



The Stingray: Opening New Pathways to Healing and Growth through Alternative and Holistic Social Work Methods

Report submitted in partial fulfillment of the requirements for the Master of Social Work degree

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**Transforming the Field
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ABSTRACT

In my practicum, I sought to explore how clinical social work practitioners achieve holistic practice in counselling settings. Holistic practice and alternative methods in clinical social work are gaining broader recognition within the profession and academia. One could argue that social work is always holistic since it views clients within their environments and social systems. While I believe this structural, ecological person-in-environment perspective is key to a holistic approach, I am also interested in the many other complimentary ways we can attend to the complexity of our clients' selves and experiences, especially through alternative and creative methods as opposed to solely theoretical ones.

Introduction

In my practicum, I sought to explore how clinical social work practitioners achieve holistic practice in counselling settings. As part of my preliminary review of the literature I explored definitions of holistic practice within clinical social work; in particular, I wanted to learn more about what modalities support a holistic approach. This included alternative methods that are incorporated into clinical practice to align with holistic aims and attend to the mind, body, and spirit of the client. The stingray, on the second page of this report, serves as a symbol for the potential within alternative and arts-based approaches. This image is drawn from my own experiential art therapy in a classroom setting and will be explained in greater detail in the learning summary of this report.

Holistic practice and alternative methods in clinical social work are gaining broader recognition within the profession and academia (Leung, Chan, Ng & Lee, 2009). For example, the practice of mindfulness and meditation are increasingly being used by practitioners in the treatment of stress and anxiety (Margolin, Pierce & Wiley, 2011; Margolin, 2014). One could argue that social work is always holistic since it views clients within their environments and social systems. While I believe this structural, ecological person-in-environment perspective is key to a holistic approach, I am also interested in the many other complimentary ways we can attend to the complexity of our clients' selves and experiences, especially through alternative and creative methods as opposed to solely theoretical ones. For example, how eco-wellness approaches are used in the treatment of mental health concerns (Reese & Myers, 2012), or expressive arts therapy, which can be employed as a pathway to improved self-awareness and resiliency in young people (Coholic, 2011). I wanted to learn more about how practitioners go about providing care for the entire self of their clients, while still relying on and being guided by ethical and effective treatment modalities.

Definitions

Holistic practice is defined differently across the literature. For clarity and consistency, I will use the definition proposed by Leung et al. (2009) who refer to the clinical holistic approach as one of Integrative Body-Mind-Spirit (I-BMS) practice. According to Leung et al. (2009) I-BMS has three primary intervention principles, “promoting a dynamic balance within the individual through multi-modal intervention, fostering strengths, and facilitating meaning-making” (p. 303).

When referring to clinical social work practice throughout this paper, I am referring to registered social workers who practice counselling in the community, such as in health care settings, government agencies, non-profits, or in private practice. Specifically, in the context of holistic clinical social work practice, I am speaking of any clinical social work practitioners working from within a holistic frame. This can be accomplished through the use of meditation and mindfulness, other Eastern approaches (Leung et al., 2009; Margolin, Pierce, & Wiley, 2011), somatic approaches (Margolin, 2014) and or energy work, and or the incorporation of alternative modalities or expressive tools serving the function of fostering connection (within self or with others), creativity, or increased sense of spirituality within the client in the many forms that may take. As explained by Leung et al. (2009), spirituality goes beyond religion and should be understood as a distinctly human experience regardless of culture, religion, or race.

Chapter 1: Positioning Myself

My theoretical orientation is feminist, anti-racist, anti-oppressive, decolonizing, and trauma informed. I have been doing front-line community-based social work since 2011, when I became involved with a local rape crisis centre in Vancouver. I consider myself a feminist and activist and was eager to take part in the feminist movement in a concrete way after completing my major in women's studies at the University of Victoria. Over the years, I worked in different positions within the organization, eventually filling the role of Victim Service Coordinator. In this role, I both scheduled and supported other front-line victim services staff while carrying a full caseload. During my time in this work, I rooted myself firmly in strong decolonizing, and trauma-informed practices. I also learned a lot about working with both clients and the front-line workers I supported in relational ways.

My intention coming into the Master of Social Work program at the University of Northern British Columbia in 2015, was to expand my opportunities to practice clinical counselling and provide clinical supervision. I was inspired by the social work mentors I had throughout my Bachelor of Social Work who encouraged me to push myself and pursue further education in search of bigger ways to contribute to the profession and my community. I have a great passion for learning and teaching about social issues and discussing social justice, which I have been able to fulfill through my involvement in community outreach and education. These opportunities came about both in my capacity as Victim Service Coordinator and as a Teaching Assistant for the Introduction to Counselling Skills course at the undergraduate level with UNBC's Bachelor of Social Work regional campus in Vancouver. My goals have largely remained constant in that I have focussed my studies on clinical social work practice, but my horizons have expanded beyond trauma-informed clinical practice to include an interest in alternative methods and holistic therapeutic approaches.

