinclined to provide the conditions that nurture development and maturation. Peer relationships that compete with closeness to parents, where there are explicit or implicit expectations of secrecy from parents and loyalty to peers, to insult or ignore expectations from parents or teachers, to instill a distrust of adult caregivers, are clearly problematic.<sup>9,10,11,12</sup> Parents and teachers are unable to guide, influence, or collect their attention as they once could.

When youth lose faith in us as their caregivers, many take matters into their own hands, becoming bossy and trying to orchestrate their care. When youth assume the lead or alpha mode in relationships with adults, they are no longer in “right relationship” with us as our dependents, and they no longer look to us to lead the way.<sup>13</sup> Alpha behaviour in a dependent youth feels “wrong” and caregiving adults find this behaviour anything but endearing. We mistakenly see their resolve, take-charge attitude, and tough veneer as strength and resilience. We describe them as mature and knowing their own minds, and we misunderstand these youth as confident. Sadly, their hardened feelings and bold opinions are quite the opposite.

### HOPE FOR TURNING THE TIDE

The good news is that kids want to belong to us and be on good terms with the adults in their lives. We are creatures of relationship and attachment. To turn the tide, when and if youth have distanced from adults in their village, we as adults

need to assume responsibility for the attachment needs of youth. It's up to us to take the lead, foster relationship, and preserve what connection we regain. To win back the trust of the youth in our lives, we must *be* trustworthy, that is, we resolve to be agents of attachment even in the face of emotion and behaviour that falls short of our hopes. We cannot afford to value their performance more than their person. It's up to us to create conditions where youth can rest and, thus, grow. For youth to safely feel their vulnerable feelings, adults must extend a big enough invitation to youth — one that includes room for the messiness of raw feelings.<sup>14</sup>

Parents raised in this society that, for hundreds of years, has devalued emotion and feeling may find it challenging to welcome the vulnerable feelings that were expected to be suppressed in us. Compassion and grace will help. Our aim is to come alongside of our youth, to invite their dependence which, surprisingly, is the path to their emerging personhood and independence.<sup>7</sup>

Those who study relationships have discovered a few essential foundations for preserving or inviting youth back into contact and closeness. One way to foster relationship is to “collect” them — to engage them with a smile, eye contact, and something simple we can agree on. Routine collecting just for the sake of relationship makes it clear that we as adults are interested in them. Especially important is the wisdom to “collect before you direct.”<sup>1</sup> Culturally, we know and practise this — for example, with the usual greeting routine before we ask for something from a neighbour or business associate. This simple bit of



When youth lose faith in us as their caregivers, many take matters into their own hands, becoming bossy and trying to orchestrate their care.



Our aim is to come alongside of our youth, to invite their dependence which, surprisingly, is the path to their emerging personhood and independence.

age-old wisdom engages our attachment instincts, and once engaged, we are more likely to want to please or agree with the other.

Making headway requires a plan to address foreseeable stumbling blocks. As creatures of attachment, we instinctively go into defensive self-protect mode if an issue feels too big to overcome or too much to bear. It's our job to convey that, even when it's stormy, it's safe to depend on me. We are responsible to hold onto them when they cannot hold onto us.

When weathering storms — and we can expect storms — it is very helpful to employ bridging: drawing attention to the ways we remain connected even when something comes between us.<sup>1</sup> As a parent, I used to throw my arms wide when faced with a big upset between myself and my children. I would say, "It's a good thing love is huge" and the inferred but unspoken part of the message is that this issue, however big it may feel in this moment,

is smaller than my love for you. When the moment is terrible, we can bridge to a few minutes from now: "I can see you need a bit of room, and I'll come back to check on you in a bit." Bridging essentially communicates that the relationship is going to survive the separation. This can prevent or minimize defensive shutting down when youth have a hard time holding onto the safe shelter of our attachment.

When building back connection, we work hard so they may rest in our care. We create an environment where their protective defenses can melt, where it starts to feel safe to care again, and where they could recover from wounds they may have suffered. It should go without saying that we would refrain from threats to withdraw our affection, or suggestions that they need to take care of us — for example: "I've had about enough of your behaviour" or "Do you know how much you hurt us with your antics?"

