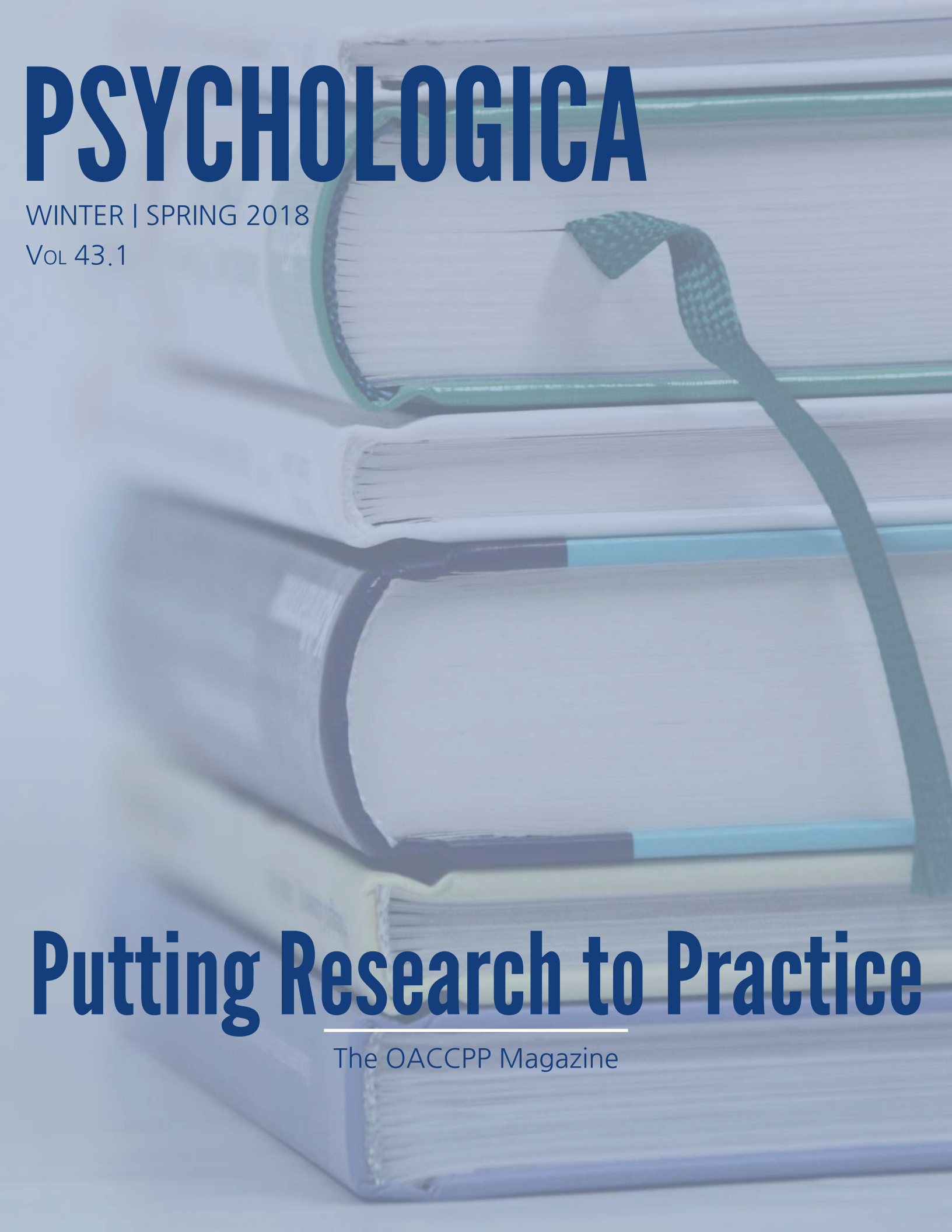

PSYCHOLOGICA

WINTER | SPRING 2018
VOL 43.1

Putting Research to Practice

The OACCPP Magazine

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Ame Cutler, PhD, holds a PhD in Clinical Psychology with a research emphasis in the fields of transgenerational trauma and oppression. Dr. Cutler is employed as a psychological assistant under the supervision of Dr. Jadu Jagel, PsyD, PSY 23468. Her interest lies with the impact that the cycle of violence has on both victims of violent crimes and violent offenders, their families and communities. She is certified in the Hakomi Method and brings years of experience in a variety of body-oriented modalities to her work with individuals, couples, and groups. In working with those who suffer the aftermath of **relational trauma, she** combines interests in somatic practices, mindfulness, and indigenous wisdom to assist them in building a safer relationship with their own bodies.

Rochelle Sharpe Lohrasbe, PhD, RCC, holds a PhD in Child and Youth Care (UVIC). Beginning with a career in forensic psychiatric nursing, she has had 25 years of clinical experience in the areas of post-traumatic stress and developmental issues. In her private clinical practice Rochelle sees both children and adults who have experienced abuse, neglect and other traumatic experiences. She is an EMDRIA-approved consultant in EMDR, facilitates for the DNMS Institute, and has presented at numerous conferences on these issues.

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Volume 43, Issue 1 Winter | Spring 2018

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President's Message

by Sue Tassé | R.P., (Cert)OACCPP

The New Year marks an opportunity that many of us take to step back and analyze our milestones. This year is particularly special as the OACCPP celebrates its 40th year proudly representing mental health professionals across Ontario.

The Winter | Spring edition of Psychologica magazine primarily focuses on the importance of putting research to practice and serves as an excellent opportunity to begin thinking about your own milestones as mental healthcare professionals.

In the spirit of the Associations' 40th anniversary, we hope that you will plan to join us for the annual OACCPP Conference in September. The Conference will help shed light on your achievements and the people your work impacts; in relation to age, career, education, treatment and culture. This event is truly something that is not to be missed, so I hope to see you there!

As important as it is to reflect on our past accomplishments, it's equally significant to plan for the future. As many of you know, the Ontario government recently announced that psychotherapy will now be considered a controlled act in the province, governed by the *2007 Psychotherapy Act.* This change will no doubt have an impact on our members; especially during the two year transition period that began on December 31, 2017.

As always, we're committed to helping our members understand the implications of this announcement and will continue to monitor the implementation of the controlled act of psychotherapy throughout the next several years.

The discourse surrounding the importance of mental health in our society has intensified; and rightfully so. Now, more than ever, there exists an acknowledgement of the importance and value of the work we undertake as mental health professionals. This recognition also brings with it the need to continue being accountable and vigilant on matters relating to how best to support our members through this period of rapid societal change.

I would like to wish everyone a New Year full of new milestones and accomplishments!

A Word from the Editor

by Stephen Douglas | M.A., R.P., (Cert)OACCPP

Winter is a valuable time for reflection; the opportunity to integrate that which we learned in the year past and consider how best to move forward better informed.

The world was indeed turbulent in 2017. Many of our clients are directly impacted by circumstances suddenly being debated in social media, including the need for a living wage, escalating acts of racism, and the many personal disclosures breaking the silence concerning sexual assault and systemic sexism at all levels of society.

> "Not everything that is faced can be changed, but nothing can be changed until it is faced."
> — James Baldwin

To this end, we are indebted to Dr. Jason Brown, psychologist and professor at University of Western Ontario with a special interest in social justice, for authoring an opinion article reflecting upon current measures of income disparity and social justice. In *Informed by Inequality: Psychotherapy in an Unequal Society*, Dr. Brown will discuss how the personal choices and action our clients aspire to may be constrained by opportunities and circumstances that are unequal or oppressive.

This issue we will explore the importance of ensuring our practice is informed by supervision and research. I hope you enjoy the variety of approaches and specializations that our contributors are offering:

Citing a significant body of research validating the efficacy of Solution-Focused Brief Therapy, Annina Schmid describes microanalysis, a method of dialogue review conducted together with her supervisor.

Marleen Filimon reviews studies that affirm the remarkable neuroplasticity of our brain and many consequent therapeutic implications, including the validation of mindfulness as a stress reduction practice.

Kara Fletcher summarizes her own research into an innovative treatment of substance abuse involving the participation of the non-addicted partner in the therapeutic treatment process. This approach is grounded in research that suggests an important role attachment style plays in the dependency formation.

