

SUMMER 2026

# INSIGHTS

THE BC ASSOCIATION OF CLINICAL COUNSELLORS' MAGAZINE

**AI in Mental  
Health Practice**

---

**Perspectives  
from a First  
Responder  
Spouse**

---

**Mental Health in  
a World of Crisis**

## TENDING TO WHAT CAN'T BE FIXED

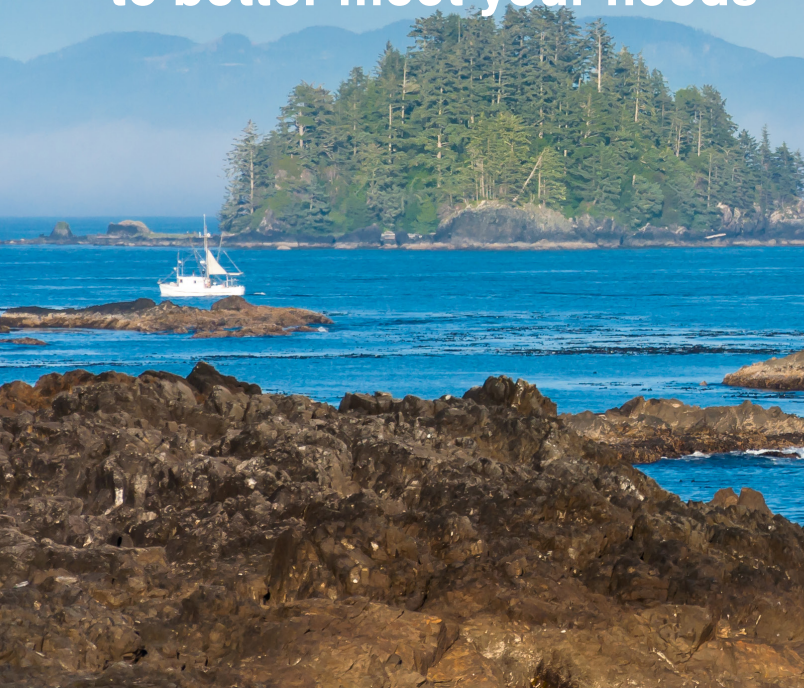
Helping clients find a foothold in hope





# CREATIVE INSURANCE SOLUTIONS

to better meet your needs



Mitchell & Abbott is a full-service brokerage that has been delivering tailored insurance solutions for businesses, professionals, and individuals for over 100 years. With a client-first approach, we offer a wide range of products, including commercial, personal, and specialty coverages. Our expertise spans industries such as healthcare, professional services, construction, manufacturing, and hospitality.

Known for personalized service, competitive pricing, and strong industry partnerships, we also provide exclusive insurance programs tailored to meet specific industry needs.

For any questions, please contact one of our team members at:

**800-463-5208 ext. 3006**

**[bcacc@mitchellabbottgrp.com](mailto:bcacc@mitchellabbottgrp.com)**



LEARN MORE

## TO BETTER PROTECT THE MEMBERS OF THE BCACC WE ARE PLEASED TO PROVIDE THE FOLLOWING INSURANCE SUMMARY FOR 2026

- ▶ Professional Liability (Errors & Omissions) policies start at \$105 annually for \$3,000,000 or \$5,000,000 option for \$150 with higher limits available upon request.
- ▶ Commercial General Liability policies start at \$60 annually for \$3,000,000 or \$5,000,000 option for \$82 with higher limits available upon request.
- ▶ Coverage available for Student members starting at \$68 annually.
- ▶ E-counselling coverage is included to cover remote therapy sessions to clients in Canada. If you are practicing in a regulated province, please ensure you are aware of and comply with the relevant provincial rules and regulations.
- ▶ 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 Professional Liability claim.
- ▶ No exclusion for Libel & Slander.
- ▶ Automatic Extended Reporting Period for any insured member who is no longer practicing for claims presented to them during a period of seven (7) years immediately following the end of the policy period with respect to an error, omissions or negligent act arising out of the insured services rendered.
- ▶ Members/Businesses with up to 3 professionals providing services as an RCC, RCC-ACS, Psychotherapist, Student Member, RSW, or RCSW are included.
- ▶ Options available for businesses with more than 3 professionals. The additional cost for businesses with up to 25 professionals is \$100.
- ▶ Employment Practices Liability \$250,000 limit is included. Higher limits available upon request. \$1,000 Deductible.
- ▶ ARAG Legal Expense Insurance is included for members who have purchased Professional Liability. The policy provides a legal helpline, access to a legal document centre, legal document review, legal document drafting, and personal & business legal tax protection advice with a \$50,000 limit of coverage and \$250,000 aggregate.
- ▶ Enhanced ARAG Professional Legal Solutions available for \$90.
- ▶ Security & Privacy Liability is included up to \$100,000 per member (subject to a shared limit of \$3,000,000 for all insured members.)
- ▶ Cyber Liability which includes Social Engineering Fraud coverage available and starting at \$201.
- ▶ Commercial Property coverage available starting at \$255.
- ▶ Accidental Death & Dismemberment coverage available starting at \$15.
- ▶ Coverage available for inactive members.

 **MITCHELL & ABBOTT**  
INSURANCE BROKERS

 **NAVACORD®**

A COMPLETE PROGRAM SUMMARY IS AVAILABLE ON THE BCACC AND MITCHELL & ABBOTT GROUP WEBSITES OR BY SCANNING THE QR CODE ABOVE OR CLICKING LEARN MORE.



## 32 MENTAL HEALTH IN A WORLD OF CRISIS

Suggestions for self-care to help us navigate the dark times

### FEATURES

#### 8 DOPAMINE PRIVILEGE

The invisible advantage of effortless motivation

#### 10 SHAME AND NON-PATHOLOGIZING PRACTICE

Untangling clients from shame's grip without reinforcing the pathology that constrains them

#### 14 TENDING TO WHAT CAN'T BE FIXED

Helping clients find a foothold in hope even when we are struggling ourselves

#### 20 THE SECOND LINE

Perspectives from a first responder spouse

#### 26 AI IN MENTAL HEALTH PRACTICE

Uses, risks, and practical starting points

### IN EVERY ISSUE

**4 Plugged In** Resources, information, and tools for your practice

**36 Modality Check** Existential Analysis

**38 Check it Out** Ideas to motivate and inspire



## INSIGHTS

THE BC ASSOCIATION OF CLINICAL COUNSELLORS' MAGAZINE

The Insights team would like to thank the writers and interviewees who contributed to this issue of our magazine:

Candice Alder, David Chang, Rochelle Chapman, Constance Lynn Hummel, Mariah Kingston, Deirdre McLaughlin, Tyler Milley, John-Michael Parra, Michael Towers

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

#### BCACC

109-1034 Johnson Street  
Victoria, BC V8V3N7

Tel: 250-595-4448

Fax: 250-595-2926

Toll Free in Canada: 1-800-909-6303

communications@bcacc.ca

bcacc.ca

In the spirit of reconciliation, BCACC acknowledges and respects the First Nations, Metis, and Inuit Peoples upon whose traditional territories we work and live throughout Canada.

Insights is published on behalf of BCACC by

Page One Publishing  
580 Ardersier Road  
Victoria, BC V8Z 1C7  
Tel: 250-595-7243  
pageonepublishing.ca



Contributing Agency: Getty Images

Insights is published four times a year. To submit article proposals, contact the editor, Carolyn Camilleri, at [ccamilleri@pageonepublishing.ca](mailto:ccamilleri@pageonepublishing.ca).

Find more information about submitting article proposals at [bcacc.ca/insights-magazine/](http://bcacc.ca/insights-magazine/)

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.



About this issue's theme:

# HOPE IN THE MODERN WORLD

BY DEIRDRE MCLAUGHLIN, RCC,  
INSIGHTS EDITORIAL ADVISORY COMMITTEE

IN 1853, in his essay "Frauds on the Fairies," Charles Dickens wrote: "In a utilitarian age, of all other times, it is a matter of grave importance that fairy tales should be respected." Dickens was responding to a culture that prioritized efficiency and outcomes at the expense of imagination and meaning. His assertion suggests that creativity is not ornamental but foundational to human life.

The quote resonates with this issue's theme of "Hope in the Modern World." Many clients today are confronted with uncertainty — from climate change to artificial intelligence to geopolitical instability. This can lead to concrete thinking: if no clear solution is visible, a meaningful future must be impossible.

In clinical work, the challenge is to hold space for this without collapsing into false reassurance or despair. Seeking hope doesn't deny harm; meaning-making needn't resolve the unknown. Hope can be understood as the capacity to imagine and orient towards a meaningful future that is not guaranteed and to sustain that orientation amid uncertainty and suffering.

From this perspective, hope is not escapist but essential. It can preserve the potential for transformation, even when evidence is absent. As you read through these articles, may you feel connected not only to what is or seems to be, but also to what is possible.

## SUPPORTING MEMBERS FOR 2027

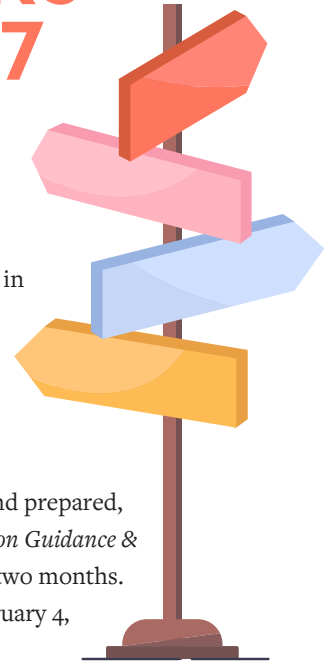
### Regulation guidance and advocacy

PSYCHOTHERAPY regulation in British Columbia comes into effect on November 29, 2027, with licensing applications expected to open between April and June 2027.

To help you stay informed and prepared, BCACC has launched a *Regulation Guidance & Advocacy Newsletter*, sent every two months. The first issue went out on February 4, 2026. For now, all regulation updates will be shared through this newsletter, while *Insights* will continue to focus on clinical practice.

Looking for resources? Visit the Breaking News section of the member portal for recent "Regulation Updates" from CEO Michael Radano. Check out the Regulation FAQs 2026 (login → Practice Resources), a regularly updated, easy-to-navigate resource. The FAQs are built from member questions, town halls, and updates from the Ministry of Health and CHCPBC, making them a great place to start.

We're here to support you. If you have questions, reach out anytime at [here4u@bcacc.ca](mailto:here4u@bcacc.ca).



### ECONNECT: COURSES YOU CAN TAKE ANYTIME

BCACC's eConnect features a growing collection of engaging self-paced courses for counsellors — all developed with professional growth in mind. Best of all, you can sign up and take them anytime you wish and at your own pace. Are you a BCACC member? One of the many perks of membership is 50% off all eConnect courses! Find the full eConnect catalogue at <https://members.bcacc.ca>.





## Prince George and Burnaby: YOU ARE UP NEXT

**REGIONAL ROADSHOWS 2026** are officially at midpoint — Kelowna (April 10 and 11) and Victoria (June 5 and 6) are complete, and we are gearing up for September 18 and 19 in Prince George and October 2 and 3 in Burnaby.

The 2026 Regional Roadshows are all about connecting you with your community by combining recognized expertise with region-specific workshops, meaningful peer connection, and direct access to decision-makers who shape mental health services in your community.

### **DAY ONE IN BOTH PRINCE GEORGE AND BURNABY:**

*Beyond the Wound: Implementing Effective Trauma Interventions* with Dr. Carissa Muth, PsyD, RPsych

The impact of trauma is pervasive, multifaceted, varied, and often lasts a lifetime, which creates complexity for assessors and treatment providers. In this workshop, Dr. Muth provides a foundation based on the neuroscience

of trauma and an overview of assessing trauma, including differential diagnoses. Rather than defaulting to a single treatment method, Dr. Muth guides participants in matching evidence-based treatment methods with trauma presentations. This staged approach to addressing trauma includes the integration of therapeutic methods such as narrative therapy, CBT, DBT, and positive psychology.

### **DAY TWO IN PRINCE GEORGE:**

*Responding to Trauma Through an Indigenous Lens* with Maura Gowans, MSW, RSW

Indigenous frameworks to create safety for Indigenous clients, while considering the seven generations before and the seven generations to come. Intergenerational trauma and where it comes from and how it shows up in the body. Strength-based practices, land-based healing, and effective communication.