Even things they care about or

depend on would be off limits to use against them, as we are working towards attachment rather than coercion to pull their behaviour into line.<sup>1</sup> These practices only reinforce that it's unsafe to care about anything or anyone or to rest in our care, as it sets them up. It is up to us to convey that we are up for the job of providing what they need, and that we are safe to attach to.

#### **A ROLE FOR COUNSELLORS AND OTHER SUPPORTING ADULTS**

Equipped with the insight that youth suffer outside of attachment with caring adults, our part is to play a supporting role in restoring relationship between youth and adults within their attachment village. Using Neufeld's analogy of "the roots of attachment,"<sup>1</sup> when a plant fails to thrive, we feed and water the roots. When a young person is suffering, we restore the attachments that can feed and shelter them, providing fertile ground in which

they can grow. Being able to see the problems youth face through the lens of attachment and development, we set our sights on creating the conditions for growth, maturation, and the unfolding of their potential.

For many disenfranchised youth, their attachment wounds have been deep and longstanding. Even these youth benefit from adults coming alongside of them, inviting them to rest in our care, if even just for a little while. Our role may be to restore their faith in adults as a source of care. We may also support them to build a village of caring adults around them. Whether or not safe family attachment is an option, adult relationship is key to their well-being,<sup>15</sup>

supporting youth to recover what feelings are possible to recover, and where possible, to grieve the losses and lacks in their lives. This would be the natural path to developing true resilience.<sup>16</sup>

Creating a safe-enough, sustained context for youth to recover vulnerable feelings is not an option. Our role as a supporting adult may be to allow them to attach to us to the degree that fits our situation. Rather than attempting to force vulnerability where the context cannot support it, we offer a backup plan. We could matchmake the youth to safe adults who can help them learn the expectations of adulthood, a series of scripts for acceptable behaviour, so they can succeed in society until such time as they can afford the luxury of feeling their vulnerability and grieving the lacks and losses they have faced.

When youth and parents are

amenable to restoring connection, guided by an understanding of what youth need to develop, a helpful place to start with parents is to help them see the youth as in need of them. Adults, like children, come with built-in caregiving and care-receiving instincts, the alpha and dependent instincts. Sometimes when a youth has appeared strong and independent, the parents may have misunderstood that their own alpha caregiving was not wanted or needed. Sometimes they have accepted this as “normal” and resigned themselves to early retirement from the job as parents. Restoring relationship may be primed by affirming the parents’ alpha caregiving instincts.<sup>13</sup> For

example: “I can hear how hard it’s been for you having your son pull away from you; and you have had a sense that he still needs you, and you’re right — he does.”

Our own compassion for both the intention to parent well (alpha intentions)

and the vulnerability of the child (dependence) provides safety for recovering “right relationship” between parents and youth. Even when we don’t feel like we have the answers, as adult caregivers, we are the answer to youth. ■

*Michele Maurer, RCC, RMFT, works in private practice in Langley and provides relationship counselling services to individuals, couples, and families. Michele is on faculty with the Neufeld Institute, where she facilitates online courses and consults with parents, educators, and helping professionals from an attachment-based developmental perspective. She offers workshops, courses, and advanced clinical training to clinicians across B.C. [www.resiliencetft.com](http://www.resiliencetft.com)*