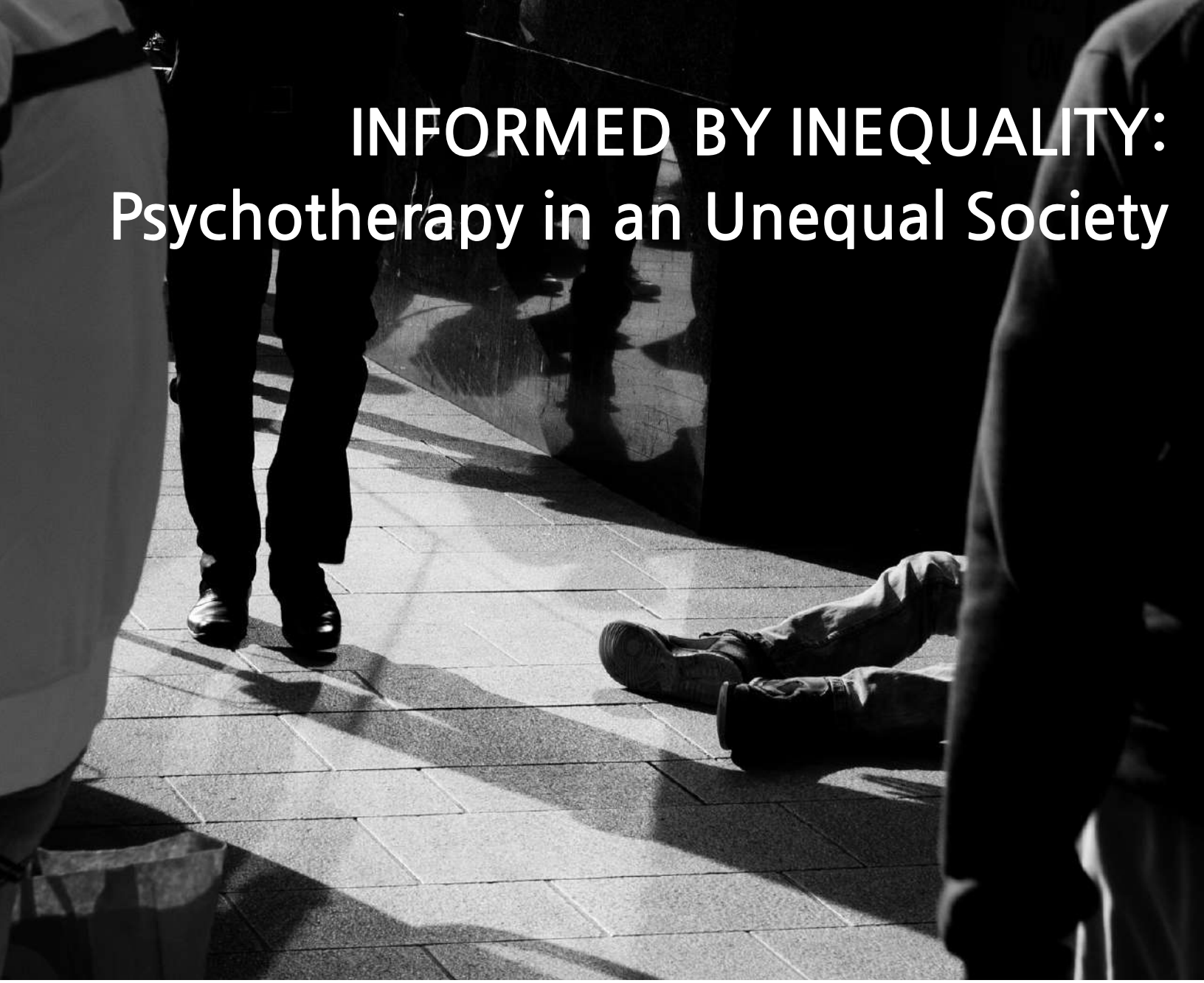
Shelagh Smith describes the research behind daily nature engagement strategies in use with horticultural therapy clients, many of whom live in an institutional setting and have a limited access to the therapeutic benefits of nature we may ourselves take for granted.

Finally, Barbara Freedman highlights the accessibility benefit of cyber-counselling and offers us an illustration from her own practice.

I hope you enjoy these contributions. May we continue to acknowledge with gratitude those researchers whose work enables us to provide best practices with the continuous refinement of our techniques and methodology.

A member of the OACCPP since 2001, Stephen Douglas has provided healing and support for individuals, couples, and families for twenty-five years. He has long and consistently promoted the practice of psychotherapy within the field of mental and relational health; organizing regional network meetings for OACCPP members, volunteering to help create a new domestic violence program in the Highlands of Papua New Guinea, volunteering community talks on violence and addiction, and helping draw together resources to address psychosocial issues impacting upon Canada's refugee population and Indigenous peoples.

Stephen is a Registered Member of the College of Registered Psychotherapists of Ontario and a Certified Member of the OACCPP. He has previously published articles in Psychologica on anger management and family therapy.



INFORMED BY INEQUALITY: Psychotherapy in an Unequal Society

by Jason Brown | Ph.D.

Psychotherapy is infused with culture. Multiculturalism has shown how the work we do is inherently a representation of culture. The conceptualizing of and need for cultural competence and cultural humility is now broadly recognized. Competence is a series of practices through which we learn to address differences in values, beliefs, and traditions between therapist and client. Humility turns the lens back onto ourselves as therapists that we may recognize our own views. This notion challenges the potential that we prioritize our own cultural values over our clients'. Such awareness of the difference between the self and other in a therapeutic relationship is fundamental to ethical practice in a diverse society. Yet beyond horizontal cultural diversity, vertical differences in power — our clients' experience of disempowerment — is often overlooked.

We live in a world where economic power is highly concentrated. In a 2011 *Forbes* article, "The 147 companies that control everything," a view of the global elite's economic power was calculated. Swiss researchers used a database of companies and investors to identify their connections with one another. The authors concluded, "Global corporate control has a distinct bow-tie shape, with a dominant core of 147 firms radiating out from the middle." These 147 organizations control 40% of total global wealth (737 organizations control 80%). The inequality produced by this distribution has serious social implications.

There is evidence, for instance, that inequality is associated with compromised civic life and health status. In a study of developed nations, epidemiologists Kate Pickett and Richard Wilkinson found lower public trust and reduced participation in community life as well as higher rates of violence and imprisonment in proportion to inequality. The World Health Organization noted, "Mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live," drawing on evidence that social conditions are associated with mental health.

Lest we believe that inequality and its conditions are more of a global problem and less of a national concern, it is worth highlighting some challenges evident here. Canada ranked 9th in 2015 on the Quality of Life Index (United Nations) while, in contrast, our Gini coefficient — a measure of inequality within a nation — placed us just 25th, between Poland and Bangladesh. In another application of the Quality of Life Index by Cooke and colleagues, Aboriginal peoples in Canada would rank 33rd. Clearly there are substantial differences within Canada on life expectancy, education and standard of living.

While efforts to become sensitized and respectful of lateral diversity flourished within multicultural psychology, there has been far less attention on hierarchical differences that reflect power. Hierarchies are uncomfortable and complex. They require us as researchers, professionals and citizens to situate ourselves and our practices within powerful networks of social influence. There are also implications for our work both within and outside of the office associated with a more declarative and formal stance on social issues.

We cannot escape the evidence. Daily, we are reminded of injustices within our personal and professional lives. They are embedded within our interactions and experiences with institutions. They are evident in the political affairs of our country, province and communities. Most troubling are news reports that highlight astonishing abuses of power at the highest levels of political office.

As the 5th force in psychology, social justice is predicated on increasing evidence of a growing divide between the most and least advantaged. It calls us to remember that the *personal is political* and recognize actions that do not challenge the status quo act in support of it. But it also poses a serious challenge to psychotherapists and trainees because of its risks and lack of clarity. Considerations about billable time, funder or employer support, as well as professional reputation influence whether or how to come out publicly in support of a controversial idea. There is limited professional literature to inform our standards and practices in the interest of social justice.

The centralization of economic and political power, deterioration of civic life, and diminished life chances for some more than others are all associated with mental health and therefore day-to-day psychotherapy practice. This evidence points to the likelihood that personal choice and action are constrained by opportunities and circumstances that are unequal.