### **DAY TWO IN BURNABY:**

*Uprooted but Unbroken: Deepening our Clinical Connection with Displaced Families* with Dr. Zuhra Teja, RPsych

Weaving together clinical research with lived experiences of displacement, from war and persecution to resettlement. A trauma-informed, rights-based, and culturally responsive lens to deepen clinical practice by examining assumptions, strengthening work with interpreters, and fostering emotional safety, dignity, resilience, and hope.

Each Regional Roadshow includes a **Stakeholder Roundtable Discussion**, where you can join an honest dialogue with your community of RCCs, government officials, service partners, and health authority representatives.

Day One finishes with an **Evening Social Reception** where you can connect with fellow RCCs and deepen professional relationships.

---

Find all the details, including registration, at <https://conference.bcacc.ca>.

# TAKING BACK YOUR FOCUS

**BY NOW**, we are all familiar with the pitfalls of doomscrolling and the effects of too much social media on our brains and our lives. Reducing distractions and staying focused is more challenging than ever — and not just for our clients. We are all susceptible to too much screentime. It takes intention, training, and skill-building to direct our attention back to what we want and improve our focus.

Here are some tips for you and your clients from Constance Lynn Hummel, RCC-ACS, followed by some further reading.

## **BE INTENTIONAL AND HAVE A PLAN FOR YOUR SCROLLING.**

Decide how much time you want to spend online before opening the app. Set a timer. If you find you're not closing the session when the timer goes off, consider apps that limit screen use for you. If you find yourself mindlessly opening apps without actively choosing, move them off your home screen so you have more steps to access them. Give your brain time to catch up to the choice you're making out

of habit. Get in your own way.

## **START YOUR DAY WITH YOUR GOALS VERSUS WHAT'S WRONG IN THE WORLD.**

Media feeds off anxiety and fear so the more sensational, the more you'll hear about it. It's a shockwave to your nervous system first thing in the morning if your wake-up routine involves grabbing your phone to see what's happening. Instead, start your day with your own goals or something you find inspiring. Choose what enters your mind.

## **CREATE TECH-FREE ZONES IN YOUR HOME.**

Ideally, your bedroom but consider other spaces, too, like the dining room, kitchen, or bathroom. Allow yourself to just be present — maybe even a little bored? Creating tech-free zones stops you from mindlessly bringing devices from place to place and creates decision points either to stop or stay engaged with online content.

## **CREATE A TECH-TIME CUT-OFF.**

Late night doomscrolling is a common trap because unlike zoning out at lunch when you eventually have to go back to work, at night there is no natural “end” that forces you to disengage. Time zooms







by and precious restorative sleep is lost. Again, create a plan that helps you meet other goals. Anything we do for fun or relaxation that is ultimately creating stress and affecting focus, recovery, and sleep is solving one problem by creating another.

### GET A STANDALONE ALARM CLOCK THAT ISN'T YOUR PHONE.

If you're struggling to stay off your phone in the evening because it's also your alarm clock, it's time to go analog and leave your phone in the kitchen. If you really need your phone in your bedroom for emergency calls, keep it on the other side of the room to avoid temptation.

### DO A NOTIFICATION PURGE.

As apps update, they often turn on notifications even if they have been turned off previously. Once every few months, check your settings to make sure you are only getting notifications for things that add value to your life versus just another distraction.

## SACHS CENTER: HOW TO IMPROVE FOCUS AND MASTER YOUR ATTENTION

Improving your focus isn't about one magic trick. It's a two-pronged approach: first, you have to optimize your external world to cut down on distractions. At the same time, you need to strengthen your internal ability to actually direct your attention where you want it to go....Think of it as a skill you build over time. This involves actively managing digital notifications, creating dedicated workspaces, and practising techniques like single-tasking. It's about training your brain, and the journey starts by understanding why concentration feels so challenging in the first place.

Taken directly from <https://sachscenter.com/how-to-improve-focus/>

### CREATE FOCUSED TIME FOR FOCUSED TASKS.

A study in 2011 found that, at that time, the average user was consuming the equivalent of 174 newspapers worth of data every day, so just imagine what that number would be today! No wonder you're feeling overwhelmed. Creating focused time is easier said than done with so many distractions, but that's why it's more important than ever to carve out focus where you can decide what's important instead of just reacting to what's in front of you.

Try using Franklin Covey's Time Management Matrix to decide what gets attention and what gets taken off the list. This matrix categorizes tasks into four quadrants:

- Quadrant 1: Important and Urgent
- Quadrant 2: Important but Not Urgent
- Quadrant 3: Not Important but Urgent
- Quadrant 4: Not Important and Not Urgent

If it's important and urgent, create an intentional time block for it. If it's not important and not urgent, get it off the list.

Learn more about Franklin Covey's quadrants: <https://www.franklincovey.com/blog/manage-your-time-and-energy-effectively/>.

### REFERENCES AND RESEARCH ON THE EFFECTS OF SOCIAL MEDIA

- Jury in Los Angeles finds Meta and YouTube liable in landmark social media addiction trial (March 25, 2026). CBC. <https://www.cbc.ca/news/world/social-media-trial-la-9.7141920>
- Kentucky's TikTok lawsuit revealed executives knew about app's effect on teens (Oct 11, 2024). Louisville Public Media. <https://www.lpm.org/news/2024-10-11/listen-kentuckys-tiktok-lawsuit-revealed-executives-knew-about-apps-effect-on-teens>
- Barton, N., & Smyth, M. (2025). Context-switching in short-form videos: What is the impact on prospective memory? *Memory*, 33(7), 788-801. <https://doi.org/10.1080/09658211.2025.2521076>
- Jiang, Q., & Ma, L. (2024). Swiping more, thinking less: Using TikTok hinders analytic thinking. *Cyberpsychology: Journal of Psychosocial Research on Cyberspace*, 18(3), Article 1. <https://doi.org/10.5817/CP2024-3-1>
- Nguyen, L., Walters, J., Paul, S., Monreal Ijurco, S., Rainey, G. E., Parekh, N., Blair, G., & Darrah, M. (2025). Feels, feelings, and focus: A systematic review and meta-analysis examining the cognitive and mental health correlates of short-form video use. *Psychological Bulletin*, 151(9), 1125-1146. <https://doi.org/10.1037/bul0000498>
- Verduyn P, Gugushvili N, Kross E. The impact of social network sites on mental health: distinguishing active from passive use. *World Psychiatry*. 2021 Feb;20(1):133-134. doi: 10.1002/wps.20820. PMID: 33432746; PMCID: PMC7801842
- Martin Hilbert & Priscila López, The World's Technological Capacity to Store, Communicate, and Compute Information. *Science*, 332,60-65(2011). DOI:10.1126/science.1200970

# DOPAMINE PRIVILEGE

## The Invisible Advantage of Effortless Motivation

BY TYLER MILLEY, RCC-ACS



After almost 20 years as a therapist, I recently had an insight that changed how I view motivation. It happened during a session with a 16-year-old client who was struggling to understand why she couldn't seem to accomplish what came easily to her friend.

This client was telling me about her friend's laundry list of weekend accomplishments: completed homework, cleaned room, exercised, studied, saw friends, replied to texts, and various other accomplishments. Looking at me with frustrated tears, she said something that crystallized two decades of observations: "She just... does things."

We discuss various forms of privilege in society — economic privilege, racial privilege, educational privilege. But there's another form of privilege that shapes daily life in profound ways: dopamine privilege.

### WHAT IS DOPAMINE PRIVILEGE?

Some people's brains naturally generate and regulate dopamine efficiently, like

a well-tuned engine with a recent oil change and full tank of gas. Others are working with an engine void of lubrication, running on fumes, trying to move forward with the parking brake on. That's the difference dopamine makes.

I've watched this play out countless times. Some clients casually mention reorganizing their entire house because they "felt like it," while others are waging an internal war just to begin a simple task. Same basic neural architecture; entirely different operating systems.

Dopamine is the neurotransmitter that drives motivation. Some people's brains produce it abundantly; others struggle to generate or access it effectively. Dopamine levels vary widely between individuals due to genetics, environment, mental health conditions, and lifestyle factors.

### THE CONSEQUENCES OF DOPAMINE PRIVILEGE BLINDNESS

Dopamine privilege remains largely unrecognized in society. Many assume that struggling with motivation is

simply a matter of laziness, lack of discipline, lack of intention, or poor time management. This assumption creates harmful narratives, such as:

- ▶ "If I can do it, why can't you?"
- ▶ "You just need to try harder."
- ▶ "Motivation is a choice."
- ▶ "If you meant to, you would've."

These beliefs ignore the neurological reality that not everyone starts from the same baseline when it comes to dopamine-driven motivation. As a result, people with dopamine deficits are often unfairly judged, penalized, or forced to function in systems that do not accommodate their neurochemistry.

This bias shows up in workplaces, schools, and relationships. Employees with low dopamine may be seen as unmotivated despite putting in tremendous effort just to keep up. Students with ADHD might be labelled lazy when they are battling neurological barriers that others don't face. In personal relationships, one partner may struggle with household tasks while the





other effortlessly manages them, creating frustration and misunderstanding.

Your access to dopamine isn't about willpower any more than sight is. In our society, we rightly make numerous adaptations and accommodations for people with visual impairments — white canes, assistance dogs, talking crosswalk signals, braille, text-to-speech software, etc. We would never tell a visually impaired person to simply try harder to see then berate them when they stumble. Imagine a world in which we made similarly effected adaptations and accommodations for people with a dopamine impairment.

### PRACTICAL APPLICATIONS

First, eliminate judgment. If you're someone who can naturally "just do things," you've won a neurological lottery. If you're not, you're not broken — you're operating with different neural circuitry.

For those who struggle with motivation:

- ▶ Your invisible effort is real and valuable.

- ▶ Small accomplishments may represent significant victories.
- ▶ Developing compensatory strategies isn't cheating — it's adaptive and necessary.
- ▶ Do your best to engage in dopamine-boosting strategies such as exercise, sleep, sunlight exposure, balanced nutrition, and positive emotional and physical contact with others.
- ▶ If you are unable to start a task due to low dopamine, set a timer, engage in a dopamine-boosting activity, and try again.
- ▶ Talk to your doctor about possible medicinal support.
- ▶ Consider carefully and extensively if your life suits you. Are you spending your time, energy, empathy, and money in ways that accurately express your values?

For those with dopamine privilege:

- ▶ Your natural solutions may not translate to others' experiences.
- ▶ What looks like procrastination might be neurological resistance.
- ▶ Consider tempering advice about "choosing" to be motivated.
- ▶ Stop believing everyone has access to the same neurological resources.

### FINAL THOUGHTS

Dopamine privilege is an invisible yet profound advantage that shapes how people engage with the world. Those who effortlessly complete tasks, stay motivated, and delay gratification often don't realize their brain chemistry is working in their favour. Meanwhile, others fight daily battles just to keep up.

We often think of our personality, motivation, and emotional tendencies as intrinsic to who we are, but so much of our identity is shaped by biochemistry. Dopamine affects our

drive, serotonin influences our mood, and cortisol dictates our stress response. These chemicals operate beneath our awareness, making their effects feel like fundamental aspects of our character rather than biological processes. What feels like "us," something we tend to take credit for, is probably just biochemistry at play.

By acknowledging dopamine privilege, we can replace judgment with understanding and work towards more inclusive systems that accommodate neurological diversity. Motivation is not just a matter of willpower — it's also a matter of wiring. Recognizing that truth can help us build a society that is fairer, more compassionate, and better equipped to support everyone, regardless of their dopamine baseline. ■

---

*Tyler Milley is an RCC-ACS in Vancouver. He is a cofounder of Launchpad Counselling and runs a private practice specializing in providing affirming support and relationship therapy for neurodiverse individuals and those who love them.*

### REAL-LIFE MANIFESTATIONS

Here's what I've noticed about people with dopamine privilege:

- ▶ They can translate items on a to-do list into actual action.
- ▶ They maintain focus without elaborate productivity systems.
- ▶ They experience genuine satisfaction after completing tasks.
- ▶ They can resist distractions when necessary.
- ▶ They can delay gratification.
- ▶ They can initiate tasks without extensive internal negotiation.
- ▶ They have an easier time managing their mental health.



# SHAME AND NON-PATHOLOGIZING PRACTICE

BY MICHAEL TOWERS, RCC-ACS, AND CLIENT IDENTIFIED AS "EL"







**S**hame shows up in therapy rooms as a debilitating felt experience that convinces clients that they are, at their core, the problem. For therapists committed to non-pathologizing, collaborative care, a central question emerges: how can we help untangle clients from shame's grip without reinforcing the very pathology that constrains them?