## REFERENCES

- 1 Neufeld, G. Power to Parent I: The Vital Connection course (Neufeld Institute, Vancouver, BC, 2014).
- 2 MacNamara, D. (2016). Introduction. In *Rest, play, grow: Making sense of preschoolers (or anyone who acts like one)*. Vancouver: Aona Books.
- 3 Neufeld, G., PhD. (2017). Where has all the maturity gone, and why have so few noticed its lack? [Editorial]. Neufeld Institute. Retrieved October 10, 2020, from <https://neufeldinstitute.org/where-has-all-the-maturity-gone/>
- 4 Stein, J. (2013, May 20). The Me, Me, Me Generation. *Time Magazine*. <https://time.com/247/millennials-the-me-me-megeneration>
- 5 MacNamara, D. (2011, June 13). Children in the Lead with Nowhere to Go [Editorial]. Neufeld Institute.org. Retrieved October 10, 2020, from <https://neufeldinstitute.org/children-in-the-lead-with-nowhere-to-go/>
- 6 Coleman, J. S. (1961). *The adolescent society*. New York, NY: Free Press.
- 7 Neufeld, G. & Maté, G. (2013). *Hold on to your kids: Why parents need to matter more than peers* (2nd ed.). Toronto, ON: Vintage Canada.
- 8 Rutter, M. & Smith, D. J. (1995). Psychosocial disorders in young people: Time trends and their causes. New York, NY: Wiley.
- 9 Fuligni, A. J., Eccles, J. S., Barber, B. L., & Clements, P. (2001). Early adolescent peer orientation and adjustment during high school. *Developmental Psychology*, 37(1), 28-36. doi:10.1037/0012-1649.37.1.28
- 10 Ranson, K.E. & Urchuk, L.J. (2008) The effect of parent-child attachment relationships on child biopsychosocial outcomes: a review, *Early Child Development and Care*, 178:2, 129-152, doi:10.1080/03004430600685282
- 11 Parker, J. G., Rubin, K. H., Erath, S. A., Wojslawowicz, J. C., & Buskirk, A. A. (2006). Peer relationships, child development, and adjustment: A developmental psychopathology perspective. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology: Theory and method* (p. 419-493). John Wiley & Sons, Inc.
- 12 Allen, J. P., Porter, M. R., & McFarland, F. C. (2006). Leaders and followers in adolescent close friendships: susceptibility to peer influence as a predictor of risky behavior, friendship instability, and depression. *Development and psychopathology*, 18(1), 155-172. <https://doi.org/10.1017/S0954579406060093>
- 13 Neufeld, G., Alpha Children course (Neufeld Institute, Vancouver, BC, 2014).
- 14 Neufeld, G., Heart Matters: The Science of Emotion course (Neufeld Institute, Vancouver, BC, 2015).
- 15 Resnick, M. D. (1997). Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. *JAMA: The Journal of the American Medical Association*, 278(10), 823-832. doi:10.1001/jama.278.10.823
- 16 Neufeld, G., Making Sense of Resilience course (Neufeld Institute, Vancouver, BC, 2018).



# YOUTH AND MENTAL HEALTH IDENTIFIERS

BY CAROLYN CAMILLERI

Youth are talking more openly about their mental health, which is great, but also signifies a need for better education for youth around emotions and mental health.

**P**erhaps you have noticed this, too. More youth openly and often casually stating in person or on social media that they have a mental health issue — for example, depression and anxiety.

“Those are the ones that I’m seeing the most that kids are talking about,” says Linette Schut, RCC, a child and youth mental health clinician for Carrier Sekani Family Services in Burns Lake. “But they’re self-identifying as having depression and anxiety — they haven’t been diagnosed with it.”

For youth self-identifying as having a mental health concern, a quick Google search on anxiety and depression confirms all their symptoms and the label they have attached to themselves.

“Sadly, it seems nearly everyone self-identifies as depressed, anxious, suicidal — they all say that,” says Shawna Biron, RCC, a member of the Adam’s Lake Band from the Secwepmc Nation

in Salmon Arm, who works in a variety of capacities with youth.

Schut says it’s partly to do with the way we talk now: “The lingo around mental illness is becoming more and more common.”

While it suggests a reduction in the stigma around mental illness, it’s a double-edged sword.

“It’s a great thing on so many levels because people are feeling like they can talk about it,” says Schut. “But then also I think it’s become over-saturated, and kids don’t really know what depression is and don’t really know what anxiety is.”

The lists of symptoms available online are broad and can never replace an individual assessment and diagnosis by health care professionals. But it does indicate that youth are seeking support for the emotions they experience.

Biron says we, as a society, don’t do a good job of teaching kids about emotions.

“We put this idea out in society that everything’s happy go lucky all the time,” she says. “And when you’re feeling down or sad or you’re feeling angry or even tormented inside, that something’s wrong with you. We have un-normalized and pathologized negative, uncomfortable emotions.”

And that’s not the same as de-stigmatizing mental health disorders.

“We haven’t done a good job at de-stigmatizing real mental health issues,” says Biron. “We’ve done a good job at de-stigmatizing normal emotions then pathologizing them. We’ve really just pathologized the human experience, our lives, and our emotions and put a label to regular things that then harm people. It harms people to live in a way where they see themselves as victims or they see their emotions as depression.”

One of the dangers is how casual self-diagnoses can affect people who really do have mental health issues.

“It’s actually kind of sad, because then it normalizes mental health disorders and takes away the weight, the seriousness, and the struggle that people who actually have those diagnoses experience,” says Biron.