All of this is not to suggest that revolutionary societal change or radical restructuring of professional practice are in order. Rather, it is to consider how we as professionals view the contexts in which we operate and whether there are converging interests in social issues that offer ideas that can guide our efforts. There is great potential within our profession to take a stand against social, economic and political forces that advantage some and disadvantage others. Many practitioners are taking action and in a variety of ways. It may be a good time for those interested in social justice to share with each other, what they know.

Jason Brown, Ph.D. is a psychologist and professor of Counselling Psychology at Western University. He is interested in social justice issues. Jason is a father of three teenagers who, together with he and his wife Shelley, 'co-parent' three dogs.

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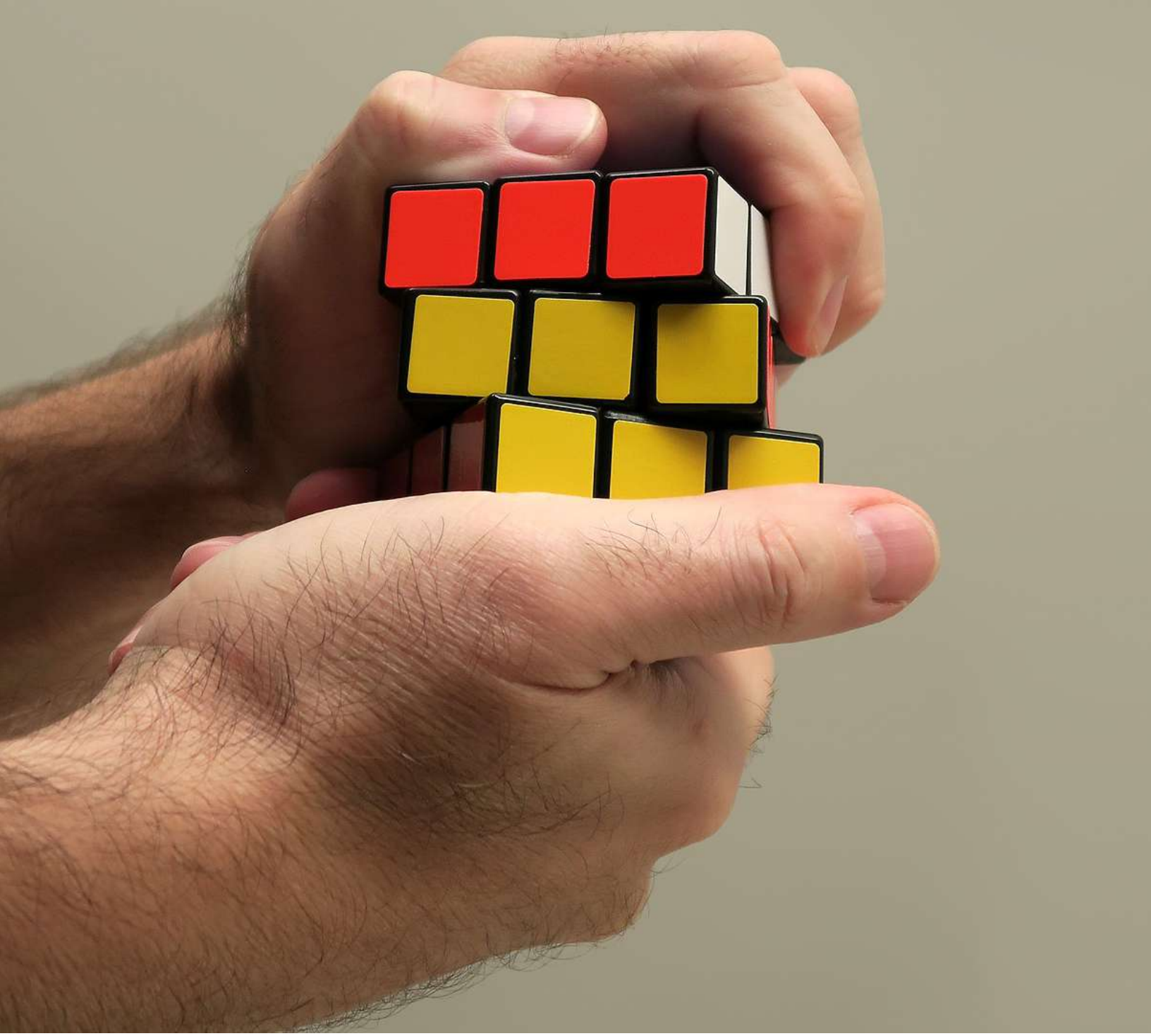

Learning to Read Between the Lines: How SFBT Microanalysis Has Benefited My Clients and Improved My Practice

by Annina Schmid | M.A.

Solution Focused Brief Therapy (SFBT) is an approach to psychotherapy that focuses on solution-building by exploring current resources and future hopes rather than present problems and past causes. An integral technique practiced within SFBT is Microanalysis; exploring the subtleties of our interaction and language. It examines in detail observable communication sequences as they proceed, moment by moment, within our dialogue.

Therapists unfamiliar with the approach can access a good overview of SFBT principles through Insoo Kim Berg and Peter De Jong's text *Interviewing for Solutions*.

There is a significant body of research validating the efficacy of SFBT. Using the Family Environment Scale, for instance, Georgene Eakes et al. (1997) found that Brief Solution Focused Therapy facilitated a positive change towards more expressiveness and participation by family members. A randomized trial on the effectiveness of alternative approaches in a psychiatric setting by Knekt et al. (2008) found a brief solution focused intervention model to be effective more quickly than long-term psychodynamic psychotherapy (LTPP) with superior outcomes at one-year and comparable outcomes measured two-year subsequent to the start of therapy. And while the third year follow up marked improved outcomes for LTPP (14-37% lower scores for the outcome variables), this can be weighed against the much-improved accessibility to treatment afforded by the brief solution focused model. Zimmerman et al. (1979) found that couples completing solution focused couples therapy have shorter, less intense arguments; more acceptance of each other's differences; increased physical affection; make more time for each other; utilize more effective problem-solving including less blame, a focus on solutions, and the use of concrete tools; a greater sense of calm and a capacity for spontaneity in the relationship, and awareness of problematic patterns.

My clients reported satisfaction with the results of a brief solution focused approach. With the right inquisitive system in place, significant positive change really could come about after just one session. Further, through the careful examination of my session video and transcripts I grasped the profound impact that Microanalysis could have for my clients as well as my own ability as a substance use and eating disorders counsellor. Here is an explanation of this evidence-validated technique.

Method:

In order to effectively utilize Microanalysis in SFBT, a transcript and a video recording of a conversation between client and counsellor are necessary. Depending on the content of the discussion, a brief exchange of just two or three minutes often suffices to highlight key interactional events. With closer inspection of the dialogue, retrospectively, the counsellor will investigate "opportunities" — client utterances that describe, include, or hint at existing, intrinsic capabilities for positive change. The counsellor's task in the subsequent session, then, is to utilize these utterances effectively to co-construct the client's sense of desired direction and existing progress through purposeful questions, formulations and grounding.

This can be achieved by looking at the client-counsellor conversation word-for-word to underline the above described "opportunities"; which phrases did my client use that hinted at their hope and capability and how did I react? Did I miss important subtext in the moment, because I wanted to get my own point across? Or was I able to hear the client, emphasize and inquire about their success in a helpful and solution-focused manner?

By training my eye through dialogue review with my supervisor, I am training my ear for better conversation with my client.

Without Microanalysis:

Client: My mother has been getting on my nerves a lot lately. She is so demanding. I have previously tried to be more compassionate towards my mother, but it's really hard for me. I have a lot of pent-up anger towards her.

Counsellor: I see. Sounds like you have a lot to handle there. Have you considered setting better boundaries with your mother?

With Microanalysis (recognizing an opportunity to reflect upon client's resilience):

Client: My mother has been getting on my nerves a lot lately. She is so demanding. I have previously tried to be more compassionate towards my mother, but it's really hard for me. I have a lot of pent-up anger towards her.

Counsellor: I see. So when you tried to be more compassionate in the past, how did you manage to do that in spite of it being so hard for you?

Hypothetical illustration of improved counsellor response developed through the practice of microanalysis.