Drawing from non-pathologizing practices, this article explores a collaborative metaphor developed with a client, EL, that positions shame not as an internal defect but as a response to system-based rules and power dynamics. The metaphor of explosive devices — mines, C4, and grenades — offers a vivid, clinically useful language for locating, deconstructing, and re-authoring shame in ways that preserve dignity and agency.

#### **FROM "THE PROBLEM PERSON" TO "THE PERSON AND THE PROBLEM"**

A key non-pathologizing principle is the refusal to see the person as the problem. Instead, problems are understood as separate from people, exerting influence on them and their relationships. In this frame, shame is positioned as an externalized problem rather than an inherent character flaw.

Yet shame is often deeply embedded in identity. Dominant narratives — shaped by family, culture, institutions, and broader sociopolitical forces — invite clients to interpret system-based rules as reflections of who they are. When clients “fail” to live up to these rules, they are frequently invited to conclude that they themselves are defective, lazy, irresponsible, or unworthy.

Non-pathologizing practice therefore involves more than externalizing shame. It also requires identifying and deconstructing the dominant system narratives that authorize shame to speak with authority about a person's worth. The therapeutic task shifts from symptom

reduction to reshaping the client's relationship with these narratives and the systems that carry them.

#### **SYSTEM RULES AND THE MECHANISM OF SHAME**

Within this perspective, shame is understood as a result of behavioural compliance originating from some system rule. Shame appears when a client is judged — by self or others — not to be adequately following rules around performance, gender, family loyalty, productivity, health, or “good” decision-making

Therapeutically, this means that before attending to internal states of preferred identity, the therapist collaborates with the client to name:

- The rule being enforced — for example, “You should always make the optimal decision,” or “You should be doing intentional exercise for retirement health.”
- The system(s) that generated and benefit from that rule — for example, family, culture, economics, professional standards, health authorities.
- The impact of those rules on the client's sense of identity, choice, and freedom.

This focus invites critical inquiry rather than self-blame. Clients explore whether they wish to continue giving credence to these rules or whether alternative, preferred rules might better reflect their values, hopes, and commitments.

#### **EL'S EXPLOSIVE METAPHOR: MINES, C4, AND GRENADES**

The collaborative work described here was co-constructed by the author and EL, a client whose metaphor of explosives offers a vivid language for deconstructing shame. EL identifies three main “devices” — mines, C4, and grenades — each representing different shame dynamics and system rules.



**Mines:** Historically placed, often implicit rules laid down by families, communities, institutions, or social contexts. These mines are strengthened each time they “explode” and can be repeatedly weaponized by others.

**C4:** Targeted, intentional activations of shame by someone who knows the rule set within a relationship and deliberately engages an “if... then bad” judgment.

**Grenades:** In-the-moment shaming comments thrown into conversations, often by people on the periphery of the client’s life, which may trigger other, more entrenched explosives.

## The therapeutic task shifts from symptom reduction to reshaping the client’s relationship with these narratives and the systems that carry them.

This metaphor helps clients locate shame not in their inherent being but in the intersection of rules, relationships, and contexts. It also normalizes the inevitability of contact with shame while emphasizing the possibility of minimizing harm and reclaiming agency.

### DIFFERENTIATION AS PROTECTIVE PRACTICE

Within this metaphor, differentiation functions as the primary protection against shame’s devices. As clients clarify who they are and how they want to be known, they become less susceptible to behavioural compliance

pressures embedded in external rules. Differentiation involves choosing one’s own ruleset rather than passively inheriting or submitting to those of powerful systems or relationships.

For example, around “optimal decision making,” EL recognized that historically imposed rules from family and economic anxiety had overshadowed EL’s own already existing criteria — such as “Does this choice inspire me?” — for discerning good decisions. Through collaborative reauthoring, EL began to privilege personally meaningful rules over inherited ones, reframing past “failures” as moments of systemic pressure rather than evidence of personal deficiency.

In practice, differentiation may include inviting clients to articulate preferred questions they want guiding



their choices, identifying whose voices have historically dominated their decision-making, and discerning which voices they now wish to centre.

## MAPPING AND DISARMING THE MINES

EL's description of how mines are disabled offers a practical map for therapists. Clients first recall the dangerous terrain ("I remember this path was dangerous but am not sure why"), then gradually name the rule, the systems that support it, and the pain it has caused. As the mine is more fully described, related triggers and system connections become visible, allowing clients to study whether they genuinely believe in these rules.

Several steps emerge in this process:

- **Identification:** Naming the mine, its rule, and the systems that laid it.
- **Marking:** "Painting" the mine — clearly signalling, "Careful here," to acknowledge a minefield and reduce the element of surprise when it is stepped on.
- **Deconstruction:** Actively studying and contesting the rule, considering alternative meanings, histories, and values.
- **Re-rulemaking:** Constructing new, preferred rules that reflect the differentiated self, represented as building a deck above the mine.

The deck symbolizes reclaimed space where the client can sit, rest, and enjoy the view, no longer navigating with the "crutches" of coping mechanisms that were once necessary to survive unsafe terrain. Shame remains possible, but its capacity to dictate behaviour and identity is dramatically reduced.

For counsellors, this process aligns well with collaborative, strengths-based approaches that emphasize contextualizing distress, honouring

survival strategies, and privileging client meaning-making.

## WORKING WITH C4, GRENADES, AND OTHER DEVICES

EL extends the metaphor towards C4 and grenades, envisioning ways to rewire these devices so attempts to activate shame instead connect with the client's own ruleset and differentiated stance. For C4, the therapeutic focus includes preparing responses that draw

on new rules rather than old compliance structures, effectively redirecting the emotional "charge" towards affirmation of self-authored values.

Grenades, by contrast, are managed through immediacy and boundary-setting. EL imagines a bell dome dropped over the grenade or shield to contain its impact, suggesting interventions such as emotional distancing, humour, or explicit challenge when shaming comments arise. Additional devices, like flashbangs, capture disorienting interactions (for example, gaslighting) that cause clients to step back onto their own mines, further underscoring the importance of mapping and marking.

Counsellors might invite clients to:

- Identify who typically throws "grenades" and in what contexts.
- Experiment with "bell dome" or "shield" responses, such as naming the shaming move, changing the subject, or exiting the interaction.
- Notice when flashbang-like experiences lead them back onto old mines and use this as an opportunity to deepen mapping and differentiation.

These practices situate clients as active agents who can design protective strategies that fit their relationships, cultures, and bodies.

## CLINICAL IMPLICATIONS FOR NON-PATHOLOGIZING WORK

This collaborative metaphor illustrates a non-pathologizing practice that prioritizes relationship to shame over symptom management. Rather than targeting shame as an internal defect

**As clients clarify who they are and how they want to be known, they become less susceptible to behavioural compliance pressures embedded in external rules.**

to be soothed or corrected, therapy focuses on:

- Locating shame within system-based rules and power relations.
- Supporting clients' differentiation and rule-creation.
- Co-constructing rich metaphors that honour clients' language and experiences.

For counsellors in British Columbia and beyond, EL's analogy around explosives offers a flexible, accessible language for working with shame that can be adapted to diverse contexts and client populations. It invites therapists to position themselves alongside clients as co-investigators of the terrain, rather than as individuals tasked with fixing a defective self, thus aligning practice with an ethics of dignity, agency, and freedom. ■

---

*Michael Towers, MA MFC, RMFT-S, CCS, CCC, RCC-ACS, CPCS, is a non-pathologizing psychotherapist, clinical supervisor, educator, and author integrating innovative, relational counselling frameworks in private practice, graduate teaching, and published textbooks.*

# TENDING TO WHAT CAN'T BE FIXED

BY JOHN-MICHAEL PARRA, RCC

---

**Y**ou are sitting with a client who is in the thick of it. As they look out onto the world, all they see are reasons to feel hopeless. Normally, it would come naturally for you to hold a stance of possibility and hope. Today, you catch yourself agreeing with them.

A simple word and a complicated emotion, hope is a stance towards life. It is a lens through which we perceive our life and our world. It is the way we relate to the possibility of what could be. It is a light in dark times and a beacon for others to follow.

Hope can also be a trap. It is a place we get stuck; putting up with a partner, job, or situation much longer than is healthy on the off chance it gets better. Hope can frame the lies we tell ourselves to avoid facing what's hurting underneath. Ultimately, hope is the fire inside that reminds us how we want our life and our world to feel that is some measure better than what we believe it is now.

There is a substantial amount of writing and research about the ways hope can be chosen and nurtured. Joanna Macy has written extensively about this topic as has the positive psychologist C.R. Synder.<sup>1,2</sup> Like any psychological muscle, cultivating capacity for hope can create profound change.

This article, however, addresses this topic from a different angle. We will look at those emotions, thoughts, and behaviours that block or hinder the experience of hope. We will also consider aspects of living in our culture that contribute to struggles of hope. If “hope springs eternal,” like Alexander Pope says, then what is happening when our clients lose track of hope? How do we help them find a foothold in hope when we are struggling ourselves? What tools and practices support tending to an inner world where hope prevails?









## WHY HOPE CAN BE HARD

Many elements of the modern era have the effect of disconnecting us from traditional sources of hope. Most Canadians were raised without cultural continuity. Through forces like colonialism, migration, industrialization, and globalization, the persistence of most cohesive cultures has been splintered. The result is a loss of foundational and communal experiences of belonging, meaning, and mythos, all of which are key factors informing our felt experience of hope and support in the world. These elements help us make sense of our lives: past, present, and future. Without them, there is a kind of hungry grief that follows us around. This hungry grief ends up turning into addiction, apathy, disconnection, and even appropriation as we struggle to figure out and address “what is wrong?”

On top of, or even because of, this splintering of culture, we are given a near endless stream of information and news from all over the world, designed to spark emotion in us and foster a negative lens towards people with whom we disagree or believe are different from us. And like most aspects of our modern world, consumption of modern media is addictive. Without buffers and intentionality in the face of this onslaught, it is easy to find ourselves overwhelmed and overstimulated. We are provided a front row seat to the world’s pain and suffering while often lacking much of the context and connection to make sense of it.

At the centre of this question about what hampers hope in my clients, I often

find a backlog of grief manifesting as unprocessed personal, interpersonal, ecological, and cultural pain. Combined with our cultural tendency to override and overstimulate our nervous systems, it is easy to get caught in addictive cycles that dampen our sense of aliveness and hope as we run from this pain. I believe the way we begin the process of healing our relationship to hope is through tending to our grief and learning to be more intentional about with whom and with what we co-regulate.

## GRIEF, COMPLICATED

In therapy, we often encounter many layers of grief in our clients. In every session, a throughline of grief weaves its way through their experiences. It wraps around and fills in between spaces of hope and optimism as bittersweetness seeps in around the edges of our memories. At times, grief can feel like it has wrung out every drop of possibility and joy. At times heavy, at times hot, at times cool and full of sorrow, grief is the cost of loving and living in the world.

In his book *The Wild Edge of Sorrow: Rituals of Renewal and the Sacred Work of Grief*, Francis Weller describes modern society’s aversion to grief.<sup>3</sup> He provides a framework for how grief enters our lives that he calls the Gates of Grief. These gates include knowing that everything we love we will lose, places in us that needed love but didn’t receive it, the sorrows of the world, what we expected and did not receive, and ancestral grief.

Each client has unique defenses against grief, trying to hide it from themselves and others in varying ways. I worked with someone in their late

**The way we begin the process of healing our relationship to hope is through tending to our grief**



30s who was coming to counselling for help with symptoms related to ADHD, rumination, and addiction. He had a wife, kids, home, yet was deeply unhappy in his work. It was well paying and very stable but not mentally stimulating. He had been a bright kid but because of a lack of recognition and support for his ADHD symptoms, he never received the help needed to pursue his intellectual interests.

When he came to me, his main complaint was constant rumination about careers he could have had and didn’t, thoughts that came with resentments and regret. As we explored this pattern through somatic tracking, we found that underneath those thoughts and feelings was grief, and we recognized how it was getting caught in these patterns of overthinking. Overthinking, when it became overwhelming, then led to drinking. Grief, lacking an avenue to





Like gardening, we can engage with our grief with intention and cultivate something beautiful.

---

he put each of the strips into the fire, choosing in that moment to intentionally let go of that possible path for his life. He chose as well to allow the grief to come and be experienced. Within a couple sessions, he reported that his rumination was mostly gone and that he had significantly more presence in his life.