For youth self-identifying as having a mental health concern, a quick Google search on anxiety and depression confirms all their symptoms and the label they have attached to themselves.







---

**Social media normalizes feeling happy all the time. It promotes that. When you don't feel that way, you feel like something's wrong with you.**

---

### **SOCIAL MEDIA: ANOTHER DOUBLE-EDGED SWORD**

A lot of the pathologizing of emotions and normalizing of mental health issues comes from social media.

“There are all these TikTokers talking about mental health, and again, it's a double-edged sword, because they feel heard, they feel understood — there are all these positives to it of feeling like they are not alone,” says Schut. “And then I have kids coming in and saying, ‘Well, I think I have bipolar disorder’ or ‘I think I have borderline personality disorder.’ Those are two that come up fairly regularly as well.”

Creating and being part of online communities can be beneficial, especially in small communities, for youth who feel no one in their circle understands them or shares their interests. But social media doesn't work as a support for all youth: “I have other kids who can never get away from their bullies because they're seeing them at school and then the bullies are in-boxing them all night,” says Schut.

Then there is all the comparing that happens online: seeing others post about the best parts of their lives.

“Social media normalizes feeling happy all the time. It promotes that.

When you don't feel that way, you feel like something's wrong with you,” says Biron. “Youth are looking at that and thinking, ‘Okay, I'm un-normal,’ because everyone else is feeling this certain way.’ People tend to post their best days or moments, so youth end up comparing their worst or hard times to everyone's seemingly ‘best’ and that is isolating.”

And it further entrenches negative emotions.

“There's a strong link between social media and actual depression, self-harm, and suicide,” says Biron. “Pre-teen suicides have had a 150 per cent increase, self-harm has tripled since 2011, when social media started to come into our youths' daily lives.”

### **APPROACHES**

When a youth does come into a session saying they believe they have a mental health issue, both Schut and Biron start by determining if it is real.

“A lot of what I do when I first start working with youth is try to decipher, is this legitimate? Or is this just self-prescribed, a kind of victimized identity the youth is embracing? And what purpose is it serving them? Even for adults, diagnoses serve a purpose,” says

Biron. “With some, it's legitimate, and with some, it's just misunderstanding the emotions that are normal.”

Schut introduces psychoeducation around what it really means to have these various issues. She talks with the youth about whether it is depression or lingering sadness and how sadness is normal and why they may be feeling that way and the circumstances or events that may have led to those feelings. Similarly, with anxiety, Schut talks with the youth about the different levels of anxiety and how a certain amount of stress is necessary to protect us and allow us to function.

“It's only when it really impacts our day-to-day life and what we want to do that we start calling it a clinical level of anxiety,” says Schut, adding that as an RCC, she doesn't diagnose and if there are indications of a clinical level of any mental health issue, she would facilitate a referral to a doctor or psychiatrist.

“Often, they've had some big trauma or ongoing complex trauma in their life, and that ends up presenting like ADHD — that's another one that comes up a lot — and recognizing that these things that have happened in their life are contributing to the way they feel.”

She says some of the youth she sees have tried to talk to their parents and have felt dismissed — for example, being told by a parent that the youth has it easier than the parent did.

“A huge thing for kids is to be heard and understood and respected,” says Schut. “And that might be why kids are grasping onto these more clinical words.”

Biron, who says a lot of her work is “decolonizing mental health with youth,” contrasts a Western cultural-societal perspective with the Indigenous way of viewing identity and emotions.

“In Western society, we’ve been trained to look at ourselves and each other through a pathology issue-based lens, and then we focus all of our attention on trying to get rid of such issues, challenges, pathologies, discomfort,” says Biron, adding that stopping or pushing out, for example, depression, prevents it from being processed. “That’s what we’re doing with youth, and that’s what they’re doing with their emotions that are uncomfortable. They’re trying to get rid of them, and they have a fear of them.”

That’s a completely different perspective from an Indigenous worldview, where it’s relationship oriented. Instead of trying to get rid of the depression or negative emotions, Biron says, it’s more like: “‘Oh, this is normal. I’m going to sit with this. I’m going to make space for it.’ Having faith that it will be okay. Knowing it’s actually important to feel these emotions, that these emotions point to something that may need to be addressed in our life or may need attention and to let the emotions move through us.”