CONT

This process, referred to as *Listen, Select, Build,* has changed the way I work from the ground up. Rather than trying to follow an abstract model, microanalysing my own conversations has provided me with the opportunity to connect with my clients better and co-create more relatable - and therefore more meaningful and useful - outcomes for them.

Microanalysing my own conversation further helps me become more aware of my own communication habits and patterns of speech. Rather than randomly inserting thoughts and conclusions, I am now better able to notice and use client contributions in the moment.

I learned to see a client's behavior that deviates from my expectation as a success rather than a failure. If they choose to stop sooner than I anticipate, for instance, consider the possibility that this is not because they did not find the treatment beneficial, but to the contrary, that they did. As my supervisor Haesun Moon put it: "If you make an assumption about a client, it'd better be a positive one." Microanalysis helps me read between the lines in that respect.

Resources

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END

Annina Schmid M.A., is a feminist counsellor who helps people recover from drinking, using, and disordered eating. She employs Solution Focused Brief Therapy to support and empower her clients in making lasting life changes. Annina works within a strengths-based harm reduction framework that includes a Health at Every Size® philosophy and employs Intuitive Eating strategies. She works with all genders and people on the LGBTTIQQ+ spectrum.

2017 OACCPP Conference Presenter

"I WAS HAVING AN AFFAIR WITH DRUGS"

Emotionally Focused Couple Therapy in the context of substance addictions

by Kara Fletcher | Ph.D., R.S.W.

As therapists and researchers develop and advance treatment for substance addictions, innovative couple therapy in this context continues to linger on the fringes. Therapists remain tentative about the involvement of non-addicted partners in the therapeutic treatment process, carefully considering whether the impact of the process could become unhelpful, or worse, harmful to those they work with.

These concerns appear to stem from early ideas about the inclusion of spouses in addiction treatment. "Detach with love" and other vestiges of the tough love approach to addiction treatment continue to infiltrate therapist offices. While these concerns come from a caring place, they risk isolating individuals from their love relationships, and may reinforce pathologizing attitudes towards individuals struggling with addiction. As I have heard from clients over the years, they do not want to walk away from their relationship just because an addiction is present. They want to find a way to move through the addiction, together.

Adults choose their love relationships, but do not choose their relationship with a substance. The relationship with a substance evolves over time and can become a complicated dependent relationship that no longer serves the individual's needs. What if there is a tolerable therapeutic intervention that can assist couples navigating the murky waters of addiction while maintaining couple relationships? As a therapist working with clients who were negotiating addictions in their couple relationship, I found myself seeking such an intervention, one that offers compassion to both partners and acknowledges the interplay of addiction and attachment.

Addiction and Attachment

Framing addiction as an attachment disorder was introduced into addiction treatment by Peter J. Flores (2004). He suggested that individuals seek out substances as secure attachments; something that is reliable, consistent, and comforting. Arguably these individuals do not feel a great sense of security within their other relationships. Over time the substance begins to take the place of a primary relationship, and while offering consistent, reliable security, begins to lose its benefits as the addictive relationship increases.

Emotionally Focused Couples Therapy (EFT) has been considered attachment theory's "clinical arm" and as a theory, posits that couple problems and negative interactions are a result of unmet attachment needs, consequently leading to attachment insecurity, separation distress, and cycles of self perpetuating negative interactions (Johnson, 2003; Johnson & Whiffen, 1999). From this perspective, couple problems cannot be addressed without acknowledging the need for safe emotional engagement within the relationship (Johnson, 2003). Studies have noted that EFT may help couples develop greater attachment security (Bradley & Furrow, 2004; Clothier, Manion, Gordon-Walker, & Johnson, 2001).

Building on the foundations of EFT, in 2011, Landau-North, Johnson and Dalgleish proposed a theoretical extension of EFT for couples by recognizing that substance-use behaviours are connected to the attachment relationships between romantic partners and suggesting that therapists can help couples create healthy dependency within their relationships as an alternative to addictive strategies of self-regulation (Landau-North et al., 2011).

The Study

For my doctoral research, I piloted this previously untested theoretical extension using an exploratory case study method. I provided EFT to four couples recruited from an addiction treatment centre, each in which one partner had a substance addiction. Couples attended between 18-26 sessions depending on their treatment needs. All four couples were heterosexual with the male spouse living with the addiction. Alcohol was the substance of choice for two participants and cocaine for the other two participants. Each partner with a self-reported addiction had previously attended addiction treatment primarily utilizing cognitive behavioural therapy and motivational interviewing, and none of the couples had attended EFT.

Participants are described below, using pseudonyms with care taken to protect their anonymity and obscure identifying information.

Participants

Participants will be referred to as Couple A, Couple B, Couple C, and Couple D.

Couple A had been together thirteen years; Andre (38) reported that he had been addicted to cocaine for twenty years. Growing up, his father was an alcoholic and he did not

remember at what age he started his own substance use. Antonia (33) met Andre shortly after immigrating to Canada. The couple reported that their main relationship issues were, from Andre's perspective, "communication and understanding," and from Antonia's perspective, "responsibility, being committed, prioritizing, and being organized". When therapy started, Andre had not used substances in three months. Throughout treatment Andre continued to attend the peer support group Alcoholic's Anonymous (AA).

Couple B had been together thirty-five years. Bob (56) reported he had been addicted to cocaine and alcohol for seven years, however Bridget (53) reported that Bob had struggled with addiction "on and off" for much of their marriage. Both of Bob's parents were alcoholics and he remembered having his first drink at the age of 10. At the time of starting therapy, Bob was three months sober from cocaine and alcohol and was also attending a peer support group regularly (AA).

Couple C had been together for three and a half years. Claire (age 57) and Carlos (age 64) had both been married previously. Claire grew up with an alcoholic father. Carlos struggled with his alcohol use for 50 years, but only began seeking treatment in the past few years after starting his relationship with Claire. The couple identified trust and intimacy as their main relationship issues. Both partners attended therapy before participating in the study; after a relapse that occurred during treatment, Carlos started attending a peer support group.

Couple D had been together 33 years. Derek (62) reported that he had been addicted to alcohol for 25 years, and Donna (55) could not recall a time when her husband's alcoholism did not impact their relationship. Derek and Donna had both attended individual therapy for the past three months, and Derek had recently finished an inpatient treatment program. The couple described their main issues as "communication" and "understanding each other's needs". While in therapy, Derek attended a recovery maintenance group.

Study Design

This case study aimed to provide an exploratory perspective on the use of EFT in the context of couples with substance addictions. A thematic analysis was used to consider the process of the extension of EFT for addictions as well as to examine the specific stages and steps of EFT using these extension interventions. All sessions were transcribed and analyzed with the processes in the sessions considered in relation to the treatment manual proposed by Landau North et al. (2011) and the original EFT manual. Couples also completed a series of questionnaires at the beginning and end of treatment, and provided an assessment of each session, indicating whether or not they were closer to achieving treatment goals.

Findings and Treatment Implications

Three major findings emerged from this study, which are relevant to therapists working with individuals and couples in the context of addiction.

The importance of psychoeducation

This research indicated how much misinformation and mythology exists around addiction, addiction treatment, and recovery. Specifically, there was a lot of misinformation about the role of romantic attachments in the context of addiction. All four couples came into therapy with many questions and misunderstandings about addiction, addictive behaviours, their role, and substance-use recovery. While the EFT extension did not account for psychoeducation, the therapist continually provided psychoeducation, particularly in the beginning sessions, and after a relapse occurred.

For example, participant Claire in session 19 said, “I don’t know... what’s it going to take, you know often you hear that expression, the alcoholic has to hit bottom before things can change... I know that”. Two sessions later, Claire questioned whether she should “detach with love”. Waiting for “bottoming out” experiences and fears of enabling or harming their partners preoccupied non-addicted participants throughout the course of treatment, and indicated how important psychoeducation is as a part of a therapeutic holding environment for couples in this context. Future iterations of EFT for couples in this context should include extensive psychoeducation as part of the therapeutic process. Treatments and theories surrounding addiction treatment are constantly evolving and it is critical to provide clients with current, appropriate, and non-pathologizing information.