I love this example of grief-tending because it highlights not only the power of ritual but also the value of creatively and intentionally engaging with grief. Simply having a sense of agency, something practical to do, in the face of grief can create a sense of hopefulness and possibility. There is no perfect solution for grief because, like nature, it benefits from tending and is not supposed to be “fixed.” Etymologically, “to tend” comes from a Latin word meaning “to stretch.” By tending to our grief, by giving it the time and space it needs, we stretch who we are and our ability to show up for our life. For this client, what we created for him was impactful enough to shift the weight of that grief in a profound way.

### GRIEF SHARED

For many of us in industrialized North America, the spaces for collective rituals and traditions that allowed communities to tend to grief have been lost. While it can be very powerful to create personal grief rituals that draw on our personal archetypes, communal processes and rituals grounded in nature have unique power and impact for those involved.

Fortunately, modern folks have created tools to address this gap. One such example is the Truth Mandala

be experienced and expressed, became a complex set of thoughts and behaviours that kept this client stuck and suffering. While it was a relief to discover the pattern, the question became “How do we attend to the grief knowing that parts of him resist it?”

### TENDING TO WHAT IS NOT SUPPOSED TO BE FIXED

I use the analogy of a garden when I talk about grief. Grief is natural. It is an alive energy. Like gardening, we can engage with our grief with intention and cultivate something beautiful. If the grief garden is left untended, it becomes overwhelmed by weeds of despair, addiction, and disconnection. The system gets overwhelmed. When the garden becomes overrun, that’s when many people come to therapy.

Yet each day, we have the opportunity to face our own personal and collective grief on its own terms by spending time

in our grief gardens. When we commit to doing this, there is a chance for beautiful things to grow: hope, gratitude, and presence. Praise for life.

I believe there was a time when all cultures knew about the importance of actively tending to grief. With the disruption in cultural continuity, most of us have lost access to these rituals and rites. Here is another way the modern world has lent itself to the loss of hope. Our isolation from each other and these cultural tools sends our grief into the shadows.

For the client whose repressed grief over missed careers had turned into rumination and addiction, he and I created a personal grief ritual to honour those lives that could have been. On long strips of paper, he wrote out each career and corresponding timeline for his life that did not come to pass. He set aside an evening where he lit a fire. One by one,





created by Joanna Macy to support breaking through psychic numbing caused by unprocessed personal and collective grief.<sup>4</sup> The Truth Mandala is a central feature of her group process, The Work That Reconnects, which is designed to nurture “Active Hope.” Through the use of stone, dry leaves, thick sticks, and an empty bowl as representatives for different aspects of grief and their positive counterparts, the Truth Mandala is a unique and powerful collective practice.

We are also fortunate that people who have been raised within more cohesive cultures have chosen to share their traditions. Dagara elder and teacher Malidoma Somé demonstrates ways to connect with the natural world to tend grief both individually and collectively.<sup>5</sup> Somé wrote that water, an element of release, is related to tears and cleansing. Examples of connecting with water include being near the ocean or running water, swimming, and cold water dipping. Fire is connected to transformation, anger, and ancestors. Examples of working with fire include writing out things we would like to leave behind and burning them; lighting a candle and using the flame to speak to someone who has passed.

Earth is an element of belonging and returning home. I have a personal practice of placing both hands on the ground and naming everything that is alive in me that day. I then imagine all the grief, pain, or joy I’m feeling moving down my arms and out of my hands

---

---

By tending to our grief, by giving it the time and space it needs, we stretch who we are and our ability to show up for our life.



into the earth. I stay there, moving the emotion into the earth, until I feel more space has opened up inside. I believe the earth has the capacity to compost any amount of pain we release into it.

According to Somé, mineral is connected to memory, ancestors, and story. A way to engage mineral is to choose a stone that connects with someone you have lost or some aspect of your grief. Hold the stone on you or place it around your home as a way to connect to what has been lost.

Finally, nature as a whole is here to support us, representing in this context the elements of wildness, the unknown, and the cycles of birth and death. Consider these elements when taking your grief to nature or bringing natural elements into your home as a small container for this wild energy.

Beyond personal and collective grief rituals, we can support our clients to tend to grief as a practice between sessions. The journaling prompt “I remember” is a powerful strategy from Barri Leiner Grant.<sup>6</sup> I encourage clients to free-write starting with this prompt and allow it to take them where it needs to go. If the topic is especially charged, I encourage just a few minutes of this practice to start. This can be especially helpful when tending to the loss of something more tangible such as a person, a pet, or an ability.

If natural spaces are not accessible to a client, a gentle grief-tending practice is to visualize emotions being drawn downwards from the body and into the earth. I like to support clients to

touch into their connection to the earth through visualizing their body interacting with the ground, either through roots growing down, a mycelial network spreading from their feet, or any other metaphor that resonates with them. Then

**Nature as a whole is here to support us, representing in this context the elements of wildness, the unknown, and the cycles of birth and death.**

I guide clients to allow their grief to move down their bodies, through their image for earth connection into the soil until they find they have more inner space. By leaning simultaneously into earth connection and grief-tending practices, we can

support the growth of grounded, more sustainable hope for ourselves and our clients.

## **TENDING TO THE NERVOUS SYSTEM**

The quality of our inner life is profoundly affected by what and with whom we co-regulate. When we connect with safe others, with ourselves, and with nature, we are more able to drop into a state of regulation.

On the other hand, when we are in autopilot mode, the many sources of stimulation we gravitate towards does the opposite. News media, for example, is a terrible co-regulator. It is designed to dysregulate, activating our limbic systems and keeping us addicted.<sup>7,8</sup> Yet we can't look away and if we do, a feeling of guilt can emerge. One of the major blocks to grief-tending (and therefore hope) is the addictive cycle of overstimulation, which can leave us feeling numb and empty.

Ultimately, it is pivotally important to be intentional with our co-regulation partners, and it is also important to acknowledge that there is immense

privilege related to choosing what and with whom we co-regulate. Access to safe, self-responsible people in our life is a luxury. Access to nature requires some level of privilege, especially in urban areas. We can still support intentional co-regulation choices in our clients where possible and advocate for access to these kinds of choices for those who need it most.

## **CONCLUSION**

I offer this spirit of tending as another lens for our work as therapists. In its essence, this approach is also a stance towards the requirements of being alive today and the call for active engagement with those parts of life that can never be fixed. It is in the tending of these “broken” pieces of life that we can find some of the most profound beauty and grounded, sustainable hope. ■

*John-Michael Parra, RCC, based in qathet, B.C., is a somatic counsellor and member of an intentional ecovillage community. He shares his passion for helping the body, mind, and spirit heal together in his work with teens and adults with ADHD and experiencing the effects of developmental trauma.*

## **REFERENCES**

1. Macy, J., & Brown, M. Y. (2014). *Coming back to life: The updated guide to The Work that Reconnects*. New Society Publishers.
2. Snyder, C. R. (1994). *The psychology of hope: You can get there from here*. Free Press.
3. Weller, F. (2015). *The Wild Edge Of Sorrow*. North Atlantic Books, U.S.
4. Macy and Brown, 2024.
5. Somé, M.P. (1999). *The healing wisdom of Africa: finding life purpose through nature, ritual, and community*. J.P. Tarcher/Putnam.
6. Grant, B.L. (2020). The Memory Circle. The Memory Circle. <https://thememorycircle.com/>
7. Gelbart, H. (2025). Addicted or overwhelmed? Your brain on the news. TEDxMedUniGraz. [https://www.youtube.com/watch?v=idXpB\\_hfwrl](https://www.youtube.com/watch?v=idXpB_hfwrl)
8. Norris, S., Salgado, F., Murray, S., Amen, D., Keator, D.B. (2025). The Role of Negativity Bias in Emotional and Cognitive Dysregulation: A Neuroimaging Study in Anxiety Disorders, Depression and Anxiety. *Depression and Anxiety*. <https://doi.org/10.1155/da/2739947>



# THE SECOND LINE

## Perspectives from a First Responder Spouse

BY MARIAH KINGSTON, RCC

I am not sure what it was about the small town I grew up in, but all my male friends wanted to become firefighters. Over the years, that is precisely what happened. I watched them become volunteers then paid-on-call firefighters and finally career firefighters. I later married one of these friends, which provided me with the distinguished title of “fire wife.” As I watched my husband go through this process, I became aware of the inescapable effects of his job and how they inevitably permeate all aspects of life.

As a paid-on-call firefighter, his pager would go off constantly, ripping him away from family gatherings, birthday parties, and Christmas morning. Without hesitation or thought about the food, company, or memories he would be missing, he left behind his friends, family,

and me. He would come home from his full-time job, the pager would sound, and he would be gone. He would get a call at 1 a.m., be out all night, come home and make coffee, then head to work. The high-pitched noise would sound at 8 a.m., 6 p.m., 4 a.m. Emergencies don’t have a perception of time or of the lives they disrupt.

Slowly, our daily driving routes started to change. Every street had a ghost. We would turn left because someone had overdosed to the right; we would circle around the block because straight through was where a child had died, or someone had drowned, or a car was hit head on. When he was offered a full-time career position at a department outside our town, I was so relieved — no more pager, no more ghosts. But ghosts follow you everywhere.







## HALL 2

When my husband started as a career firefighter, other effects emerged. He became the recruit, cleaning toilets, making muffins, and navigating complex social hierarchies. He went on more calls in a year than he had in five years as a paid-on-call firefighter. The volume took a toll. I watched the weight of the individuals he couldn't save furrow his brow and pull at the skin beneath his eyes. He would come home with the glazed look you only acquire after giving someone Narcan for the third, tenth, fiftieth time. The job he had dreamed of since he was three years old was morphing his face and his view of the world.

Then in 2020, during the pandemic, the needs of the public increased and so did the calls. My husband was transferred to Hall 2, the

Downtown Eastside. Compounded by the ongoing and ever-overlooked opioid epidemic, Hall 2 became strained beyond its breaking point. That year, Vancouver Fire and Rescue Services attended 41,511

incidents.<sup>1</sup> Recently, in April 2026, Hall 2 broke a new record — 94 calls in a single 24-hour shift.<sup>2</sup> It is unsustainable.

## A NEW REALITY

In the summer of 2021, after over a year of 24-hour shifts, my husband emerged from the shadows of Hall 2 with a shiny new PTSD diagnosis. As newlyweds of two months, we were suddenly navigating a gruelling new reality: time off work, endless appointments, emotional turmoil, and isolation.

After a lengthy process to receive

his PTSD diagnosis, my husband attended appointments for counselling, psychology, occupational therapy, and physiotherapy. I attempted to find other first responder spouses who had been through a similar situation and came up empty-handed. I realized then that the system wasn't just failing the members — it was also failing the families who held them together. As a counselling student at the time, I did the only thing I knew how to do — I turned to research. Through my thesis, I sought to discover how counsellors can best support firefighters when they finally make it into the counselling room.

## A HIGHER RISK OF SUICIDE

What I found in the literature was a mirror of my own reality. It demonstrates that first responders have an elevated risk

for both mental health diagnoses and suicidal tendencies due to their frequent exposure to duty-related traumatic events.<sup>3, 4, 5, 6</sup> The fire service, in particular, has notably high rates of mental health

disorders with an estimated 17.3 per cent prevalence rate, as well as alarmingly high rates of suicidal ideation, plans, and attempts.<sup>7, 8, 9</sup> This was my greatest fear when my husband received his diagnosis: would he take his own life? It is the curse of the researcher to know the statistics too well for one's own sanity.

To make things more difficult, firefighters demonstrate low help-seeking tendencies towards counsellors, often stating they do not want to seek counselling due to perceived stigma, embarrassment, a fire-service culture

**The fear isn't just that a counsellor will be incompetent — it is the fear that the counsellor will be traumatized by their stories.**

which embraces traditional masculine values, and anticipated negative treatment outcomes.<sup>10, 11, 12, 13, 14, 15, 16</sup>

However, the most significant barrier I found isn't just stigma. Firefighters frequently report a lack of counsellor competency in firefighter culture as the biggest deterrent to professional help.<sup>17, 18, 19</sup> Even the president of the International Association of Fire Fighters has acknowledged this gap.<sup>20</sup> This highlights the critical need for counsellors who have specific training in the complexities of firefighter culture. As both a counsellor and a first responder spouse, this is my passion. How can we move past the statistics and provide the support these first responders need?