Biron says an Indigenous perspective is about seeing these emotions as strengths, as teachers, as wisdom, that are coming into our life.

“What is your sadness telling you? Why is it coming up? Let’s learn from it. Let’s get close to it. Let’s make space for it,” she says. “And I normalize a lot:

you’re okay, you’re not crazy, you don’t have depression, this sounds a lot like sadness or fear.”

It also allows her to see if the emotion or issue is serving a purpose in their life.

“Is depression keeping them from maybe freaking out on the teacher or doing something rash — is it actually protecting them from impulsivity? Or is it just something that they really do misunderstand? And I would say in 80 per cent of the cases, they just really misunderstand,” says Biron.

Another aspect of the Indigenous strength-based perspective is how youth identity is viewed and developed.

“What are their gifts? What are their talents? What are their passions? And you start cultivating this from a young age, and you build their identity on that — you build the relationship to that — and they get oriented into the world with what their gifts are,” says Biron. “We used to give naming ceremonies around this, so youth would start getting their names and their gifts and their talents as they came up through rites of passages. An Elder would notice that they have a keen sense of attention. That they were able to focus on numerous things at once. That they were going to be a gifted hunter. We now call that ADHD.”

### THE LARGER ISSUE

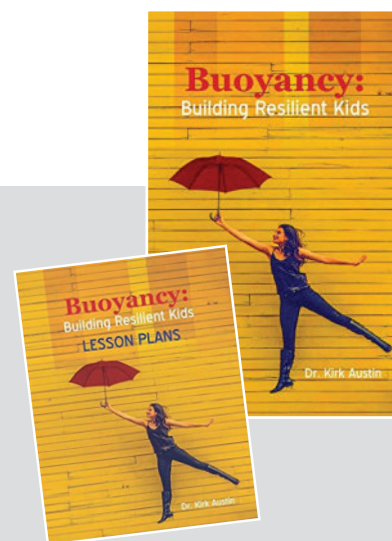
Does the increase in youth self-identifying mental health issues mean more youth are struggling? Or is it just that we have more language now to describe how people are feeling and that it’s become more acceptable to talk about it?

Biron believes today’s youth are more unhappy.

“Youth are struggling in this society, as are adults,” she says. “It’s a very

unhealthy, toxic culture that we’re living in, and it is for everyone, not just Indigenous people — everyone’s struggling with how life is set up right now.”

The struggle is a symptom of much larger issues in a society rife with everything from social injustice and inequities to climate change and worries about the future of the planet — plus, of course, the pandemic. ■



### ***Buoyancy: Building Resilient Kids***

written by Dr. Kirk Austin, RCC, and published in July 2020, explores psychological buoyancy — the quality that helps people stay “up” as a counter to the stress, pressure, adversity, and life challenges that can cause people to feel disconnected, distraught, or “down.” Using the acronym BREATHE, Austin presents the concepts of Bravery, Resilience, Endurance, Acceptance, Tenacity, Hope, and Excellence in seven stories of real people. Written for parents, adult-helpers, and educators, this book and its companion resource “Lesson Plans” demonstrate how to help kids build skills related to human flourishing and are helpful, practical additions to any social and emotional learning curriculum.



# FROM ADVOCATE TO ACTIVIST

## THE BEAUTY OF LOOKING AT THE WORLD THROUGH A NEURODIVERSITY LENS



Natascha Lawrence, MA, RCC, BCRPT, is founder of FASD Counselling and The FASD Institute.

**T**he path to Natascha Lawrence's career as a counsellor and activist is not direct, but it is very personal.

She grew up in Richmond as a child of immigrants. Her siblings were born in Hong Kong, and her family immigrated in the '70s prior to the immigration waves of the following two decades. She experienced racism herself and witnessed racism and violence towards her brothers and family.

"I've always been aware of race and racism," she says. "Growing up in Canada during the '80s and '90s, we talked a lot about Canada being diverse and multicultural and a tolerant society, but I felt the incongruence of that with being one of the few multiracial kids in school."

Her original career plan was to be a human rights lawyer, and she was accepted into Washington State University on a swimming scholarship. While studying pre-law, she got sick — so sick, she was in a wheelchair for two years and could not swim or physically manage law school. However, her desire to help people remained strong, which

led her to counselling and play therapy.