Absolon and Willett (2005) argue that researchers can only conduct ethical research when they self-locate, positioning themselves in context relative to the subject of study. While self-locating

is something we often do in our academic work and practice as social workers, I learned a lot about the importance of establishing trust and honesty from this article. I have come to understand these values as central in social work, but also throughout Indigenous cultures in Canada (Hart, 2002). As I mentioned previously, a decolonizing praxis in social work is critical to me as both an ally and social worker striving for social justice. Social work taking place on colonized land working with populations of Indigenous peoples risks furthering harm if this history of forced-assimilation and cultural genocide is not actively addressed by seeking ways to interrupt its replication in our services.

In my reflections on the writing of Absolon and Willett (2005) I came to think of self-locating as less about simply taking responsibility for myself by acknowledging privileges, and instead more about being vulnerable enough to others such that they can understand me better and see the directions I am coming from based on lived experiences and the positions/identities I occupy. Previously, I thought about self-locating as a process of acknowledging the positions of privilege that I hold and taking responsibility for the power that comes with them, and this is certainly part of the purpose of self-locating, but not in its entirety. When I share my experiences as a woman, for example, I am offering a view into my perspective, how I experience the world and how this shapes my understanding of it. Self-locating is much more dynamic than putting labels on ourselves, as Absolon and Willett (2005) go on to teach us. They define locating oneself as a process that attends to the spaces we occupy geographically, politically, relationally, interracially, intergenerationally, physically, spiritually, socially, and economically. This definition is much broader than the binary of oppression versus privilege, and accounts for the fluidity of all these positions as they are mediated by time and place.

As seekers of knowledge and truth in this field, we as social workers can be either hindered or helped by our own experiences of the world. It is important that we constantly call into question our ethics, values, beliefs, and the intersubjective positions we hold. In doing so, we can strive to

uncover, instead of overshadowing, the nuance and heterogeneity of what we seek to understand. I believe open-mindedness is crucial, as is trying to see ideas, issues, and experiences from numerous perspectives. In practicing rigorous self-reflection and in developing an ethic of self-location in my work, I hope to learn more about myself and hopefully invite opportunities to learn from others as well.

Absolon and Willett (2005) share the sentiment that it is not expected that every researcher has an extensive knowledge of the history of colonization; nor are they required to know intimately the worldviews and unique traits of all Indigenous cultures. What is required is that a special attuning to critical interpretation be made part of the research methodology, such that a system for accountability be instilled in the research process. This concept makes sense to me and reflects similarly what I have learned about what is termed ‘culturally competent practice’ in social work, or what I prefer to call cultural safety in practice. Our work to do as practitioners is not to try and study our clients and strive to become experts in cultures that are not our own. This approach is reductive and risks misinterpreting those cultures we have not been invited to learn about. My aim instead, especially as a European settler and descendent of colonizers (English, French, Spanish), is to build on my own awareness of self in relation to others and my environment, however in flux they may be, to try and do my work in the most anti-oppressive and informed way possible. While the concepts spoken of by Absolon and Willett are intended for Indigenous field researchers, I believe a similar process of re-covering, re-memembering, and re-connecting are required to interrogate my own place in history, my community, and in my role as a social worker. Just as it is important to know the problematic histories of the social work profession, one of Christian saviourhood and paternalism, forced assimilation and cultural genocide, especially through child welfare policy (Baskin, 2011); it is equally as important to know how my ancestors oppressed others and how I benefit from western systems of oppression including colonization, imperialism, white supremacy, and capitalism, while

others continue to be harmed by them. While holding a critical perspective about the Social Work profession's role in colonization and the collusion that occurred with Christian powers, it is also important to hold a strengths-based perspective of the significant and positive impacts the profession has had and continues to have for Canadian communities, families, and individuals.

I identify as a woman and use she/her pronouns. I am of mixed European and Hispanic descent, with my grandfather hailing from Cuba. I grew up in a middle-class household in the small suburban coastal community of Tsawwassen. The Coast Salish peoples of this territory (who have resided in this region for over 4,200 years) pronounce this “Sah-wah-sen”, but I grew up calling it “Tah-wah-sen”, a habit I am constantly trying to break as part of my own decolonizing praxis. I currently live, work, and conduct my studies as an uninvited guest on the unceded land of the Coast Salish, Tsleil-Waututh, and Squamish Nations.

I started my post-secondary education in fine arts but began gravitating to women’s studies and social work in my second year of university. While it was difficult to leave my artistic goals behind, I was on a path that I knew I needed to follow, eager to see where it led me. I felt immensely passionate about social issues and the analyses of power and oppression that I was exposed to in these disciplines, and I saw myself enacting change on the ground in a way that seemed out of reach for me in the fine arts world. I wanted to have impact and I knew that my creativity would continue to be of service in other ways in the realms of advocacy and education that social work had to offer. I have continued to seek ways to bring creativity and my artistic inclinations into my work by, for example, contributing pages to a colouring and workbook for survivors of sexualized violence at the rape crisis centre where I worked. My desire to blend my social justice and artistic worlds has only intensified as new opportunities come along. I see holistic practice as one of these opportunities, as I believe this approach demands not only creativity and imagination, but abstraction and wonder.