## INTO THE INFERNO

For my master's thesis, I interviewed local firefighters about their views on the fire services and how they conceptualize firefighter culture, as well as their perceptions of counsellors.<sup>21</sup>

It was unsurprising to me that a







## LEARN MORE

### Resources for Therapists

- ◆ First Responder Health training: <https://education.firstresponderhealth.org/collections>
- ◆ Before Operational Stress training: <https://woundedwarriors.ca/our-programs/before-operational-stress/>
- ◆ Into the inferno: Counsellor competency in firefighter culture: [https://summit.sfu.ca/\\_flysystem/fedora/2023-07/etd22510.pdf](https://summit.sfu.ca/_flysystem/fedora/2023-07/etd22510.pdf)

### Resources for Spouses

- ◆ Wounded Warriors Spousal Resiliency Program: <https://woundedwarriors.ca/our-programs/spousal-resiliency-program/>
- ◆ The Second Line: A Connection Group for First Responder Spouses in Canada <https://www.facebook.com/groups/416868724621916/?ref=share&mbextid=NSMWBT>

majority of participants held negative views of counselling. Nor was I shocked that they shared the perception that counsellors generally lack an understanding of firefighter culture, and that this deficit is the primary barrier to seeking help. However, what will always stay with me is the depth of that distrust. One participant told me: “I’ve heard counsellors have broken off ties with their firefighter clients, because they’re like, ‘No, your stories are disturbing me. I don’t even want to hear them.’ It’s like they’re not ready to hear what we’re willing to unload on them.”<sup>22</sup>

This reveals a devastating narrative within the firefighting community. The fear isn’t just that a counsellor will be incompetent — it is the fear that the counsellor will be traumatized by

their stories. When a counsellor ends a therapeutic relationship because a story is too disturbing, they confirm the firefighter’s deepest suspicion — their reality is too dark for the world to handle.

### WHAT COUNSELLORS SHOULD KNOW

While my research confirmed the significant barriers to help-seeking, it

**Firefighters do not just want a good counsellor — they want an occupationally aware one.**

also illuminated a path forward. The results of my study echo a growing body of literature suggesting that firefighters do not just want a good counsellor — they want an occupationally aware one.<sup>23-24</sup> There is a significantly higher willingness to engage in

the therapeutic process if they believe the person across from them understands both the unique organizational culture of the fire hall and the visceral, traumatic

nature of the job.<sup>25,26</sup>

In my interviews, participants made it clear that this preference for cultural competency was a requirement for them to even begin to consider counselling. This sentiment aligned with current research regarding the gap in understanding firefighter culture and how that deficit acts as a deterrent to care.<sup>27,28,29,30,31,32</sup> Despite this clear preference, participants were unsure of what an occupationally aware counsellor would look like in practice, but they provided suggestions. They suggested that counsellors should proactively engage with the community by talking directly with firefighters to understand their daily reality. I found this to be a telling cultural paradox, considering only one of my participants was willing to

engage in counselling.<sup>33</sup>

Many participants noted that a clinician who is also a first responder provides an immediate, inherent level of competency that is difficult to replicate.<sup>34</sup> Again, not the easiest route to competency.

Perhaps most notably, my participants placed a high value on vetted credibility. They emphasized that counsellors should seek to become BCPFFA-vetted or provide professional references that carry weight within the first responder community. I have found this to be a primary truth in my own practice. Once I began seeing first responders and built that initial trust, word spread rapidly. I began receiving inquiries not only from individual members but also from entire departments seeking large-scale mental health initiatives. In this community, your reputation is your strongest credential.

While a universal definition of an occupationally aware clinician remains somewhat elusive, I believe the foundation must include rigorous trauma training paired with first responder-specific education. To meet this need in my own work, I have completed a two-



year trauma-focused somatic-attachment certification, as well as CISM, CISD, and Before Operational Stress training, and specific coursework such as Occupational Awareness Training for Therapists and Working with Trauma-Exposed Professionals from First Responder

Health. These courses can be essential for providing the cultural nuances that general graduate programs may overlook.

### WHAT ABOUT THE SPOUSES?

In the wake of a diagnosis, the system moves to support the member. It is often reactive and slow, but the supports are

### REFERENCES

1. CTV News. (2023, January 25). Vancouver needs 55 more firefighters to address growing demands, union says. <https://www.ctvnews.ca/vancouver/article/vancouver-needs-55-more-firefighters-to-address-growing-demands-union-says/>
2. CTV News. (2026, April 16). Busiest fire hall breaks record for call volume [Video]. <https://guelph.ctvnews.ca/vancouver/video/2026/04/16/busiest-fire-hall-breaks-record-for-call-volume/>
3. Sommerfeld, A., Wagner, S., Harder, H., & Schmidt, G. (2017). Behavioral health and firefighters: An intervention and interviews with Canadian firefighters. *Journal of Loss and Trauma*, 22(4), 307-324. <https://doi.org/10.1080/15325024.2017.1284515>
4. Bartlett, B., Jardin, C., Martin, C., Tran, J., Buser, S., Anestis, M., & Vujanovic, A. (2018). Posttraumatic stress and suicidality among firefighters: The moderating role of distress tolerance. *Cognitive Therapy and Research*, 42(4), 483-496. <https://doi.org/10.1007/s10608-018-9892-y>
5. Boffa, J., Stanley, I., Smith, L., Mathes, B., Tran, J., Buser, S., Schmidt, N., & Vujanovic, A. (2018). PTSD symptoms and suicide risk in male firefighters: The mediating role of anxiety sensitivity. *The Journal of Nervous and Mental Disease*, 206(3), 179-186. <https://doi.org/10.1097/NMD.0000000000000779>
6. Johnson, C., Vega, L., Kohalmi, A., Roth, J., & Howell, B. (2020). Enhancing mental health treatment for the firefighter population: Understanding fire culture, treatment barriers, practice implications, and research directions. *Professional Psychology: Research and Practice*, 51(3), 304-311. <https://doi.org/10.1037/pro0000295>
7. MacDermid, J. C., Lomotan, M., & Hu, M. A. (2021). Canadian career firefighters' mental health impacts and priorities. *International Journal of Environmental Research and Public Health*, 18(23). <https://doi.org/10.3390/ijerph182312666>
8. Henderson, S., Hasselt, V., LeDuc, T., & Couwels, J. (2016). Firefighter suicide: Understanding cultural challenges for mental health professionals. *Professional Psychology: Research and Practice*, 47(3), 224-230. <https://doi.org/10.1037/pro0000072>
9. Jones, S., Agud, K., & McSweeney, J. (2020). Barriers and facilitators to seeking mental health care among first responders: "Removing the darkness." *Journal of the American Psychiatric Nurses Association*, 26(1), 43-54. <https://doi.org/10.1177/1078390319871997>
10. Carleton, R. N., Afifi, T. O., Turner, S., Taillieu, T., Duranceau, S., LeBouthillier, D. M., Sareen, J., Ricciardelli, R., MacPhee, R. S., Groll, D., Hozempa, K., Brunet, A., Weekes, J. R., Griffiths, C. T., Abrams, K. J., Jones, N. A., Beshai, S., Cramm, H. A., Dobson, K. S., ... Asmundson, G. J. G. (2018a). Mental disorder symptoms among public safety personnel in Canada. *Canadian Journal of Psychiatry*, 63(1), 54-64. <https://doi.org/10.1177/0706743717723600>
11. Hom, M., Stanley, I., Ringer, F., & Joiner, T. (2016). Mental health service use among firefighters with suicidal thoughts and behaviors. *Psychiatric Services*, 67(6),



As counsellors, we must prove that we are prepared to handle the weight of their stories.

What about me? I spent hours searching for a connection — a forum, a support group, a signal in the dark from another spouse who resonated. I found nothing. That silence is a specific kind of violence. It breeds an overwhelming isolation that makes you feel like an anomaly, even though the statistics tell you thousands of us are living the same nightmare.

Why is it so hard to find each other? Because the code of silence doesn't just apply to the person wearing the uniform. As one of my participants aptly put it, "Fire culture has been kept a little bit of a secret for quite a long time."<sup>35</sup> For the spouse, that secret becomes suffocating. We are the resilient backbone, the quiet keepers of the home, the ones often left wandering in a system that doesn't see us.

In the absence of connection, I created The Second Line: A Connection Group for First Responder Spouses in Canada. Slowly, members trickled in, other spouses looking for the same

validation I had craved. The group is often quiet, only generating conversation every few months when I post a resource. It is as if the culture is so ingrained that even in a safe space, we are afraid to speak up. Recently, Wounded Warriors launched a Spousal Resiliency Program, providing a light of hope in what was a dark time for me.

## BRIDGING THE GAP

Ultimately, my journey as a fire wife and my work as a researcher have taught me that the competency gap is not a fixed chasm. It is a bridge we can build through intentional training, occupational immersion, and a willingness to sit with first responders and their families without flinching. As counsellors, we must prove that we are prepared to handle the weight of their stories. Only then will the code of silence finally begin to break, not just in the fire hall, but at the kitchen table as well. ■

*Mariah Kingston is a Registered Clinical Counsellor whose area of focus is first responders. She lives in British Columbia with her husband, son, and dog.*

there. Though proactive initiatives are beginning to emerge, the infrastructure is still in its infancy. There are clinicians well versed in firefighter culture, but they are hidden behind long waitlists.

Yet, as I navigated our new reality, I kept asking: What about the spouses?

688–691. <https://doi.org/10.1176/appi.ps.201500177>

12. Henderson et al., 2016.

13. Johnson et al., 2020.

14. Jones et al., 2020.

15. Henderson, E. (2020). Conceptualizing suicide prevention in firefighters through the lens of the interpersonal-psychological theory of suicide: A narrative review. *Archives of Suicide Research*, 25(3), 1–16. <https://doi.org/10.1080/13811118.2020.1779152>

16. Carleton, R. N., Afifi, T. O., Turner, S., Taillieu, T., LeBouthillier, D. M., Duranceau, S., Sareen, J., Ricciardelli, R., MacPhee, R. S., Groll, D., Hozempa, K., Brunet, A., Weekes, J. R., Griffiths, C. T., Abrams, K. J., Jones, N. A., Beshai, S., Cramm, H. A., Dobson, K. S., ... Asmundson, G. J.

G. (2018b). Suicidal ideation, plans, and attempts among public safety personnel in Canada. *Canadian Psychology = Psychologie Canadienne*, 59(3), 220–231. <https://doi.org/10.1037/cap0000136>

17. Gulliver, S., Pennington, M., Torres, V., Steffen, L., Mardikar, A., Leto, F., Ostiguy, W., Zimering, R. T., & Kimbrel, N. (2019). Behavioral health programs in fire service: Surveying access and preferences. *Psychological Services*, 16(2), 340–345. <https://doi.org/10.1037/ser0000255>

18. Henderson, 2020.

19. Hom, M. A., Stanley, I. H., Rogers, M. L., Tillar, R., Bernert, R. A., & Joiner, T. E. (2018). (In)competence and losing hope: Exploring the relations between perceived clinician cultural (in)competence and help-seeking among firefighters. *Psychological Services*, 15(4). <https://doi.org/10.1037/ser0000192>

ser0000192

20. Gulliver et al., 2019.

21. Kingston, M. (2023). Into the inferno: Counsellor competency in firefighter culture [master's thesis, Simon Fraser University]. Summit. [https://summit.sfu.ca/\\_flysystem/fedora/2023-07/etd22510.pdf](https://summit.sfu.ca/_flysystem/fedora/2023-07/etd22510.pdf)

22. Kingston, 2023.

23. Gulliver et al., 2019.

24. Isaac, G., & Buchanan, M. (2021). Extinguishing stigma among firefighters: An examination of stress, social support, and help-seeking attitudes. *Psychology*, 12, 349–373. doi:10.4236/psych.2021.123023

25. Gulliver et al., 2019.

26. Issac & Buchanan, 2021.

27. Gulliver et al., 2019.

28. Hom et al., 2016.

29. Issac & Buchanan, 2021.

30. MacDermid, J. C., Lomotan, M., & Hu, M. A. (2021). Canadian career firefighters' mental health impacts and priorities. *International Journal of Environmental Research and Public Health*, 18(23). <https://doi.org/10.3390/ijerph182312666>

31. Johnson et al., 2020.

32. Jones et al., 2020.

33. Kingston, 2023.

34. Kingston, 2023.

35. Kingston, 2023.







# AI IN MENTAL HEALTH PRACTICE

## Uses, Risks, and Practical Starting Points

BY CANDICE ALDER, RCC

It has been more than three years since ChatGPT burst into the public arena, and our experience of the world has not been the same. Artificial intelligence (AI) has made our lives better, easier, and more fun, while also making it more complicated, confusing, and concerning.