"I've always been attracted to movement or somatic-based modalities because specializing in neurodiversity, I found that language-based therapies just didn't work," she says. "I am a Synergetic Play Therapy (SPT) Supervisor and I do play therapy with children, youth, and adults. What I learned as a play therapist is to have curiosity. To let it be client-led. That discovery happens through play, and play means many different things. It is not just playing with toys. It can be music, dance, art, stories, being out in nature, and it can be cultural connection."

Her reason for specializing in Fetal Alcohol Spectrum Disorder (FASD) is also very personal: "I am a caregiver to an amazing teenager — 16 years old! — with FASD. She has been my greatest teacher and has guided me to see the beauty of looking at the world through a neurodiversity lens."

She and her husband, Kyle Lawrence, who is Skwxwú7mesh Úxwumixw (Squamish Nation), founded The FASD Institute to provide education for professionals.



**Tell us something about your experience as a BIPOC counsellor.**

As a clinician, I was aware of systemic racism and oppression and tried to bring it up, but these conversations were not well received. In some therapeutic modalities, and in play therapy, particularly, there are fewer BIPOC clinicians. Then, as you look at the creators of play therapy modalities, and as you go up the ranks within any clinical organization, it becomes more white and more male-centred.

**How have you addressed that “whiteness” in play therapy?**

I am focused on decolonizing mental health and practice racial transparency in sessions. I name it. I also name the link

between ableism and racism. I honour all my teachers. The more I study, the more I realize that SPT, interpersonal neurobiology, and somatic-based modalities resonate with the teachings Indigenous Elders gifted me. As well, the concepts of movement, breath, and connection to energy align with Chi Gong, a practice my father taught me. The science is new, but the wisdom is ancient. This wisdom has also been historically criminalized and stolen. It has been a journey of self-discovery, of weaving in Western modalities with places connected with me as a person of colour, as a multiracial person of Chinese ancestry, and a mother of an Indigenous child.

TODAY’S YOUTH ARE  
MORE CONNECTED  
TO THE WORLD  
THAN ANY PREVIOUS  
GENERATION.  
YOUTH HAVE A  
PROFOUND CAPACITY  
FOR CHANGE AND  
CURIOSITY ABOUT  
DIFFERENT WAYS OF  
THOUGHT.



**What are you seeing in today's youth?  
What worries you, and what makes you feel hopeful?**

Today's youth are more connected to the world than any previous generation. Youth have a profound capacity for change and curiosity about different ways of thought. This gives me hope; they are wise and have a lot to teach

us. What I worry about is how youth can connect to movement. Movement isn't just individual — movement is collective, and there are multiple global movements right now. Technology can make it harder to access and sustain movement.

**What do youth say to you about issues such as climate change, racism, and the political situation?**

Youth are not shy about naming what is going on. It can seem scary to name the places that are not working: to admit that there is systemic racism, oppression, ableism, and a climate crisis in Canada, right now. Naming it is the start. Our role as clinicians is to honour that wisdom, provide hope, and provide mechanisms for movement.

**What about youth and ableism?**

Systemic ableism is rooted in colonialism and internalized

capitalism. Youth have been pushing against ableism and what it means to be productive or positively contribute to society. Rather than focusing on output to define who they are, they look inwards. By celebrating their intersectionality, they honour and celebrate diversity and name starting points for where systems need to change.

**You have recently shifted from advocacy to activism. How can other counsellors do that?**

Affecting change one on one, counsellors can see the importance of advocating for our individual clients. I asked a supervisor, how can I be an activist and a counsellor? Their response was, "How can you not?" Counsellors need to dismantle systems of racism, oppression, ableism, sexism, homophobia, and transphobia to decolonize mental health. We need to reflect on what our contributions are into these existing systems, owning our privileges and intersectionality. It takes exploration and personal work. And it's lifelong.

**Can you comment on the opioid crisis? Do you see hope for change?**

This summer, I lost a client and a family member to the opioid crisis. I see the link between my youth clients who struggle to feel comfortable with who they are and the use of alcohol and substances as they become adults. Without a strong sense of self, we feel disconnected from ourselves and from others. Drugs are the symptom; they are not the cause of the opioid crisis. Systemic racism and ableism have created deep divides in access to culture, employment, housing, health, and connection. Social justice activism needs to eliminate these barriers.