Chapter 2: Agency Overview

The following section will offer a description of the agency, Dragonstone counselling, where I completed my practicum. I will describe here the agency's structure, mission, values, and populations served.

Dragonstone counselling was founded over thirty years ago by Christine Waymark and her now deceased partner Robin Rennie, and Dragonstone continues to operate out of Christine's home in the Kitsilano neighbourhood of Vancouver, BC. Up until the summer of 2018, Christine was providing supervision and seeing clients at Dragonstone but has since transitioned into retirement. Dragonstone is guided by a philosophy upholding holistic processes, and believes in attending to spiritual, emotional, physical and mental wellness. A central value of the organization is to provide respectful and informed care to people who have experienced marginalization.

The private centre commits to providing counselling to people of all ages and genders and offers counselling in a number of different languages including English, Farsi, Spanish, Cantonese, and Mandarin, serving diverse communities. Services offered include one-on-one counselling, couples counselling, and family counselling as well as occasional support groups. Dragonstone counsels people for a range of issues under the themes of Emotional Wellbeing, Life Transitions, Gender, Orientation and Sexuality, Trauma, Physical Health, and Family and Relationships. Counsellors at Dragonstone work with a variety of frameworks and approaches including client-centred, feminist, anti-oppression, Dialectical Behaviour Therapy (DBT), Cognitive Behavioural Therapy (CBT), and Eye Movement Desensitization and Reprocessing Therapy (EMDR). Practitioners are also trained in a number of expressive modalities including drawing, journaling, colouring, and Sandtray Therapy for people of all ages. Previous to getting to better know Dragonstone and Christine Waymark, who runs the agency, I was aware of its positive reputation in the community as an agency that provides

accessible, inclusive counselling, especially to the LGBTQI2 (Lesbian, Gay, Bisexual, Trans, Queer, Intersex, and Two-Spirit) community and survivors of sexualized violence and abuse.

The organization is comprised of practitioners from a number of different academic backgrounds, with counsellors certified as Registered Clinical Counsellors, Canadian Certified Counsellors, and Registered Social Workers. The agency holds a continuous roster of counselling interns at any given time, most of whom are students of counselling psychology. The practicum students, referred to as interns, are under the supervision of one of two associates within the agency and provide sliding scale services. Because access to affordable counselling is a core tenet of the agency all associates are also required to reserve a portion of their case load for sliding scale Dragonstone clients. Dragonstone aims to ensure access to counselling for individuals facing significant financial barriers who cannot afford full fee for service counselling by offering adjusted rates with Associates or low-cost counselling with Interns. The agency prioritizes low-cost counselling spots for people with disabilities and chronic health issues, newcomers to Canada, LGBTQ people, and BIPOC (Black, Indigenous, and People of Colour).

Chapter 3: Practicum Goals & Activities

Outlined below are the activities I will be pursuing while doing my practicum at Dragonstone.

- I. Orientation to Dragonstone Counselling
 - a) Familiarize myself with agency structure, mission statement, policies, and staff.
 - b) Attend regular supervision on a weekly basis as well as group case consults on a monthly or sometimes bi-monthly basis.
- II. Continue to develop my understanding of holistic clinical social work practice and incorporation of spirituality into counselling work by:
 - a) Reading texts on spirituality in social work practice including *Integrating Spirituality in Clinical Social Work Practice* (Cunningham, 2012).
 - b) Learning from practicum supervisor and fellow interns and associates at group case consultation meetings.
- III. Incorporate alternative methods into my practice when appropriate. Alternative methods may include visualization, meditation, and expressive arts therapy.
 - a) Audit academic supervisor Dr. Indrani Margolin's course: SOCW 610 Wellness: Alternative Approaches, which will explore the use of expressive arts therapy in a group setting.
- IV. Increase my knowledge of clinical social work practice
 - a) Gain experience working with a range of counselling modalities, in particular: cognitive behavioural therapy, narrative therapy and person-centered approaches.
 - b) Continue to read textbooks pertaining to clinical social work approaches of interest as I am gaining experience in my practicum. Textbooks include *Theoretical Perspectives for Direct Social Work Practice: A Generalist-Eclectic Approach* (Lehmann & Coady, 2001), and *Counselling Skills for Social Work* (Miller, 2012).