Nearly every sector is trying to determine how to use this humanity-impacting technology — how to turn its promise into practical benefit and respond to the pressure to adopt AI without being left behind. In mental health, AI is already shaping how people seek support, how clinicians document care, and how organizations think about access, risk, and accountability. As we watch this unfold in real time, it is easy to forget that we are also helping to write the story. This means we no longer need to ask whether AI will touch mental health practice but rather how it can be approached responsibly.

By now, most people have some sense of what AI is, even if they cannot confidently articulate it. However, it is worth beginning by broadly defining it as the ability of computers and machines to perform

tasks commonly associated with human cognition, such as learning, reasoning, problem-solving, perception, and pattern-recognition. For many people, AI means ChatGPT, Claude, or Gemini. These are examples of generative AI, but generative AI, or GenAI, is only one branch of a much larger field. AI also includes systems used for prediction, classification, biometric identification, recommendation, decision support, and automation.

### **AI HAS ALREADY ENTERED THE MENTAL HEALTH SPACE**

Long gone are the days of AI being a future-facing issue for mental health care. Clients are already using chatbots, wellness apps, AI-powered search engines, and general purpose tools like ChatGPT to better understand their symptoms, rehearse conversations, journal, self-soothe, or seek advice before ever contacting a counsellor. Clients are not the only ones tapping into the promise and opportunities of AI. Mental health professionals, clinics, researchers, insurers, and health systems are also exploring its use.



So what does this mean for counsellors who want to but have not yet started using AI in their professional work? This does not mean counsellors need to become technologists. It does mean they need enough literacy to make ethical and informed decisions. This is not about deciding whether AI is good or bad — in fact, it can be both and neither at the same time. The core issue for counsellors and other mental health professionals is whether its use is clinically appropriate, transparent, safe, privacy-protective, and accountable.

Let's look at how AI is being used in mental health.

### **CLIENT-FACING MENTAL HEALTH AND WELLNESS TOOLS**

AI entered our lives long before ChatGPT burst into the public vernacular in late-2022 (think Siri and customer service call centres asking you to tell them “a little bit about why you are calling so we can direct you to the right agent”). Since then, it is without surprise that AI has started to show up in therapeutic tools that offer

emotional support, psychoeducation, coping exercises, journalling prompts, mood tracking, and self-guided CBT-style interventions. Woebot and Wysa are two such apps developed specifically for mental health.

Woebot is a chat-based AI wellness app that aims at making mental health support more accessible through features such as mood monitoring, progress reflection, gratitude journalling, mindfulness practice, and support for managing mood and anxiety symptoms. Similarly, Wysa promotes itself as an evidence-based AI mental health support tool offering emotional support and self-help techniques drawn from CBT and DBT approaches. There are also many AI-powered wellness apps offering guided breathing, mindfulness, and grounding exercises that can be effective for some clients. These therapeutic tools can be especially helpful for counsellors to recommend to clients who would benefit from some structured or supported work between sessions. Similarly, reflections on the use of these tools can be a helpful starting point for sessions.

When it comes to client-facing mental health tools, one of the most important things to remember is that general-purpose chatbots, like ChatGPT or Claude, should not be recommended for client use in a therapeutic context

(e.g., therapy, crisis support, diagnosis, clinical advice). General-purpose AI has not been developed for mental health contexts and raises significant privacy, security, and safety concerns.

In recent years, media reports and legal complaints have also alleged

This is not about deciding whether AI is good or bad — in fact, it can be both and neither at the same time.



that chatbot interactions contributed to serious harm in some cases. Furthermore, while these apps may be helpful as adjunctive supports, they are not equivalent to therapy, diagnosis, and especially crisis response. In fact, chatbots continue to perform poorly in crisis situations, and like any other intervention for between sessions, should be thoroughly evaluated ahead of time by the counsellor and recommended thoughtfully, carefully, and only where clinically appropriate.

### CLINICIAN-FACING ADMINISTRATIVE TOOLS

Using AI to reduce the weight of administrative tasks is a major area of adoption within mental health. From documentation to workflow support, these AI systems are often less visible to clients but highly relevant to practice. They can be used to generate progress notes, session summaries, treatment-plan drafts, intake summaries, referral letters, and psychoeducational handouts. Some can also support drafting routine administrative communication and summarizing non-clinical documents or policies.

Mentalyc is one example of an AI platform for therapists that can support some of these tasks, as well as therapy-specific documentation workflows and note formats. Upheal is another that promotes its services to include AI notes, scheduling, billing, and customizable templates like SOAP, DAP, BIRP, and GIRP. It is no surprise that this is frequently where counsellors first experiment with AI and may be one of the most common entry points for AI adoption in mental health practice. Administrative tasks are burdensome and time-consuming, and the use of AI in this context feels a great deal more

comfortable for counsellors because they are not direct therapy replacements.

However, documentation tools may appear less clinically risky than AI-powered therapeutic tools, but they still interact with highly sensitive information, which raises concerns related to privacy, consent, data storage, accuracy, and record-integrity that must be considered before adoption. For instance, if a session is recorded, transcribed, summarized, stored, or processed by a vendor, clinicians need to understand where the data goes, how long it is retained, whether it is used for model training, who can access it, and what clients have been told to obtain meaningful informed consent.

General-purpose chatbots, like ChatGPT or Claude, should not be recommended for client use in a therapeutic context.

### GENERAL-PURPOSE AI SYSTEMS

You may be saying to yourself, “Hold on a second — I thought using general-purpose AI was strongly discouraged.” Much to the contrary! General-purpose GenAI is amazing, helpful, and well worth using. What it is strongly discouraged is using it for mental health support. However, as a counsellor, if you have not experimented with using ChatGPT, Claude, Gemini, or the like to draft psychoeducational material, develop worksheets, summarize public research, or create templates, it is well worth trying. Just keep in mind the following important cautions:

- ✦ DO NOT enter client information into general-purpose tools (anonymized or not).

- ✦ ALWAYS review AI outputs for accuracy and appropriateness, and cross-reference information where appropriate. General-purpose AI tools can hallucinate (make up information), oversimplify, overstate evidence, or generate clinically inappropriate language.

### KEY ETHICAL AND CLINICAL RISKS

AI is full of exciting opportunities and promise. However, the risks require careful consideration and forethought. In March 2025, BCACC released a guideline for the responsible adoption of AI in clinical mental health practice, the first of its kind in Canada for clinical counsellors. Founded on globally recognized ethical AI principles, such as

the *UNESCO Recommendation on AI Ethics* and the OECD’s *Recommendation of the Council on Artificial Intelligence*, it offers a practical framework for mental health professionals considering whether, when, and how to integrate AI into clinical practice.

Here are a few of the ethical concepts from that guideline that ultimately contribute to responsible use of AI in mental health.

#### Confidentiality and privacy —

Confidentiality and privacy sit at the heart of the therapeutic process and are foundational to its effectiveness. These very same concepts are pillars of the conversation about responsible AI in therapy. Mental health information is among the most sensitive categories of personal information. When AI use can involve transcription, cloud storage, third-party vendors, cross-border data transfers, model training, and secondary data uses, it is important for counsellors to ask important questions before they use AI in their practice.

- ✦ What information is being collected or entered into the AI system?
- ✦ What data-security measures are used?
- ✦ Where is the data stored?
- ✦ Is the data used to train the system?
- ✦ Can the data be deleted?
- ✦ What happens if there is a data breach?

These are just a few really important questions to which counsellors must know the answer before making an informed choice about which AI system to use and also to ascertain meaningful informed consent from clients.

### **Informed consent and transparency**

— Clients should not be surprised to learn that AI was involved in their service provision. It is up to you as the counsellor to ensure you are not only transparent with clients about AI use, but also that you are using an AI tool or service that is transparent with you about such things as data collection and handling policies, privacy features, and — when applicable and not involving a proprietary algorithm — how the AI system makes decisions.

### **Accuracy and**

**hallucination** — AI can produce polished and convincing content that is ultimately inaccurate or completely fabricated. In a mental health context, inaccurate summaries, imagined details, or even subtle

shifts in meaning can affect continuity of care, risk assessment, diagnosis, legal records, and client trust. As the counsellor, you are ultimately responsible for any and all AI outputs that end up being used in documentation, sessions,

Clinicians need to understand where the data goes, how long it is retained, whether it is used for model training, who can access it.

decision-making, or any other aspect of your practice. As such, it is vital that you are the “human-in-the-loop” who checks for and confirms accuracy, completeness, and appropriateness.

**Bias** — AI systems are the result of human innovation and technological perseverance. They reflect the very skills and abilities that set us apart as a species. However, humans are imperfect and that means that

AI systems may reproduce, amplify, or obscure biases arising from their human-provided training data. In mental health, distress, family dynamics, risk, culture, identity, disability, language, and trauma can be misread or flattened by automated

systems, and it is the job of the counsellor to mitigate this inevitability where possible.

For example, this means that if you specialize in working with clients from immigrant backgrounds you will want to ensure the AI system you use to summarize session recordings into clinical notes is trained to pick up on and understand relevant languages, dialects, accents, and pronunciations. Or similarly, that the AI system being used is able to understand how mental health experiences may present differently in men than women.

**Competency** — In the same way that it would be unethical for a counsellor to commence a therapeutic modality or intervention without adequate competency, the same applies to AI use. Mental health professionals should not be using AI systems they are not adequately trained to use, understand,







and know how to intervene with when necessary. This need not require additional diplomas or degrees. In fact, there is a wealth of knowledge at low or no cost on platforms like Coursera or LinkedIn Learning, and many AI system vendors offer training to better understand their platform. Additionally, given that AI is a field that is advancing and changing rapidly, competency in the world of AI — just like in therapy — asks us to integrate it into our lifelong learning.

### FIRST STEPS FOR COUNSELLORS CONSIDERING AI IN PRACTICE

**STEP 1:** Start with the use case, not the tool. A common mistake is to start with an AI system and then look for a reason to use it. So, before you choose the product, take some time to think about the actual problem that you are trying to solve. Deciding that you want to reduce documentation time is different from

wanting to improve intake efficiency or create psychoeducational handouts faster.

**STEP 2:** Classify the level of risk. Not all AI applications carry the same risk level, and while you may have identified a use case to address with an AI system, you may find that you are unwilling — or do not yet have the competency — to tolerate the level of risk associated with that use case. The higher the risk, the greater the responsibility and need for robust training and planning before deployment. While not an exhaustive list, here are a few examples:

- ✦ **Lower risk:** drafting a generic worksheet without client information, summarizing public research, developing administrative text that is non-client-facing.
- ✦ **Moderate risk:** summarizing session content, creating treatment plan drafts, using AI to draft client-specific letters.
- ✦ **Higher risk:** assessing suicide risk, making treatment recommendations.

**STEP 3:** Study BCACC's *AI and Clinical Practice guideline*. The guideline provides a step-by-step process of what to consider when you arrive at the place of knowing the problem you want to solve and understanding (and accepting) the risk level associated with AI being used for it. This includes reviewing considerations related to fairness, accountability, transparency, confidentiality and privacy, and competency.

### AI SHOULD SUPPORT CARE, NOT REDEFINE IT WITHOUT CONSENT

AI has already shown itself to be an exciting and wonderful tool to reduce administrative burden, expand access to low-intensity support, improve psychoeducation, and assist with practice workflows. However, in mental health,

efficiency cannot be the only measure of success; the therapeutic relationship, clinical judgment, privacy, informed consent, and professional accountability must remain central.