The question of what is and is not a “relapse” or “slip”

Second, participants had wildly different perceptions of relapse. Slips or relapses refer to a return to substance use, with slips typically referring to a one-time or short-term relapse. Participants used these words interchangeably. Three of the four participants with addictions relapsed or slipped during the course of therapy. While Couple B did not report any relapses, all participants discussed fears and misunderstandings about slips and relapses.

For example, participant Carlos saw relapses as part of the process. In session eight he notes, “It takes time... it’s like trying to crash diet when you’ve been overeating all your life, to lose weight in three months is uh...” On the other hand, his partner Claire interpreted relapses as a major setback. In session nineteen Claire describes a relapse that

occurred, “I’m not wearing rose coloured glasses, we understand we had a trauma.” From Claire’s perspective, Carlos’ relapse was traumatic and destabilizing. These opposing understandings of what relapse meant was difficult for both partners, and made it challenging for Carlos to be honest when a relapse occurred.

For Antonia, there was difficulty in knowing initially how to navigate the relationship after a slip. For example in session one she said, “Sometimes, you know when he, let’s say he slips, or... you know it’s a bit overwhelming and I don’t know what to say.” As therapy progressed Antonia felt satisfied when Andre told her about a slip, and was able to integrate the occurrence as part of the process. As long there was open dialogue, and Andre was upfront, Antonia was not concerned.

Slips and relapses provoked diverse responses among participants; some were fearful to share, their experience with their partner, whereas others were able to discuss with one another and move forward. How to manage slips and relapses was not addressed in the theoretical extension of EFT, and should be considered in future adaptations. Couples require clear direction that relapses and slips should be discussed in therapy, and need reassurance that it will not impact their ability to continue in treatment.

The individual perception of what defines treatment success

Finally, there were differing views from participants on what constitutes treatment success. McLellan et al. (2007) wrote, “An outcome domain is an area of life function or status measured at the patient level that is expected to be positively influenced by a treatment” (p.332). This study demonstrated that couples experienced outcomes very differently both within the couple and in comparison with other couples. Some participants viewed treatment success as the ability to explore a problem and contend with it in the same space as their romantic partner. Others viewed treatment success as improved couple satisfaction and substance abstinence for the partner with an addiction. Thus, there appeared to be a different valuing of problem exploration and problem resolution. For some participants, having the space to actually discuss something that was troubling them felt like enough.

For Couple C and Couple D, being able to have a conversation as a couple where they could discuss their feelings together was new, and was considered a treatment success. For example, in session sixteen Donna said, “Being able to come out and just start the conversation is a good thing.” Similarly in session fifteen, Claire said to Carlos, “The future we’ve talked about, I’m excited about. And so that’s why I said to (Therapist) last week, I said I want to be able to have a disagreement with you... and it doesn’t feel like a tsunami inside of me.” These two couples did not resolve many of their problems by the final session, however, they articulated these experiences as treatment success.

For Couple B, treatment success was defined by the end result. The couple felt as though their relationship satisfaction increased dramatically. Bridget noted halfway through the treatment, “I actually said to him if it’s humanly possible to fall in love with somebody all over again, I feel like I’m falling in love with you again.” During the final session Bob said, “I feel more at ease... whereas before I would have just avoided”. For Couple B, both problem exploration and problem resolution occurred, and they viewed their treatment as successful.

A continued examination is needed of how we measure success in addiction treatment. The lens of couple therapy in the context of addiction cannot be focused solely on how the addiction plays out in the couple relationship, but rather expand its focus to address complex relational issues. What the couple wants to achieve in treatment is of great importance, and needs to be integrated into the therapy along with discussions of what role the addiction plays in the relationship. Expanding our understanding of what positive outcomes

are in couple therapy in the context of addiction is necessary to capture the diversity of expectations amongst individuals seeking out and participating in couple therapy. Defining problem resolution as the measure of success neglects the benefit of exploring couple problems by helping couples move through whatever their evolving conflicts are. In the case of addiction, it also fails to capture the inevitability of relapse for most individuals. More qualitative research that teases apart the complexities of process, outcome, and what constitutes treatment success in couple therapy in the context of addiction is needed.

Conclusion

This research demonstrated the potential for couple therapy in the context of substance addictions. Emotionally Focused Therapy in this context provides a tolerable intervention for many couples, and offers an alternative to more behaviourally focused models. Results indicated the importance of psychoeducation, a broader perspective on the meaning and integration of relapse, and a rethinking of definitions of treatment success. While this overview highlighted results that indicate important modifications to the model, ultimately EFT in the context of substance addictions warrants our attention as therapists.

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2017 OACCPP CONFERENCE: T

HROUGH THE LOOKING GLASS

The 2017 OACCPP Conference, held at the beautiful Radisson Admiral Hotel Harbourfront, focused on the importance of guiding transformations through reflections, renewal and resilience. This theme resonated with mental health professionals across the province as we welcomed over 120 members to the event. Particularly notable sessions included Peter Bieling's "Action and Acceptance in Treating Depression", which discussed the varying intervention strategies in providing treatment to patients with depression. In addition, Ed Connors' cultural sensitivity training conveyed the importance of recognizing the unique cultural identity of Indigenous peoples in health care practices. The Conference was well received by those in attendance and we anticipate another successful event next year! The weekend concluded with our 39th Annual General meeting, providing an update on the activities of the OACCPP over the past year by the Committees and Board of Directors.

How Neuroplasticity Research is Affirming and Informing Contemporary Mindfulness-Based Stress Reduction Practice

by Marleen Filimon | M.Sc., R.P.

PSY 43.1 | 24

In September of this year I attended a seminar on Neuroplasticity presented by Dr. Norman Doidge, Psychiatrist and Researcher at the University of Toronto and author of *The Brain's Way of Healing and The Brain that Changes Itself*. Following the lead of Dr. Michael Merzenich, a University of California neuroscientist and one of the pioneers of neuroplasticity, Doidge continued to research neuroplasticity in combination with mental health disorders and psychological treatment. Doidge's research has shown that a person can teach themselves to rewire their brain in the treatment for Parkinson's Disease, Autism Disorders, Stroke, Post-Traumatic Stress Disorder, and more.