- c) Gain familiarity with couples and relationships counselling approaches such as through the work of Sue Johnson (*Love Sense: The Revolutionary New Science of Romantic Relationships*, 2013; *Emotionally Focused Therapy for Couples*, 1988).
 - d) Increase knowledge in the areas of non-monogamous relationships, polyamory, and other non-traditional relationships by reading *The Ethical Slut* by Dossie Easton & Janet W. Hardy, 2013.
 - e) Have weekly supervision with an MSW associate at my practicum site to support integration of learning into professional social work paradigms.
- V. Continue to strengthen my clinical skills
- a) Further develop my skills in the areas of assessment and treatment planning.
 - b) Enhance my ability to do relational and collaborative anti-oppressive social work by using journaling as a self-reflective tool. I will also work towards self-reflexive praxis by bringing case examples to individual and group supervision meetings.
 - c) Begin to develop a clinical resource for myself with activities and exercises to do with clients or to ask them to complete as homework between sessions. Includes CBT exercises, breathing exercises, and arts-based activities for sessions.
 - d) Plan and execute a participatory/psychoeducational support group in collaboration with a fellow intern.
 - e) Learn best-practices for note taking and record keeping in clinical practice.
 - f) Further develop my tools for critical self-reflection.
 - g) Video record a session to review in one-on-one supervision for feedback and deepening reflection on my practice.

- VI. Continue to stay informed of the structural barriers and experiences faced by the client populations with which I work, in particular issues pertaining to LGBTIQ2 folks, newcomers, people with disabilities and youth.
- VII. Contribute to my practicum report regularly throughout my practicum
 - a) Maintain a journal to document my reflexive process, insights, and areas to research.
 - b) Designate specific times for reading and writing each week, maintaining a schedule that will allow me to produce a first draft of my practicum report upon completion of my practicum hours in November.
- VIII. Maintain a regimented self-care plan to help ensure a healthy and sustainable practice as I move into clinical work.
 - a) Ensuring I complete my practicum hours while also maintaining a healthy work-life balance. This includes portioning aside time for both reflection and decompression throughout my work day and making time for meditation prior to client appointments.
 - b) Get regular exercise throughout the week and make space in my schedule each week for creative time.

Chapter 4: Literature Review

This section provides an overview of the literature relating to holistic clinical social work practice. During the process of this review, I found that holistic practice and spirituality are discussed in many different facets of social work, such as in health care settings (Chan, Ng, Ho & Chow, 2006) and child welfare work (Carriere & Richardson, 2013). While I aimed to draw primarily from research discussing holistic practice as it pertains to clinical social work practice, due to the limited availability of such research it was necessary and advantageous to incorporate findings from studies in other areas of social work, as well as in psychotherapy. Many of the holistic approaches applied by, for example, social workers in hospital settings and the nursing literature (Chan et al., 2006), transfer to clinical social work practice as well. I also learned in the course of my literature review, that research on the spiritual component of holistic work predates the language of holistic practice in the social work discipline. At the same time, definitions of spirituality appear to have only begun to move away from references to and concepts drawn from organized religion more recently. With this in mind, I aimed to limit my review to academic works in the last fifteen years and not rely too heavily on spirituality-based social work manuals. I searched instead for what was discussed as either Holistic practice (Norton 2010; Purdy & Dupey, 2005; Carriere & Richardson, 2013; Reese & Myers, 2012; Weiss, 2010), Integrative Body-Mind-Spirit practice (Leung et al., 2009) or alternatively Integrative Mind-Body-Spirit Practice (Raheim & Lu, 2014). My intention in doing this was to seek out literature that supports a modern definition of holistic practice that will be recognized by professionals in the field of social work and which can be utilized with clients across diverse backgrounds. This includes those who are not connected to organized religion or have been actively harmed by it in some form.

An example of this would be the abuse and genocide suffered by Indigenous peoples who survived Catholic residential schools. Chan et al. (2006) caution practitioners that although their approach borrows from guiding philosophies of Confucianism and Taoism, it remains partisan to be

used transculturally. For these reasons, I feel that the spiritual dimension of holistic approaches needs to be defined beyond religion or references to a higher power, so as not to alienate clients and practitioners alike who stand to benefit from a holistic approach. Similarly, we have a responsibility to work with religion and belief in a higher power if this is part of our clients' spiritual experience.

The following overarching themes will be explored in my review: History and roots of holistic practice and eastern influences, counselling modalities that compliment or invoke a holistic approach and, finally, alignment of a holistic approach with social justice.

The Roots of Holistic Practice: Eastern Influences

Raheim and Lu (2014) acknowledge that “western scientific discoveries during the past 20 years align with conceptualization of healing, health, and wellbeing held by Eastern traditions, Indigenous peoples of the Americas and many U.S. racial-ethnic groups” (p. 288). Many of the holistic approaches to healing being adopted more recently in the areas of healthcare and social services have deep roots in ancient traditions. As I will illustrate here, holistic practice encompasses many old perspectives being given new meaning within the profession of social work. As I will discuss later in this section, cultural appropriation is an important ethical consideration as we delve into this area.