**What keeps you going in your work?**

What sustains me is activism. I have been burnt out twice. The first was within two years of becoming an RCC. That's when I discovered SPT. It taught me how to connect to myself in and out of sessions. The second time was this summer due to grief. I saw the direct correlation between systemic racism and oppression and the deaths of my client and my family member.

I believe in helping clients connect to themselves, which will allow them to connect to others, community, culture, and creation. If I see systemic barriers that deny folks that opportunity, how can I not be an activist for change? ■



**THE FASD INSTITUTE™**

FASD affects four to five per cent of Canada's general population across all ethnicities, yet there is limited formal FASD education for professionals.

The FASD Institute provides consultation, clinical supervision, coaching, and professional training on FASD, neurodiversity, and the END™ Model. The FASD Institute is committed to an anti-racist, anti-oppressive, anti-ableist, and LGBTQIA2S+ affirming framework.

**Go to [fasdinstitute.com](https://fasdinstitute.com) for more information.**

## Film



### YOUTH ACTIVISTS TAKE CENTRE STAGE IN CLIMATE CHANGE MOVEMENT

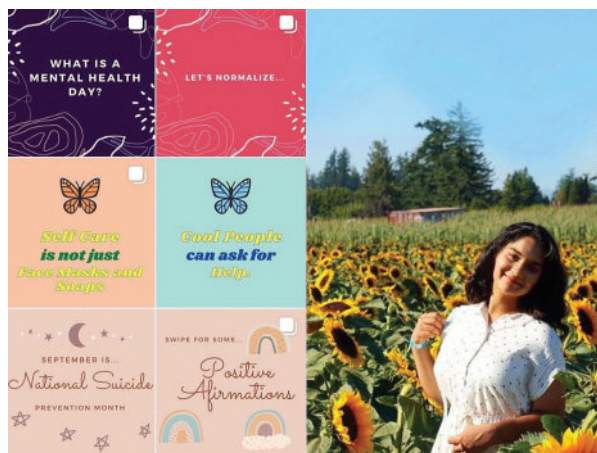
While Greta Thunberg's name may be synonymous with the climate change movement, at home in Canada, we have our own dynamic youth working to shape the future of our environment. Autumn Peltier is one such youth. The 15-year-old from Wiikwemkoong First Nation Manitoulin Island in northern Ontario has been garnering attention around the globe as a "water warrior." A documentary about Autumn's advocacy work premiered this past September at the Toronto International Film Festival. *The Water Walker* profiles Peltier as she travels to New York City to speak at the Climate Action Summit held at the United Nations headquarters in September 2019.

## Social

### MEETING YOUTH WHERE THEY'RE AT - ON SOCIAL MEDIA

In the summer of 2020, 15-year-old Youth Ambassador Canada and Abbotsford resident Mia Skoone launched the @mentalhealth4youth Instagram account as a way to help teens find and access important information related to mental health. Skoone, who was named part of the Youth Ambassadors Program with Canada last year, is also an ambassador for Foundry Abbotsford.

"I've lost people to suicide so it's totally a big concern especially among youth," she says in an article by Ben Lypka in the *Abbotsford News* on September 22, 2020. "I think that even though more people are talking about resources,



they also need to know information about preventative mental health. Let's teach kids the tools early on so they can learn about preventing some of these illnesses. I think we can do a better job of addressing and helping students."



## Book

### CAN'T EVEN: HOW MILLENNIALS BECAME THE BURNOUT GENERATION

In *Can't Even: How Millennials Became the Burnout Generation* (Houghton Mifflin Harcourt, September 2020), Anne Helen Petersen, BuzzFeed culture writer and former academic, argues that burnout is a definitional condition for the millennial generation, born out of distrust in institutions, the unrealistic expectations of the modern workplace, and a sharp uptick in anxiety and hopelessness exacerbated by the constant pressure to "perform" our lives online. The book discusses how millennials have arrived at this point and examines the phenomenon through a variety of lenses, including how burnout affects the way we work, parent, and socialize. *Can't Even* is described on Amazon as offering "a galvanizing, intimate, and ultimately redemptive look at the lives of this much-maligned generation."



# Lessons from Today's Youth

Criticism of younger generations — their values and expectations, interests and habits, styles and trends — is so cliché, especially when that criticism comes from the echelons of age and experience. To help dispel the stereotypes, we asked RCCs to tell us what they have learned from today's youth. The answers are revealing and inspiring.