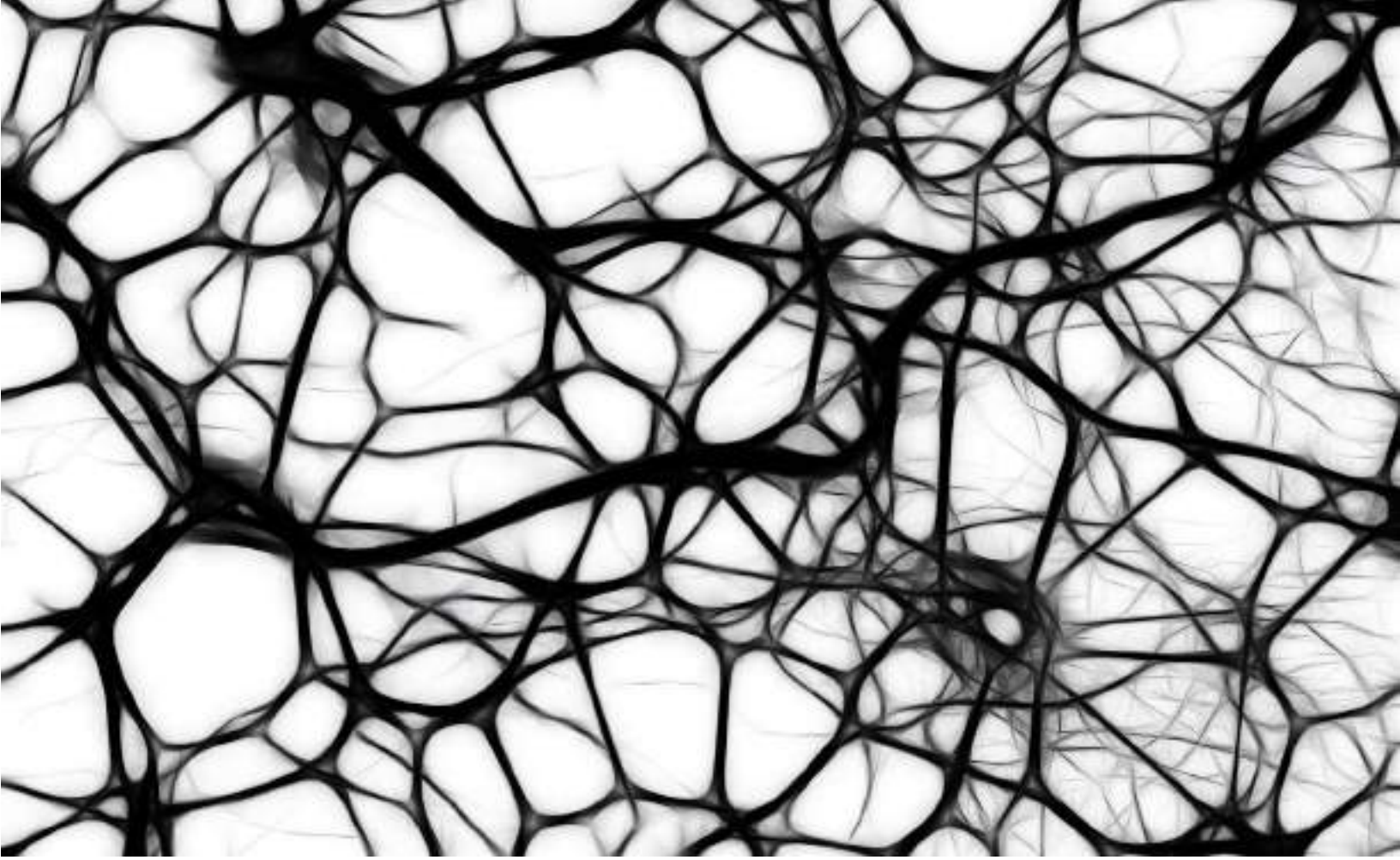
In my graduate neuropsychology course I was taught that the brain was "hardwired" and "machine-like," educated in the common belief that there was a critical period in a child's development where new neural networks and pathways are formed, and accepting that the brain is complete in its development by the age of eighteen. Another corollary misconception was that beyond this critical period neurons are fixed in their place and any injury to an adult brain resulted in permanent neural damage. Subsequent research began to reveal that new neural pathways can still develop in adult life, yet until Doidge's seminar I did not fully grasp the extent of and implications for neuroplastic adaptations.

The basic principle behind neuroplasticity, suggested by Canadian psychologist Donald Hebb, is that "neurons that fire together, wire together". When two neurons repeatedly produce simultaneous impulses, new connections are formed between these neurons, making this connection stronger. This is analogous to habit formation; the more often you do something, the easier it feels and the more likely it is to become an automatic cognitive process. Doidge elaborated how he and others went forward with this principle to explore how neurons develop; forming, unforming and reforming neural circuits with every new process of learning, experiencing, and memorizing. If a neural circuit is damaged due to stroke, accident, or genetic malfunction, the remaining neurons can learn to pick up the damaged neurons function. Hence, a loss of neurons does not necessarily lead to loss of function.

There are many documented cases involving seemingly miraculous recoveries of patients who had earlier been told they would never walk, or talk, or live independently again because of neurological damage. In one such story, a stroke survivor with damage to her occipital and parietal lobes lost 50% vision in both her eyes and was told that she would always have trouble keeping her balance. With different physical therapies focusing on stimulating her to use the right side of the brain to take over the functions from the left side, she regained 100% vision in both her eyes and is able to walk without any help.

Due to an unidentified catastrophic event in her prenatal development, another woman was born with only the right side of her brain. Despite this abnormality, she went on to graduate from high school, could speak normally and perform most household chores. The only possible explanation for her remarkable functioning is that the right side of her brain took over the functions of the left side. Many similar stories recount phenomenal neuroplastic adaptations where one region of the brain will adopt the function of another part of the brain that is impaired.

Moshé Feldenkrais, founder of the Feldenkrais Method, reports of a girl named Elizabeth who was born missing most of her cerebellum. When she reached 4 years of age, her parents were told that she would not be able to sit up, be continent, or live independently. Through guided movements, however, Feldenkrais taught Elizabeth's brain how to work her muscles. Today, despite having a slight learning disability, she is walking, runs a small business, and was able to dance at her wedding.



CONT

Doidge's seminar cited many more astonishing examples of recovery through neuroplasticity that provided individuals with a second chance in life, and the wide range of possibilities this suggests for clinical applications, from the 'Mozart Effect' (his sonatas were demonstrated to activate neuronal cortical circuits related to attentive and cognitive functions) to light and laser therapies and the possible benefits of applying vibrational frequencies to help Autism patients. Implications were also discussed for Alzheimer's Disease, chronic pain, PTSD, and muscular degenerative diseases.

Doidge described how he and other researchers in the field of neuroplasticity confirmed how conscious learning and mindfulness physically alter your neural circuitry. Dr. Merzenich remarked, "Actually, what the brain is doing is changing its local wiring, changing the details of how the machinery controlling your behavior is connected. It's also changing itself in other physical, chemical, and functional ways. Collectively, those changes account for the improvement or acquisition of any human ability."

Exercising the brain in this manner is not fast-paced. It requires both practice and patience, but the results can be astonishing. I say "can be", as there is not a one-fits-all kind of treatment when it comes to neuroplasticity. Remembering that every human being is unique, every brain is wired differently and have neurons firing at different rates. And then, of course, there is the matter of motivation, or as Merzenich puts it, "the seriousness of purpose with which you engage in a task."

South Africa's John Pepper did not take "No" for an answer when he was searching for a way to help himself slow down the progression of his Parkinson's Disease diagnosis. Pepper was diagnosed with this disease in his thirties, and now in his seventies he walks over the beach in South Africa, jumping over stones and rocks. He

can even hold a glass of wine without shaking. Through practice and willpower, without any medication, Pepper has taught his brain to control his muscle movements. He consciously thinks about every movement he makes, using imagery and visualization to retrain his brain.

Another exciting application of mindfulness is in the treatment of chronic pain. First, we should distinguish between *acute pain* and *chronic pain*. The former is a signal that something is wrong in your body that requires attention. The latter is plasticity gone hay-wire. Dr. Moskowitz is, himself, a good example of how the principle of neuroplasticity can be applied in the treatment for chronic pain. Having suffered for years following several falling accidents, Moskowitz turned to visualization to consciously calm the excitation of brain regions that were implicated in causing his pain. Within weeks he noticed a few minutes of pain relief, and after a few months he was pain free and completely off pain medication. He will occasionally experience a relapse, after which he will simply re-apply the technique.

Concerning psychiatric care, what merit does the admittedly slower mindfulness-based approach have in comparison with readily available pharmacological treatment? One possible benefit is efficacy. Neurons fire at different rates, leading physicians to play with dosage for each patient. It is not an exact science. While mindfulness helps to rewire the brain, medication can possibly interfere with neuroplasticity by creating dependency.

By training your brain you can actually create a system in the brain that was not there before. Research suggests that practicing mindfulness physically alters brain structure, in a particularly beneficial manner. A study by Hö lzel and her colleagues found that Mindfulness Based Stress Reduction (MBSR) is linked to an increase in grey matter in brain regions responsible for learning, memory, emotional processing, and perspective formation. Taren et al. validated that practicing mindfulness can lead to a decrease in size of the amygdala — the brain's fight or flight centre — suggesting stress reduction benefits.

Research continues to stream in, affirming the benefits of MBSR practice as a consequence of the brain's neuroplasticity. A team of scientists from the University of British Columbia and the Chemnitz University of Technology identified eight different cortical regions affected by mindfulness and meditation practices. Their findings suggest the involvement of the anterior cingulate cortex and orbitofrontal cortex associated with self- and emotional-regulation, the hippocampus involved in stress regulation and memory formation, the frontopolar prefrontal cortex a key area to meta-awareness, the sensory and insular cortices involved in body awareness, and both the superior longitudinal fasciculus and corpus callosum that are necessary for intra- and interhemispheric communication.

I left the two-day seminar feeling even better about practicing mindfulness myself. I started reading up on how mindfulness and visualization techniques can help clients with different kinds of mental health issues. I now offer regular mindfulness and visualization practices with clients dealing with chronic pain, PTSD, and anxiety. Since the seminar, I started teaching clients about neuroplasticity itself and how visualization can physically improve their brain structure. I have found that my clients respond with more enthusiasm and motivation for trying and following through on mindfulness practice after learning about its many advantages.