It's difficult to talk about a holistic practice without attempting to break it down into smaller parts. This seems contradictory given that the notion of holism is that everything functions as one entity. What has been most helpful to me around this idea of holism has been my knowledge of the medicine wheel. There are many versions of and uses for the medicine wheel among various Indigenous cultures in Canada. The learning I have done about the medicine wheel brought me to understand it as comprising the four directions of life, which can represent many different aspects of human experience including seasons, elements, races, or humanness (Hart, 2002), which is the version I am most familiar with. I have come to understand the four main areas of humanness that must be fulfilled in order to achieve health as the physical, spiritual, mental, and emotional

dimensions. At any given time, we may have more health or strength in one of these areas than another, but nonetheless we all have the capacity for all of these states of wellbeing and they influence one another and overlap because they are interconnected. Hart (2002) asserted that some cultures teachings suggest that each individual may even have a unique medicine wheel tailored to their unique needs. This fits nicely with my own understanding of how alternative and arts-based approaches can nurture the dynamic parts of our clients' selves that require time for experiences such as time in nature, as with ecotherapy, creativity, as with art therapy, or connection to self, such as with meditation.

My review of the literature revealed that holistic approaches have largely, if not completely, evolved from spiritual helping practices, alternative medicine, and homeopathy (Raheim & Lu, 2014). In the early 1900's these approaches to healing lost credibility upon the advent of western evidence-based biomedical scientific paradigms, consisting of principles such as objectivism, reductionism, positivism, and determinism. I-BMS holism, on the other hand, values multi-systemic connectedness and balance (Raheim & Lu, 2014).

It's important to acknowledge that historically many social work academics writing about spirituality have been marginalized in the literature due to these shifts towards professionalization and the biomedical model in social work (Coates, Graham, Swartzentruber, Ouellette, Caholic, 2007). This made it difficult to track down and source material on the subject of spirituality and holistic social work practice. The primary social work researchers I came across who are currently helping to lead the way for clinical holistic practice hail from Hong Kong, drawing heavily from the teachings of Taoism, Buddhism and Traditional Chinese Medicine (Leung et al., 2009). A well-known symbol that helps illustrate I-BMS practice is the yin-yang. This symbol stands for many philosophies in Taoism, the most prominent of which are the contrasting components in life, which form a harmonious dynamic equilibrium (Chan et al., 2006). The yin-yang concept is put into I-BMS social work practice

through such tenets as, for example, recognizing change as a process that moves us towards balance, looking at patterns in the lived experiences of clients from afar, seeing the person in relationship with their environment, and identifying strengths within both that person and their environment. These perspectives are not unlike what social work terms the person-in-environment or PIE model, part of the ecological approach. Hart (2002), a Cree social worker, educator, and academic shares an anecdote from a discussion with a white social work colleague in which he points out to her that what she teaches her students as the ecological approach, is in fact a longstanding Indigenous worldview of social order. In most, if not all, Indigenous cultures, people are understood as being one with other animals and creatures, the land, and the universe. Understanding the interconnectedness between these elements of life promoted harmony with nature and enabled survival for these communities. These same principles held true for many religions historically as well, before they were corrupted by white men vying for power.

The sameness in these perspectives, the yin-yang, interconnectedness of all things, and the ecological approach, speak to three main points for me: 1) that what social workers term an ecological approach in fact originated in an Indigenous cultural worldview that pre-exists social work paradigms, 2) for these similar concepts to be so ubiquitous and longstanding across ancient cultures they are clearly very potent tools for meaning making and healing, and 3) these approaches fit well within what social work is already striving for, fostering wellness and balance in our clients' lives. At the same time, it's important for social workers drawing from the knowledges and wisdom of other cultures to do so in a way that does not appropriate or misappropriate them. Linda Tuhiwai Smith (1999) stated the following:

“The globalization of knowledge and Western culture constantly reaffirms the west's view of itself as the centre of legitimate knowledge, the arbiter of what counts as knowledge and the source of ‘civilized’ knowledge” (p. 63).

It is important that researchers and clinicians using these models and approaches not appropriate this knowledge by choosing to name the cultural traditions they have come from and by making themselves aware of the history and purposes behind these methods. Raheim and Lu (2014) suggested that I-BMS practice has the potential to resist a one size fits all approach, defying the western biomedicine model and, instead, take up interest in and placing value on the cultural histories and healing practices of marginalized communities of colour. This fits with the anti-racist and decolonizing frameworks I strive for in my practice. As Raheim and Lu (2014) pointed out, this also speaks to the potential for I-BMS approaches to advance cross-cultural social work as well as social justice, an important consideration for the profession of social work which we will revisit later on.