For counsellors, the first responsible step is not to become an AI expert — it is to become AI-literate enough to ask important questions. What problem am I trying to solve? What information will the tool access? What does the client need to know? What could go wrong? Who is accountable? Used casually, AI can quietly reshape care in ways that clients, counsellors, and professionals have not meaningfully consented to. When used carefully, AI can support professional practice and may hold the key to enhanced mental health care that truly uplifts humanity. ■

---

*Candice Alder, MEd, RCC, is the author of the BCACC's AI and Clinical Practice guideline and the principal consultant and co-founder at Synthetica.io, advising on responsible AI in high-stakes professional and human-service environments.*

#### REFERENCES AND RESOURCES

- **Wysa:** A client-facing AI mental health support app. <https://www.wysa.com/>
- **Woebot:** A client-facing AI mental health support app. <https://woebothealth.com/>
- **Mentalyc:** An AI-based platform and tools for mental health professionals to manage administration tasks. <https://www.mentalyc.com/>
- **Upheal:** An AI-based platform and tools for mental health professionals to manage administration tasks. <https://www.upheal.io/>
- **OECD AI Principles:** The OECD AI Principles promote use of AI that is innovative but also trustworthy and respectful of human rights and democratic values. <https://oecd.ai/en/ai-principles>
- **UNESCO:** Recommendation on the Ethics of Artificial Intelligence: UNESCO's global standard on AI ethics was adopted in 2021 and is applicable to all 194 member states of UNESCO. <https://www.unesco.org/en/articles/recommendation-ethics-artificial-intelligence>
- **Coursera:** A wide range of courses on all kinds of subjects, including using AI tools. <https://www.coursera.org/>
- **LinkedIn Learning:** Lots of free and low-cost courses on AI. <https://www.linkedin.com/learning/>





# MENTAL HEALTH IN A WORLD OF CRISIS

BY DAVID CHANG, RCC

In the past six years, we have seen the outbreak of a pandemic, economic disruption, inflation, political tumult, and armed conflict. We live amid heightened tension and uncertainty.

As a poly-ethnic society comprised of immigrants from countries around the world, Canada is home to many people who have been directly or indirectly impacted by war. They carry the scars of trauma or live in constant worry about their friends and relatives who face peril every day. Though far from bombs and bullets, they deal with the spectre of fear.

All of us, even those who have never experienced war, now face the ramifications of global conflict: rising fuel prices, economic uncertainty, and political instability. Meanwhile, climate change continues unabated, and efforts to curb greenhouse emissions seems to have fallen off the international agenda. Multiple threats complicate one another, creating a series of crises both intractable and overwhelming.

Against this backdrop of violence and discord, the challenges of daily life remain. Work, parenting, caregiving, and schooling do not relent with the onset of crisis. If life is hard enough in peace time, how much more devastating when missiles score the sky? The world feels less hospitable to human well-being when might makes right, when violence eclipses diplomacy,

when justice seems obsolete. Global stability is the horizon line of our collective well-being. When the world order unravels, we feel the ground disappear from underneath us.

Given the tumult, it is only natural that most of us, therapists and clients alike, should suffer mentally, emotionally, and physically. Unfortunately, our attempts at self-care can seem too narrow, insignificant, and even self-indulgent given the plight of millions around the world. Although self-care seems feeble in a time of crisis, I believe it is more vital

than ever. Many people are frightened, angry, confused, and anxious in the face of chaos. To help others, therapists need to embody the qualities most needed at this time: steadiness, poise, empathy, resilience, and equanimity. We cannot be present to others'

distress if we are flailing ourselves. This is why having a comprehensive view of well-being, in conjunction with wholesome habits and practices, is indispensable for therapists.

In this article, I would like to share a few suggestions for self-care that in my view extend beyond the individual and hold a wider view towards our communities. By living into these aspects of care, which are applicable to therapists and clients alike, we will be better able to navigate the dark times that engulf us.

**To help others, therapists  
need to embody the qualities  
most needed at this time:  
steadiness, poise, empathy,  
resilience, and equanimity.**

## **TITRATE EXPOSURE TO NEWS AND INFORMATION**

The ongoing responsibility of citizenship requires that we stay informed. However, compulsive consumption of information can be a form of dispossession, whereby we forfeit our attention while rivetted by media of all forms. Social media, designed to keep us addicted, can feed a habit of compulsive consumption. Doomscrolling can wreck our mental landscape, stoking anxiety and despair.

In the interest of balance, we can intentionally allot time to access the news. We can think of this as a news brief as opposed to doomscrolling. The former is deliberate, purposeful, and of a limited duration. The latter is aimless and has no limit on exposure. If doomscrolling is a source of stress, the first step towards recovery is a more mindful approach to the way we consume information.

Designate a time of the day to read the latest developments. Then, put down the phone/tablet/laptop when the duration expires.

## **COMPLETE THE STRESS CYCLE**

Current events are often inherently disturbing and unsettling. Once we learn about a distressing event, our bodies produce cortisol and epinephrine, hormones that induce a fight/flight response. If these systems are constantly activated, our bodies will be worn down by tension. Our nervous system remains on alert without any means to moderate and conclude our excitatory response.

Physical exercise (especially more intense movement that combines cardio and weight-training) helps to moderate stress hormones, helping us enjoy a more serene baseline.<sup>1,2</sup> Regular mindfulness practice is also effective in lowering

stress and inflammatory response.<sup>3</sup>

Leisurely walks through green spaces can also help us process uneasiness and anxiety associated with world events.<sup>4</sup> By allowing the stress to complete its cycle, we are less tense and thus better poised to serve others in distress.

## **RETURN TO THE HERE AND NOW**

Terrible news reaches us from the far reaches of the world. It often presents carnage and atrocity that we are appalled to learn but have no power to change. Global problems like climate change can seem both immense and intractable. They overwhelm our limited agency. One antidote lies in returning to our surroundings in the immediate present, the here and now. We can look at the sky above us, touch the objects around us, focus on what is at hand. We might bring our attention to tasting the coffee we





hold in our hands or savouring the cool morning air. A quiet walk in a natural space without earphones or music can ease our frazzled nerves. Returning to the immediate present is neither a distraction from atrocities nor a denial of dire situations — it is a choice to remain in touch with what is tangible, calibrating our mental parameters to include all that is supportive and readily available.

### CONNECT WITH OTHERS FACE TO FACE

Friendship and human connection become even more important in a time of stress. If the news presents the suffering of anonymous multitudes, then face-to-face interactions offer stark relief. In-person conversation offers a potent healing medicine. We can reach over and offer a caring hug, a pat on the shoulder. We can share laughter, which is therapy par excellence. The comfort of companionship assures us that we are not alone. This is the most authentic and enduring solace amid the darkness that threatens to engulf us.

### UNDERTAKE AN ACT OF KINDNESS

Optimism and hope are often the first casualties of war. We can lose faith in humanity, in the possibility of a peaceful, shared future. To prevent the withering of hope, we can do something kind for someone around us, perform a small act of service to our community. Initiate a friendly conversation with a stranger. Call someone who can use a good cheer. Bring a friend a cup of coffee. Give someone a bouquet of flowers. On a slightly longer time scale, we can cultivate a community garden and give

the fruit and vegetables to someone who appreciates the food.

If fear, hatred, and violence devastate faraway places, we countermand them by choosing kindness and care right

where we live. In so doing, we affirm within ourselves the humanity that seems to be eroding in world leaders.

### FIND A WIDER, DEEPER FRAME

Self-care techniques and methods are vital in difficult times, but they seem feeble and irrelevant compared

to the scale of destruction caused by war. We suffer deep anguish when children perish, when homes are levelled by bombs. Our profound sorrow cannot be soothed by coping mechanisms and relaxation techniques. We need a wider and deeper frame that is apt to hold the immensity of this grief. Some therapeutic modalities, as important as they are, can seem too clinical when the wound is existential.

In these times, we find help from guiding lights who have lived through dark times in the past. These are sages whose humanity never dimmed even under the punishing hand of oppressors. We owe gratitude to Elie Wiesel, who despite the horrors he witnessed in Auschwitz, encouraged us to “think higher, feel deeper.”<sup>5</sup> We can look to Victor Frankl, who wrote that “what is to give light must endure burning.”<sup>6</sup> These words are not therapeutic in the conventional sense — they don’t make us feel better. Rather, they refine our character amid adversity, galvanize our spirit amid the darkness. As such, they belong in the annals of wisdom, earned by those who knew great pain. Whereas

clinical forms of psychotherapy can seem narrow, philosophy and poetry can offer a language that more effectively gives voice to the pain we feel. Holding space and inviting explorations of this kind, for ourselves and clients, can open possibilities for growth.

### THE LONG RUN

Recent and ongoing turmoil around the world, including extreme weather events, economic disruption, and political strife, will continue to challenge all of us. Everyone is affected; no one is exempt. These compounding pressures will require us as therapists to take good care of ourselves to ensure we are in good shape to help our clients. ■

---

*David Chang, PhD, RCC, is a psychotherapist, writer, and educator in Vancouver. He studies and practices in the Zen tradition.*

### REFERENCES

1. Meyer, S. E., Kimber, M., Maier, L. E., Matenchuk, B., Moldenhauer, R., de Waal, S., Sivak, A., Davenport, M. H., & Steinback, C. 'D. (2024). The impact of exercise training on muscle sympathetic nerve activity: A systematic review and meta-analysis. *Journal of Applied Physiology*, 137(2), 429-444. <https://doi.org/10.1152/jappphysiol.00060.2024>
2. Noetel, M., Sanders, T., Gallardo-Gómez, D., Taylor, P., Cruz, B. del P., Hoek, D. van den, Smith, J. J., Mahoney, J., Spathis, J., Moresi, M., Pagano, R., Pagano, L., Vasconcellos, R., Arnott, H., Varley, B., Parker, P., Biddle, S., & Lonsdale, C. (2024). Effect of exercise for depression: Systematic review and network meta-analysis of randomised controlled trials. *BMJ*, 384, e075847. <https://doi.org/10.1136/bmj-2023-075847>
3. Rosenkranz, M. A., Lutz, A., Perlman, D. M., Bachhuber, D. R. W., Schuyler, B. S., MacCoon, D. G., & Davidson, R. J. (2016). Reduced stress and inflammatory responsiveness in experienced meditators compared to a matched healthy control group. *Psychoneuroendocrinology*, 68, 117-125. <https://doi.org/10.1016/j.psyneuen.2016.02.013>
4. Zhang, Y., Wu, T., Yu, H., Fu, J., Xu, J., Liu, L., Tang, C., & Li, Z. (2024). Green spaces exposure and the risk of common psychiatric disorders: A meta-analysis. *SSM - Population Health*, 25, 101630. <https://doi.org/10.1016/j.ssmph.2024.101630>
5. MOTLorg. (2016, July 9). Lessons from Elie Wiesel's Classroom—International March of the Living. <https://motel.org/lessons-from-elie-wiels-classroom/>
6. Frankl, V. (2006). *Mans' Search For Meaning*. Beacon Press.

# EXISTENTIAL ANALYSIS

Making sense of human experience and the themes of existence

AN INTERVIEW  
WITH ROCHELLE CHAPMAN, RCC



**R**ochelle Chapman, RCC, has been in private practice in downtown Vancouver since 2009. She works with adult individuals and couples and treats most of the common concerns and also supervises practicum students and offers clinical consultation from an existential lens. In addition to her therapeutic work, Chapman teaches in a training program for Existential Analysis, an existential school of psychotherapy originating from Viktor Frankl and developed into a comprehensive theory by Alfred Längle.

## **Briefly, what is existential therapy?**

Existential therapy is a diverse group of therapeutic approaches informed by certain core concepts of existential philosophy. Some of the hallmarks of existential therapy are:

- The person of the therapist is the primary tool in therapy. Although we certainly use tools, interventions, and treatment approaches, these are secondary to the human presence of the therapist that shines through in the therapeutic encounter. This allows the client to feel genuinely seen by a real person who actively opens up to being immersed in and personally
- moved by the client's experience. Because the therapist's humanity is central, the therapist's self-development has an important role in some existential training programs.
- All human beings have at least some degree of freedom, however limited by life's circumstances and injustices, and therefore are responsible for what they do with that freedom. Thus, decision-making is an important focal point of therapy. Decisions are where we exercise our freedom. When taking action, we appear as a unique person in the world. As a therapist, I dialogue with clients to help them understand their impulses, feelings, reasons, values — their complex motivations. This culminates in supporting them to find the courage to take responsibility by owning and living out a decision that resonates as authentic.
- Suffering is an inevitable part of life and can even bring us closer to ourselves and life by learning to face and deal with it. Of course, as existential therapists, we want to alleviate some suffering but not all suffering is avoidable. For example, life involves facing losses and the time

constraints of our mortality. I consider whether a client's suffering is due to something we can shift together (a wound that can be healed or a belief or pattern of relating that can be changed) or whether their suffering is inevitable to the human condition (a loss or facing death). On these latter occasions, therapy becomes about facing the reality of the situation together, allowing the suffering to be there and being accompanied in that experience. Other types of therapy may move more quickly to get the client out of suffering, through taking action to improve mood or by practising gratitude to brighten perspective. As existentialists, we must be comfortable sitting with suffering and letting it be.