**I FIND THAT YOUNG ADULTS** today have such amazing self-awareness but also expect so much of themselves — as if somehow, they should have all of the answers already.

**YOUNG PEOPLE** are so resilient, even when faced with so much media vying for their attention.

**IF YOU LISTEN** quietly and intently, youth have a lot of important things to say.

How respectful youth have been during the COVID-19 crisis: masks, protocols, helping to deliver groceries to the elderly, and visiting grandparents at a distance. I dislike the stereotypes about youth. I find them to be thoughtful, self-aware, and respectful.

Youth are remarkable teachers on how life can be wonderful while difficult and that supportive relationships are essential to well-being.

Youth are eager to learn and grow. They just need the right soil and fertilizer.

Most of the young women I have contact with do not question social media trends in general and trends regarding what makes a girl attractive in particular. They compare themselves to the unrealistic images they see online, which results in very low self-esteem and anxiety about being attractive.

I was counselling two adolescent sisters separately, and each of their best friends came out as trans. When I asked each of them how that was for them, they looked at me as if I was an oddball for asking, and said, "Fine.... it's who they are." Our youth get gender acceptance.

I'm regularly heartbroken by stories of young women who went to a party, drank too much, and were assaulted by a predatory male.

What the youth population sees is that there is no transition from being homeless to having a place to live. I get that the transition is a complex process. It implies a new social life, employment, and moving from hard past experiences to the future. It seems to be a systemic issue, and we are not working on this concern yet.

**BE REAL AND CUT THE BS.** They appreciate honesty more than sugarcoats. They just want to be accepted for who they are becoming.

**HOW VULNERABLE THEY ARE:** they have a thirst for what makes us well and are open to learning.

**TODAY'S YOUTH** want their parents to love them for who they are, not for what they accomplish.

**OUR YOUTH HAVE RESILIENCY** but in a different way than the previous generation. They let go if they feel they do not have control over change.

# BCACC Member Health Benefit Plan



## Message from BCACC Membership Benefits Senior Advisor, Stephanie A. Ritchie

### ATTENTION BCACC MEMBERS WITH EXISTING LOSS OF INCOME DISABILITY POLICIES

**If you chose a “Wait Period” of 120 days, this is now a 112-day “Wait Period”  
with no change in your monthly premium amount.**

As of October 1, 2020, the **120-day** Wait Period has changed to a **112-day** Wait Period in reference to the recent EI changes. The Edge Benefits is the 1st Canadian Insurer to make this change, which means if you become disabled either by injury or illness, you can now claim 8 days earlier.

### Did you know that you can purchase Loss of Income Disability Benefits as a standalone plan?

Many BCACC members who are self-employed have now enrolled in the Loss of Income Disability Benefits, which do not require you to purchase the Health & Dental plan.

The Disability Benefits offered are unique as they can be purchased in two parts:

**Loss of Income Disability — INJURY — no medical questions to qualify**

**Loss of Income Disability — ILLNESS — simplified medical underwriting**

**Please contact BCACC’s Insurance Representative, Stephanie Ritchie,  
who would be happy to provide you with a no-obligation personalized quote for these  
Benefits and discuss how to design and put an affordable strategy in place.**

Stephanie A. Ritchie (778) 533-4676 or email [stephanieritchie@shaw.ca](mailto:stephanieritchie@shaw.ca)

# BCACC

BC ASSOCIATION OF CLINICAL COUNSELLORS



# WHY SHOULD YOU JOIN THE BCACC?



The BC Association of Clinical Counsellors offers the designation RCC (Registered Clinical Counsellor). This designation is one of the most recognized counselling designations in British Columbia and assists counsellors in demonstrating their professional validity. The RCC designation has become synonymous with professional accountability and adherence to high ethical standards in the counselling profession.

## Be Recognized

- Professional recognition as an RCC
- Counsellor regulation and accountability
- Eligibility for further revenue streams (EAPs, WorkSafe, CVAP)
- Association advocacy for the development of the counselling profession
- Inclusion in a province-wide client referral system

## Save Money

- Preferential rates on workshops and continuing education opportunities
- Affordable professional insurance packages
- Cost-effective advertising opportunities
- Member rates for hotel reservations and booking software

## Grow Community

- Connection to the counselling community
- Ongoing peer support
- Annual networking opportunities
- Access to relevant ethical and legal information