According to Chan et al. (2006), outcome studies show there is a high efficacy of eastern practices being used in health care setting, including tai-chi, yoga, acupuncture, and the I-BMS approach developed by the researchers themselves. The effectiveness of body-mind-spirit intervention has been documented in nursing care with depressive patients, proving this approaches' value across helping disciplines (Rentala, Fong, Nattala, Chan, & Konduru, 2015). The teaching of techniques for self-love, acceptance of negative emotions, and emotional management were all reported as having positive impacts for patients dealing with depression (Rentala et al., 2015). In spite of research such as this and evidence that these practices are congruent with the teachings of many cultures, they are rarely being incorporated into social work education or clinical practice today (Raheim & Lu, 2014).

Holistic Modalities

In my literature review, I looked specifically at holistic clinical social work practice. I examined how alternative approaches can be brought into clinical practice in combination with traditional counselling modalities, such as Cognitive Behavioural Therapy (CBT), to achieve a holistic counselling

practice. It is the combination of clinical approaches and alternative methods in holistic social work that has been so under-researched. Alternative approaches often incorporate the practice of mindfulness and, while emerging modalities such as mindfulness-based cognitive behaviour therapy (MBCBT) approaches do exist, what I am interested in is a broader more creative and fluid incorporation of alternative approaches based on client needs and what creative or spiritual practices are meaningful to them. In the literature, there appeared to be two main counselling approaches that holistic practitioners rely on in carrying out I-BMS practice: Cognitive and mindfulness-based approaches and narrative therapy.

Cognitive behavioural therapy. Chan et al. (2006) spoke to their utilization of a CBT modality to, as they describe it, operationalize the pragmatic eastern spiritual approach. They describe that “...religious faith aside, much of the spirituality techniques are indeed cognitive thoughts, philosophical positions, belief systems and mindsets” (p. 827). The CBT approach provides opportunities to encourage reflection around thought patterns and belief systems, providing a link between cognitive processes and broader spiritual consideration of life’s purpose and the meanings in human relationships. The use of CBT in holistic clinical practice was similarly echoed by Weis (2010), in her research on holistic approaches with substance use disorder (SUD) and post-traumatic stress disorder (PTSD). She exhorted the necessity for an approach to these disorders that combines cognitive behavioural, emotional, relational, and spiritual facets of the client. Leung et al. (2009) also suggest that mindfulness, a key component of CBT, brings our awareness to what we are resisting or clinging on to, allowing us to find ways in which we can learn to let go and allow the cycle of life to take place. The case example of Franny (2009) in the next section will help to further demonstrate this point.

Although similar to Weis (2010), the I-BMS model discussed by Leung et al. (2009) argues for a multi-modal strategy that, in addition to emotional and spiritual dimensions of the client, aims to

address suffering in the physical and existential spheres as well. Leung et al. (2009) defined the three key intervention principles of holistic I-BMS practice as: 1- promote dynamic balance within the individual, 2- foster strengths, and 3- facilitate meaning making (p. 303). The identification of strengths and upholding of strengths-based practice as outlined in the second principle, is consistent with practice guidelines in the British Columbia College of Social Workers Code of Ethics and Standards of Practice (2009), allowing for this model to translate well to social work practice in the Canadian context. The section that follows will explore the third principle, the facilitation of meaning making, and how it fits within what emerged from the literature as the overarching theme of narrative construction in the holistic process.

Narrative therapy and meaning making. Another counselling tool referred to throughout the literature was a narrative approach, in particular, the re-storying of painful and traumatic experiences to facilitate post-traumatic growth. As Chan et al. (2006) indicated, the mind's ability to heal itself is often overlooked. A narrative approach hinges on meaning making and imaginative potential to achieve a new understanding of one's self and experiences. This approach ascribes to a constructivist and interpretivist framework, where our experiences are made real by our own interpretation of them, as opposed to perceiving experience as factual and objective. Experience is socially constructed. Chan et al. (2006) discussed what they term soul-searching and self-narratives which, when incorporated into talk therapy, permit clients to achieve new perspectives and move towards spiritual growth. The authors discussed the holistic value in employing a variety of modalities:

“Conventional techniques of psychosocial care such as life review, storytelling, constructivist approach, narrative approach, gestalt approach, as well as the uses of play, expressive art and movement are all useful to facilitate spiritual integration for patients and their family members (Walsh, 1999 as cited in Chan et al. p. 827).

Leung et al. (2009) shared a case example of an elderly Chinese woman, Franny, grieving the loss of her son. Through I-BMS counselling sessions she was able to find growth and healing in a number of ways. First, through the use of body scans and breathing exercises, she reconnected with her body. The social worker then guided her through breath meditation, which empowered her to cultivate positive energy within herself and, as a result, feel connected with her son's spirit. She was able to re-establish a connection with her faith, allowing her to make meaning of her son's death, seeing him as in heaven serving Buddha and looking after her from afar. Normalization and validation of feelings, encouraging acceptance, and identification and mobilization of strengths were all a part of this therapeutic intervention. While this process was much more complex than can be illustrated here, what can be seen is how traditional cognitive counselling modalities and alternative holistic approaches were blended and thoughtfully applied by the practitioner in this example with Franny.