- While every individual is unique, there are some universal realities that all humans must confront and respond to in order to find fulfillment. In Existential Analysis, we group these into four major themes:
  - the physical world, which demands that we grapple with being embodied and mortal in a world that is both somewhat stable and somewhat uncertain;



- being alive, which involves the experience of our feelings, vitality, relationships, values, and losses;
- being a unique person, which calls us to risk showing our authentic selves among others who are in some ways similar and in some ways different; and
- the potential for meaning, which challenges us to find valuable activities and a way to contribute in the world.

In existential therapy, we dialogue with the client about their unique response to these universal themes.

### **Is existential therapy a modality or a philosophical approach to life?**

I consider it both a modality and an approach to life. There are several schools of existential therapy and I am trained in one called Existential Analysis. It offers a comprehensive structure for making sense of human experience and the themes of existence. It also provides specific treatment approaches for all the major mental health disorders. The main method I use with clients is phenomenology, a practical application of Heidegger. In a nutshell, phenomenology involves setting aside my knowledge and assumptions in order to become radically open towards the client's experience. Together, we look at a concrete experience and uncover the client's impulses, feelings, thoughts, and motivations. We bring a lot of curiosity and look very closely and deeply until we come to a shared understanding of the essence of that experience and its importance for their life.

Phenomenology can also be a way of life, a way of being. I apply that same openness, curiosity, and dedication to seeing the essence in my own inner

dialogue, as well as in my dialogue with the world and my community. For me, it is a practice that brings a great deal of meaning, clarity, and connection to everyday life.

### **Are there any client concerns not suitable for existential therapy?**

Surprisingly, most client concerns are treatable with an existential lens, and we have treatment approaches for the major DSM disorders, even personality disorders and psychosis. Existential therapy tends not to get recommended by physicians or in the media because it is not considered "evidence-based" treatment. Therapy that prioritizes the subjective experience and personal encounter looks different for each client and therapist, respectively. It does not lend itself well to quantitative research studies; although certainly we have qualitative research and even some psychometric tests regarding existential topics. This is why the existential approach is not widely recognized in North America for concerns like anxiety, depression, and BPD.

For Existential Analysis, in particular, two areas that have not been well developed yet with a comprehensive treatment approach are child therapy and family therapy. Although I do know some existential therapists who work with children and find it possible to apply the concepts.

### **The theme for this issue of *Insights* is "hope in a modern world." How does existential therapy fit with this theme?**

This is such a big question and hard to answer briefly. For me, the concept of the "modern world" brings up thoughts about disconnection, meaninglessness, polarization, economic/political

uncertainty, the distraction of rapid and superficial communication, and a social structure based on competition. Where does hope come from in all of this? Existential therapy trains the client to slow down and look deeply inside themselves. This is an antidote to the frenzy of the external world. After learning to access one's authentic self, it is possible to reach out and find others who are also hungry for genuine connection; this makes the modern world more bearable. Taking responsibility is another important avenue towards hope. Existence is a situation that invites a personal response. Although there is a great deal that just happens to us — losses, injustices, obstacles outside our control — each of us has a degree of freedom to act and change our own life. I want clients to feel empowered to take responsibility and choose an identity, pursuits, and relationships that feel more meaningful to them. Hope comes from this attitude of feeling empowered to grasp one's future and realize it. ■

## **LEARN MORE**

**Existence Psychotherapy** offers individual and relationship counselling and clinical consultation: <https://existencepsychotherapy.ca/>

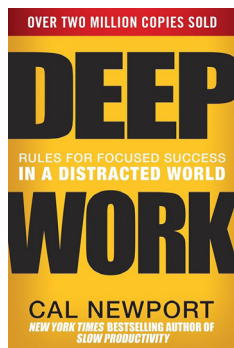
**Existential Analysis Canada:** <https://existencepsychotherapy.ca/>

**Dr. Alfried Längle, founder of Existential Analysis:** <https://www.laengle.info/>

**The Wiley World Handbook of Existential Therapy** (2019). van Deurzen, E., Craig, E., Längle, A., Schneider, K. J., Tantam, D., & du Plock, S. (Eds.). Outlines several existential therapy approaches, including Existential Analysis in Part IV.



## Read

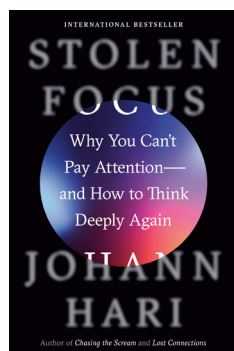


### DEEP WORK: RULES FOR FOCUSED SUCCESS IN A DISTRACTED WORLD

By Cal Newport

Deep work is the ability to focus without distraction on a cognitively demanding task. It's a skill that allows you to master complicated information and produce better results in less time. And yet, most people have lost the ability to go

deep, instead spending their days in a frantic blur of email and social media. Newport makes the case that cultivating a deep work ethic will produce massive benefits, then presents a training regimen for transforming your mind and habits to support this skill.

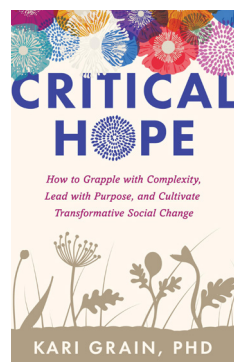


### STOLEN FOCUS: WHY YOU CAN'T PAY ATTENTION — AND HOW TO THINK DEEPLY AGAIN

By Johann Hari

Writer and journalist Johann Hari was finding that constantly switching from device to device and tab to tab was a diminishing and depressing way to live. So, Hari interviewed leading experts on human attention and discovered that everything we think we know about this

crisis is wrong. We think our inability to focus is a personal failure to exert willpower over our devices. The truth is more disturbing: there are 12 deep causes of this crisis. Hari also learned how we can reclaim our focus — if we are determined to fight for it.



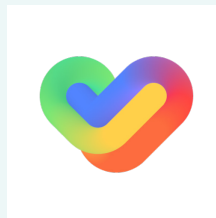
### CRITICAL HOPE: HOW TO GRAPPLE WITH COMPLEXITY, LEAD WITH PURPOSE, AND CULTIVATE TRANSFORMATIVE SOCIAL CHANGE

By Kari Grain, PhD

Hope alone can be transformational, but in moments of despair or when you're up against injustice, it isn't enough on its own. Hope without action is, at best, naive. At worst, it tricks you into giving up power and agency to change systems that cause suffering. Enter critical hope: a spark of passion, an abiding belief that transformation is not just possible but vital. This is hope in action: a vibrant, engaged practice and commitment to honouring transformative potential across a spectrum of experience. In *Critical Hope*, Grain confronts toxic positivity and takes up discomfort, social injustices, and an ethos of hospitality towards anger and grief. Because hope isn't something you have — it's something you do.



## Download

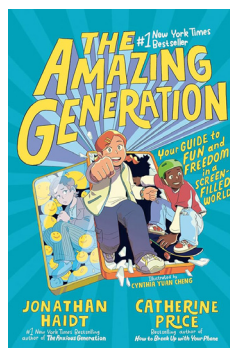


### HOW WE FEEL

App available on Apple and Google

How we feel is a free, nonprofit app developed to help users identify, track, and manage their

emotions. Created in partnership with the Yale Center for Emotional Intelligence, it offers simple check-ins, mental health exercises, and tracking for lifestyle factors like sleep and exercise. Data is kept on your device, with optional, anonymized sharing for research purposes.



### THE AMAZING GENERATION: YOUR GUIDE TO FUN AND FREEDOM IN A SCREEN-FILLED WORLD

By Jonathan Haidt, Catherine Price, and Cynthia Yuan Cheng

Jonathan Haidt's blockbuster book, *The Anxious Generation*, sparked a global conversation about the effects of smartphones and social media on

young people's development. Now, Haidt and Catherine Price, author of *How to Break Up with Your Phone*, have teamed up to create a new book that speaks directly to kids. Their goal? To empower young people to choose a life not dominated by screens and social media. But this isn't just a book about what not to do. It's a bold, optimistic, and practical guide to growing into your most authentic, confident, and adventurous self.



# BCACC Member Benefits

We are over 9,000 members strong and growing every day.  
Become an RCC and access unparalleled value and recognition.



The RCC designation is synonymous with professional accountability, labour mobility, and adherence to high ethical standards in the counselling profession. BCACC supports RCCs in the important work they do with an array of in-house benefits, such as BCACC's Find a Counsellor Tool, Approved Clinical Supervisor Program, Member Advertising Rates, Committees, Events and professional development, EConnect, and #RCCconnect. RCCs also have exclusive cost-savings from BCACC's benefit partners.

With an average of 18,000 visitors per month, BCACC's Find a Counsellor search tool can help you connect to clients and grow your practice with ease and simplicity.

Learn more at [bcacc.ca/counsellors](https://bcacc.ca/counsellors)



CAR SHARE

→ Free membership and 60 free driving minutes  
[evo.ca](https://evo.ca)



→ : Access over 5,000 exclusive perks, including Samsung, Westjet, Hellofresh, Cineplex, AVIS, and much more.  
[perkopolis.com](https://perkopolis.com)



→ Competitive professional and commercial liability insurance and access to legal advice.  
[mitchellandabbott.com](https://mitchellandabbott.com)



→ 15% off products  
[byoganow.com](https://byoganow.com)



→ Save up to \$1,600 on bring-your-own device and plan and device included offers  
[bell.ca](https://bell.ca)



→ Quality advanced continuing education for mental health clinicians. Get 15% off workshop registrations, excluding EMDR training.  
[envisionworkshops.com](https://envisionworkshops.com)



→ A robust health and dental plan with available add-ons.  
[edgebenefits.com](https://edgebenefits.com)



→ Preferred pricing, dedicated account management, shipping, print, and marketing discounts  
[staplespreferred.ca/pcam](https://staplespreferred.ca/pcam)



→ 10% discount on the "Oxygen For Life" annual membership  
[oxygenyogaandfitness.com](https://oxygenyogaandfitness.com)



→ Free one-month trial and 25% off subscription to a personalized research update platform to stay up to date on the latest evidence without overwhelm. [thepsychupdate.com](https://thepsychupdate.com)



→ 10% discount per month with month-to-month contract towards any subscription with a first month free OR 20% discount per month with an annual contract towards any subscription with a first month free.  
[adracare.com](https://adracare.com)



→ Discounts on selected services from one of Canada's leading professional accounting services firms. MNP provides client-focused accounting, consulting, tax, and digital services..  
[mnp.ca](https://mnp.ca)



→ A Mitchell and Abbott partner — preferred rating and custom solutions for residential and auto insurance, including short-term and home-based business  
[waypoint.ca](https://waypoint.ca)



→ A free first month with at no cost.  
[jane.app](https://jane.app)



→ BC's largest fitness provider with 17 Lower Mainland and Island locations offers exclusive corporate memberships across various categories/levels/packages.  
[fitnessworld.ca](https://fitnessworld.ca)



→ Practice-management platform that empowers mental health professionals and reduces administrative burden. 50% off first year. 20% yearly subscriptions.  
[yocale.com](https://yocale.com)



→ 15% off products  
[shophalfmoon.ca](https://shophalfmoon.ca)



OwlPractice

→ A comprehensive, compliant practice management solution tailored specifically for Canadian mental health professionals. Receive 20% off your first year.  
[owlpractice.ca](https://owlpractice.ca)



→ 20% off yearly profile subscription in a directory of 900+ mental health professionals that helps thousands of people find support in 25 languages.  
[counsellingbc.com](https://counsellingbc.com)

[bcacc.ca/join/rcc](https://bcacc.ca/join/rcc)



**PRICE | STEPHENS**  
FAMILY LAW | MEDIATION

[pricestephensfamilylaw.ca](http://pricestephensfamilylaw.ca)

778-583-3133

# The Only RCC Owned Family Law Firm

At Price Stephens Family Law, we value the same principles that guide exceptional Registered Clinical Counsellors: empathy, trust, and compassionate care. We understand that separation, parenting disputes, and family transitions often involve trauma, grief, and emotional overwhelm. Our trauma-informed approach prioritizes psychological safety, respectful communication, and building meaningful client relationships. We work

collaboratively with counsellors and other professionals to support clients holistically, recognizing the importance of emotional wellbeing alongside legal outcomes.

Angela Price-Stephens, RCC (membership No. 18829), is a lawyer of 30 years' experience, practicing family law, mediation and parenting coordination. Her associates are trauma-informed, experienced family law lawyers.

**PRICE STEPHENS FAMILY LAW | MEDIATION**

**ACCEPTING NEW CLIENTS**