It’s safe to say that the neuroplasticity seminar changed my way of “doing therapy”. I’m a real convert. Knowing that this field is still in its infant stages, I am excited to learn about the many new and original research results that can help us help our clients improve their quality of life.

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Marleen Filimon, R.P. specializes in working with First Responders and people in High Stress Jobs on helping them find new and resourceful ways of coping with trauma, PTSD, stress and anxiety. She focuses her work on helping her clients find healthy ways to build up stress and trauma resilience, effectively deal with burnout, and understand and combat against secondary trauma.

She runs a private practice in Burlington, Ontario. She uses a combination of Cognitive Behavioural Therapy, Acceptance and Commitment Therapy, and Mindfulness Therapy in her client sessions. She is also a speaker and educator on topics such as building up stress resilience, and combating yourself against secondary trauma for support workers.

Marleen provides both individual and group support to International Aid Organizations, Employee Assistance Programs, and Non-for Profit Organizations. Marleen worked as a Trauma Therapist for the United Nations in Haiti, where she provided support and counseling for both UN employees, UN police and UN military. During her time in Haiti, she was awarded theUN-21 Award for the Peer Helper Network, which she developed and implemented among UN employees in both Haiti and The Dominican Republic. Furthermore, she also served as a socio-therapist at a forensic penitentiary in The Netherlands, where she guided psychiatric prisoners back to living amongst the Dutch population.

NOTICING NEARBY NATURE: AN UNDERESTIMATED MENTAL HEALTH STRATEGY

by Shelagh Smith | H.T.R., M.A.E.E.C.

Stopping on the porch at the end of the day instead of rushing inside as usual, I looked out at leafy trees, lazy clouds and a glimpse of Vancouver's North Shore mountains. My body inhaled deeply of its own accord... and I felt myself relax. Ahh, that feels good. Space to breathe, to just be in the moment. It was a long time coming. A bird twittered in the bushes to my left. I haven't heard that in awhile, I thought. Too busy. Too many cares weighing me down, keeping my mind occupied and my eyes to the ground.

As a horticultural therapist, I have long been aware of the benefits of noticing nature. However, feeling exhausted a few years ago while supporting my ailing parents, I realized that I had forgotten this important practice. I set the intention to stop on the porch for a minute upon arriving home to look at the view. Caught up in my full schedule, though, it took me several days to honour this commitment to myself. When at last I remembered to do so, the relaxation response was so immediate and profound that it instantly became a pleasurable habit, a moment for me to just be and to allow fascination to take hold.

It turns out I'm not alone in delaying or neglecting nature engagement as a wellness strategy. "Therapeutic lifestyle changes (TLCs) — exercise, healthy eating, relationships, recreation, nature engagement, being of service, etc. — are underutilized despite considerable evidence of their effectiveness in both clinical and normal populations," notes Dr. Roger Walsh, professor of psychiatry, philosophy, anthropology, and religious studies, University of California at Irvine. Walsh (2011) suggested this may be due to the

difficulty of keeping up with the growing body of research on each TLC, adding that healthcare practitioners are less likely to recommend TLCs that they're not using in their own lives.

Another reason for not recommending or using nature engagement therapeutically is that we tend to underestimate how much better we'll feel when we spend time in nature, as research from Trent University has shown:

> "We found that although outdoor walks in nearby nature made participants much happier than indoor walks did, participants made affective forecasting errors, such that they systematically underestimated nature's hedonic benefit...
> To the extent that affective forecasts determine choices, our findings suggest that people fail to maximize their time in nearby nature and thus miss opportunities to increase their happiness and relatedness to nature"
> (Nisbet & Zelenski, 2011).

Daily Nature Engagement Strategies

Knowing that we can easily underestimate the mood-elevating benefits of time in nature, one solution is to consciously choose small variations in our daily routine that bring us into greener surroundings. We can choose greener walking, cycling and driving routes, sit by a window with a view, and take our book or computer outside, weather permitting.

A recent meta-analysis by McMahan and Estes (2015) concluded, "Nature improves emotional well-being by increasing positive affect and, to a lesser extent, decreasing negative affect... Contact with nature provides benefit even in small doses. Incorporating brief ventures in nature into one's daily routine may thus be one relatively easy and enjoyable way to achieve sustainable increase in subjective well-being."

Much of the research to date concerns spending time in nature. Holli-Anne Passmore and Mark Holder (2016) recently concluded that what we pay attention to in our environment impacts how we feel. Their study showed that prompting people to pay attention to nature in their urban environment resulted in significant benefits to well-being compared to two comparative conditions. A second group was asked to pay attention to their human-built environment, and a third (control) group to go about their business as usual. The participants in the nature group didn't spend a significantly longer amount of time in nature than the other two groups. And those individuals who started out feeling more connected to nature didn't have significant improvements over their counterparts who started out feeling less connected to nature.

This research is unique in that it took place over two weeks, rather than focusing on immediate after-effects of nature exposure. The researchers invited the study participants to merely notice and attend to the nature they encountered every day over the two-week period and how the natural or human-built objects/scenes (depending on random assignment) made them feel. They were also invited to take a photo of any specific object or scene that "evoked a strong emotion in them" and provide a brief written description of the emotions that were evoked.

The nature group experienced the greatest mental and social health benefits.

"Post-intervention levels of net-positive affect, elevating experiences, a general sense of connectedness (to other people, to nature, and to life as a whole), and prosocial orientation were significantly higher in the nature group compared to the human-built and control groups."

The take away message from this research is that paying attention to nearby nature in our daily lives can improve our mental health. We don't have to travel to nature to enjoy the benefits, nor do we have to feel connected to nature. Simply paying attention to nearby nature provides mental health benefits.

Person-Centred Nature Prescriptions

The available variety of nature-related activities allows for a person-centred approach to prescribing for your clients. If you were a new horticultural therapy client of mine, I'd ask you what kind of nature experiences you've enjoyed in the past, especially activities that can be easily added to your regular routine. Stepping outside to greet the day with a cup of tea in hand? Strolling through a park or by a lake on your way somewhere? Gardening? Watching birds at a feeder outside your kitchen window while you wash the dishes?

What activity tugs at you with even a modicum of pleasurable anticipation? Might you want to set an intention to do that activity? In my own example above, I was specific about a location (my porch), activity (looking at the view) and how it fits into my regular routine (as I arrive home). These details allowed me to slip into doing the activity and feel successful at carrying out my intention.

Dr. Conrad Sichler, Ontario family physician and psychotherapist, prescribes nature experiences to lessen stress and depression and the Ontario College of Family Physicians is offering an educational webinar to provide evidence-based training for doctors and other healthcare practitioners. Eva Selhub and Alan Logan offer case studies and more ideas for prescribing nature activities to your clients in their book *Your Brain on Nature* (2012).

Gardening is an accessible choice for many people who enjoy using their hands to actively nurture plant life. A meta-analysis of gardening's mental health benefits pointed to reduced depression and anxiety, and improvement in life satisfaction, quality of life and sense of community (Soga, Gaston, & Yamaura, 2017).

As a horticultural therapist, I realized that many of my clients in supportive care settings would rarely engage their senses in the garden without someone there to show them what to do, so I designed a set of twelve Garden Activity Signs as invitations to connect with nature.

The smallest of the signs are 'hang tags'; essentially a card that can be attached to a plant or carried around as a reminder to engage with nature in daily life.

Six Sensory hang tags invite an individual to nourish their senses, for instance 'Look Closely' or 'Listen for Me.' Individuals with an interest in gardening might benefit from one of the six Hands-On Activities, such as 'Pick One or Two' (flowers) or 'Remove Seed Pods' (which can be a soothingly meditative activity).

There are also larger plantable and attachable signs, all of which are movable signs to offer new garden activities when desired.

Bringing these Garden Activity Signs to market is my way of combining my passion for promoting the benefits of nature with my entrepreneurial spirit.