Connections to Social Justice Work

While the self in terms of body, mind, and spirit are attended to in the literature on holistic practice, the political self is not directly addressed in the literature. This leads me to wonder whether political agency might fit into the spiritual realm. Raheim (2014), however, does address the role of holistic practice in social justice, saying that alternative medicines, and especially those espoused by other cultures including Indigenous peoples of North America, have traditionally been discredited and subordinated. According to Raheim (2014), this has had detrimental impacts for people of colour and Indigenous peoples, many of whom, in the Canadian context certainly, have developed internalized oppression and shame around their cultural practices as a result of ongoing colonization (Baskin, 2011). Raheim indicates that not only are holistic frameworks in line with culturally safe practice, but they are also supported by the National Association of Social Workers code of ethics, which takes a strong stance on culturally competent practice, mandating a commitment to serving vulnerable, oppressed, and marginalized populations. By attending to the cultural histories of our clients through

a holistic approach we orient ourselves towards social justice and anti-racist frameworks (Brown, 2008 as cited in Raheim, 2014).

While Indigenous perspectives on health clearly align more closely with an I-BMS approach over the biomedical model (Raheim, 2014), traditional medicine and healing continues to be unsupported and underfunded by the Canadian healthcare system and is marginalized within the profession of social work itself. More research in this area, such as my practicum report, can serve to bolster the value of holistic and alternative approaches in social work, supporting a shift towards holistic approaches and frameworks that may already be underway. To me, a holistic approach invariably includes the incorporation of a strong awareness of systemic oppression into the therapeutic relationship, and an initiation of therapeutic dialogue connecting the personal to the political. This is also consistent with my feminist counselling framework for practice. In undertaking an investigation of all the various social determinants of client health and life circumstances, practitioners lose big pieces of the picture when any element of human experience is neglected, whether it be mind, body, spirit, or socio-political context.

Chapter 5: Summary of Learning Experiences

To synthesize my learning and my contributions to the social work literature I will organize the outcomes of my practicum objectives under the following four broad headings: Working with spirituality in a holistic counselling setting, investigating the relationship between traditional cognitive counselling modalities and holistic practice, authentic communication: designing and facilitating a support group on relationships, and implications for social work practice.

Working with Spirituality in a Holistic Counselling Setting

Holistic practices are fluid, creative, and subject to individualization by counsellor and client collaboratively so as to be suitable and impactful. Thus, I will not present herein a step-by-step manual for integrating holistic methods into clinical social work practice. Holistic methods, as I have learned, are necessitated by flexibility, openness, and joint-exploration. I found that working within a self-described holistic counselling setting, often clients invited me into their spiritual practices, existential and philosophical insights and creativity, even very early in our work together. This taught me that the environment in which we practice and how that environment is perceived by the client determines how free clients feel to share that which is deeply personal and nourishing to their spiritual wellness. For example, a client sharing that each morning he has a conversation aloud with his now deceased mother when he feels her energy in the room; or, another client offering that she believes in the healing energy of Reiki; and yet, another client offering that she draws how she feels when she is struggling with or experiencing big or difficult emotions. In fact, every client I worked with at Dragonstone, even those who were referred by other agencies, shared with me about their spirituality, many without me even asking about this specifically. Sometimes before sharing, clients would say “this is embarrassing but...” or “you’re going to think I’m weird but...” before handing over an extremely precious and useful insight about a spiritual resource they draw from. Service users who voluntarily share spiritual resources with their counsellors are bravely volunteering information that

is vital to our therapeutic success. I argue that we have a responsibility to not only display openness to the beliefs and practices of others, but actively engage in dialogue about that which sustains them on a spiritual level. The language of spirituality is not something everyone will necessarily relate to and that is why we need to search for other ways to ask clients about what sustains them; but also, when appropriate, gently confronting narrow beliefs about what spirituality means, both within our clients and ourselves. Spirituality offers a useful lens through which people can understand their experiences, needs, and selves (Cunningham, 2012). Christine, the Director of Dragonstone, told me a story that nicely captures her experience with this. A client of hers denied having any sense of spirituality, she just did not feel it was something she connected to or existed within her. When asked by Christine, a fellow mother, if she ever had the experience of knowing something intuitively about one of her children without them disclosing anything to her, the client remarked that she has had this experience many times. Christine pointed out to her that this would qualify as a spiritual experience. For the client, this was both an empowering and enlightening realization.