Ontario Nature Programs

Attending to nature is simple, cost-effective, and accessible with many mental health benefits. If your client is ready for more nature activities, Ontario offers a rich variety of programs. You might recommend a client participate in a program or encourage them to volunteer their services. Following are a few initiatives:

Moodwalks promotes walking and hiking in nature for physical and mental health. It's an Ontario-wide initiative by the Canadian Mental Health Association in partnership with Hike Ontario and Conservation Ontario. "Mood Walks provides training and support for community mental health agencies, social service organizations and other community partners to launch educational hiking programs, connect with local resources, find volunteers, and explore nearby trails and green spaces."

Hike Ontario's mission is "to encourage walking, hiking and trail development in Ontario," with hiking clubs across the province.

In 2017, **Ontario Parks** encouraged people to take on David Suzuki's Nature Challenge for the month of August. Will they do it again in 2018?

If you're working with kids, youth and families, you'll want to explore what Ontario's **Back to Nature Network** has to offer.

To connect your clients with a place to garden and with other gardeners, consider suggesting a community garden plot or local garden club. **Community garden networks** is a good place to look for community gardens in your area.

Ontario has many therapeutic garden and nature programs that enable people to significantly improve their quality of life, whether they are immigrants, veterans, people in recovery or living in care homes, people with physical challenges or mental health issues, etc. Your clients may be suitable as a participant or a volunteer.

Volunteers are often needed to assist with the programming and/or to garden. An online search for 'horticultural therapy', 'therapeutic horticulture', or 'garden program' in your area will likely bring results. Alternatively, you can contact admin@chta.ca to ask about programs and members of the Canadian Horticultural Therapy Association near you.

A sampling of therapeutic horticulture programs in Ontario, which may have openings for volunteers:

Burlington: **Royal Botanical Gardens**

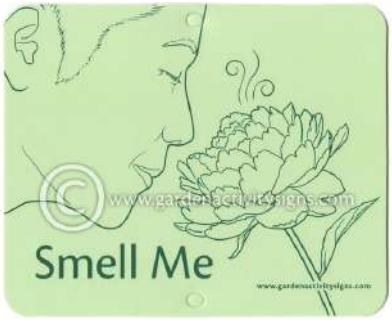
Guelph: **Homewood Health Centre, St. Joseph's Health Centre** and **Guelph Enabling Garden**

Mississauga: **The Riverwood Conservatory**, programs support children, youth, adults and the elderly living with emotional, cognitive and/or physical challenges

Owen Sound: **Food Forest** — Canadian Mental Health Association, Grey Bruce Branch

Toronto: **Sunshine Garden** — Centre for Addiction and Mental Health

Whitby: **Wind Reach Farm**, a centre for inclusion and personal achievement for people of all abilities



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Fascination Takes Hold

Not only do I stop on the porch to take in the view when arriving home, I now do so before leaving as well. I've also made it a habit to look out my bedroom window onto the garden first thing in the morning. I do so until something (the pattern of a leaf, the slant of sunshine, a spider web) catches my attention and fascinates me.

I've been looking at these views for years now and there's always something new to see. How is that possible?! Every day the light is different, the plants are at different stages of growth, the seasons progress and a songbird or squirrel just might pay a visit. It's worth getting out of bed for.

Where in your daily routine might you linger for a short while to notice nearby nature?

As David Suzuki said, in his Nature Challenge,

> "Nature isn't a destination—it's literally in your backyard. Green space is as close as your neighbourhood park or garden. Community gardens, trails, ravines and beaches are often a short diversion from your daily route. Birds, bees and other critters are always nearby. You just have to take time to watch and listen... The good news for urban dwellers is that even small green spaces are beneficial if you relax and pay attention to nature when you're there."

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PUTTING RESEARCH ON CYBER-COUNSELLING INTO PRACTICE

Barbara Freedman | M.Ed.

Online counselling, also commonly referred to as distance or cyber-counselling, utilizes the accessibility of the internet to allow the use of asynchronous or timely on-line chat communication in the form of instant text messaging between a client and counsellor. Online counselling can also be comprised of phone and/or video counselling. In this article I will focus mainly on instant text messaging, as this is one of the more common methods of online counselling. I practice both face- to-face counselling for Victim Services in Ottawa as well as distance counselling through private practice.

Lynn Lauber suggested that writing facilitates an ease with which to access feelings, intuition, and insight. This on-going process of creative self-exploration and discovery helps clients come to a deep understanding of their emotions, themselves, or the issues in their life. As a person perceives their experience with more clarity it moves them to gradually tap into the self-healing power of their unconscious.

An additional gain to online counselling is the accessibility associated with this medium. As client and counsellor alike reside in every region of the province, online counselling enables us to offer expert help at any given time. In this sense, this delivery method can serve as a crisis line for those in immediate need.

Clients can receive counselling in the privacy and comfort of their own home or office, which is not only a convenience, but rather a necessity for many. This includes those clients who are house-bound due to disability, or parenting responsibilities, as well as others living in remote areas or suffering from agoraphobia or social anxiety.

Some clients may also disclose vulnerability sooner because of a perceived anonymity. The safety of the screen may be perceived by some as less intimidating than entering an office, particularly those living in small communities where privacy is a concern. Those recovering from addiction who feel uncomfortable attending traditional

face-to-face support groups might benefit from online therapy in this way.

Like all counselling or psychotherapy, distance counseling complies with the limits of confidentiality such as mandatory child, elder abuse, or other risk-of-harm reporting. My own online application through Presto Experts, for instance, includes an emergency window button that can be used to contact support as well as track down where the call is coming from so that the helper may send emergency services to the client.

As in face-to-face delivery, an online care provider is prepared to provide clients with referral to a local shelter, crisis center, or hotline, and maintain a directory of information on community resources to provide when needed.

There are acknowledged limits to online practice. It has accessibility and affordability advantages, certainly, but disadvantages include privacy concerns, loss of non-verbal interpersonal communication to both therapist and client, and the ensuing implications for the attachment and relational needs. Yet, notwithstanding these considerations, there is research to support the efficacy of distance counselling.

It was commonly once assumed, for instance, that depression would be more difficult to treat online because of the lack of motivation typically associated with this disorder. Yet a study (Kessler et al., 2009) utilizing cognitive behavioral therapy found that those diagnosed as depressed receiving online therapy yielded a result similar to those who received face-to-face therapy. Mallen and Vogel (2005) reported that patients in clinician-assisted internet-based treatment programs experienced similar rates of recovery to those attending traditional therapy. In a review of studies published in the World Journal of Psychiatry, patients receiving mental health treatment through video conferencing reported "high levels of satisfaction" (Chakrabarti, 2015).

In my own practice along with dialogue and visualization, I adapt journaling as a projective technique to facilitate self-expression; I invite my clients to write upon their screen as they would be expressing themselves to a significant other. As a trauma counsellor, I find this to be an effective online intervention for dealing with strong emotions.

One example illustrates further how accessibility provided by distance counselling can play a critical role; a college student with social phobia recently accessed my services online notwithstanding that he engaged in extreme seclusion as a consequence of a past experience being bullied. I helped this client explore the dissonance between the part of himself that would like to be more outgoing and have a better social life and the part that felt he should remain secluded to protect himself. As in in-person treatment, the client is invited to elaborate upon each voice to gain greater clarity concerning its affect or belief, and ultimately yearning. This client initially remained at an impasse as the two voices engaged one another, expressed on screen before me. Over a number of sessions, utilizing visualization and exploring his underlying fear, he was able to find a common ground between these parts and take the initiative to begin socializing with peers.

Were I to have remain office-bound, solely awaiting this client's arrival through the front door, I would not have been able to assist him in what I believe was a profound act of courage.

What has informed my own practice, and my choice to offer distance counselling, is the goal to offer whatever approach and medium is best suited to my client, not only their temperament but also their circumstance.

Editor's note: Any psychotherapist considering adding distance counselling to their practice must review ethical guidelines set by the CRPO. For instance, practicing outside of your jurisdiction is discouraged and, in many cases, prohibited.

Resources

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END

Barbara Feedman, M.Ed. holds certificates in Crisis and Suicide Intervention, along with additional training in Object Relations Therapy and Self Psychology. In addition to distance counselling — for which is ranked among the top-ten on Presto Experts — she assists clients with Ottawa Victims Services in areas of abuse and trauma.

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