I still struggle to write the word spirituality again and again in this paper because the traditionally accepted notions of what that means do not fit with my own experience of spirituality. For myself, I primarily understand my spiritual wellness in terms of connection and wholeness. Connection can come from deep and vulnerable conversations in my close relationships or an overwhelming sense of solidarity with my social work colleagues or fellow community activists. The first experiences I had interacting with other people's spirituality was participating in smudge ceremonies before rallies in the Downtown East side of Vancouver, most of which are led by Indigenous elders and leaders. Thus, participating in community action will always hold spiritual significance for me, as it is in those moments that I feel both deeply connected to myself in terms of enacting my values and beliefs, as well as those who are most impacted by inequality and injustice with whom I demonstrate alongside. The practice of cultivating deep empathy for those who are in

struggle with systems of oppression is itself, I would argue, is a spiritual practice; one which has been promoted within Buddhism for many centuries (Pill, 2002). As I will explore further in the final chapter of this paper, spirituality and social justice practice uphold one another in social work practice.

In the midst of my practicum, I found myself reflecting on exactly when I first recognized spirituality as a vital facet to social work practice. I could never have predicted I would end up in a practicum placement with an agency with such a strong focus on spirituality. I was raised as an atheist, I am a granddaughter to two biochemists, and my father was a journalist, thus, science, logic, and truth/fact were highly valued in my home growing up. Didn't the unexplainable and mysterious realm of spirituality fly in the face of those things? However, when I began doing victim services work with a local rape crisis centre, WAVAW, supporting women through trauma and healing, I began to see very quickly why we asked about spirituality on our intake form. Women we supported were able to forge a way forward and shift out of their suffering when they could make their own meaning of their experiences and tell a new story about strength, resiliency, and purpose. As their case worker I would provide tools and resources for symptoms of post-traumatic stress disorder and information about the medical and legal systems they interfaced with in the aftermath of assault. WAVAW also, crucially, offered a feminist structural perspective to help promote consciousness raising and integration of their newfound reality as a woman in a patriarchal society in which violence against women and feminized bodies/individuals is socially tolerated. All of these aspects of social work are impactful on their own but together they paved the way for women to find their own answers to "how do I reclaim power and myself in order to move forward." The pivotal pieces of this self-work were often spiritual. The motivators to persevere through testimony at trial or what grounded or propelled them could be beloved pets, career aspirations, artistic expression, finding voice and more—all arguably very spiritual because they facilitate connection, belonging, and a sense of

wholeness. The truth I have found in these experiences and my time in clinical practice at Dragonstone is that our clients' beliefs and perceptions may not be at the centre of our work with them, but they certainly inform which path will lead them out of pain and struggle. When we only guide clients based on our own roadmap constructed from our own convictions and realities, we board up the entry points to those pathways, whether they lead towards peace and joy or self-discovery. Many standard modalities in clinical practice will lead us through the rough outlines of our clients' maps, but without opening ourselves up to other ways of being, seeing, and self-concept we will miss out on profound opportunities to forage new and fruitful territory. I had the privilege of working with clients in my time at Dragonstone who bravely walked me through the spiritual realm of their maps to self-discovery, healing, and growth.

Case example: Carlos has been suffering from depression ever since the death of his mother several months ago. He shared his pain with me and I provided support and normalized and validated his grieving process. In discussing caring for himself I asked about rituals or practices that make him feel restored and grounded. From here we discussed his friendship with an Indigenous elder, and how smudging gives him a sense of peace and balance. Within the spiritual safety we established, he felt able to share with me that he talks to his mother's spirit in the mornings. Carlos leads the way for me to ask more questions and explore other practices he has for spiritual resiliency, wellbeing, and healing from loss.

When I brought the case scenario of Carlos to group supervision I asked my colleagues how I could best support him through his grief. I do not believe I would have received a more fruitful response in any other setting since Dragonstone holds spirituality at the core of its ethic of care. My colleagues asked if there was anything that was unsaid between him and his mother, leftover business that may be distressing him, what meaning/purpose these conversations with his mother hold for him, where he locates his grief, where does it live/sit, how does he view his grief, where he is

at in his grieving process versus where he or others think he should be, and what his beliefs are about an after-life. Cunningham (2012) maintained that in order to support clients around death and dying we need to understand their spirituality so we can appropriately assist with the grieving process. Often, she highlighted, there is a need for a sense of completion. Endings are extremely important. She stated that compassionate presence can be our most powerful intervention. With Carlos I learned that he deeply needed to express his grief aloud, because as a queer man who did not have a supportive family, there was little opportunity for him to do this otherwise. As someone who has lost a fair number of family members dating back to an early age, death and grief are very familiar to me and I was able to comfortably hold space for Carlos to grieve and witness his pain in a way that those around him had great difficulty doing.

Since starting my practicum with Dragonsone counselling I also began my own spiritual journey, learning more about meditation and Buddhism. In many ways, which I will demonstrate later this paper, Buddhist teachings support modern clinical frameworks, cognitive behavior therapy in particular (Burns, 2006). Exploring this new spiritual territory has given me some insight into other spiritual practices and beliefs. I can now better understand why people seek out guidance from spiritual leaders and practices; they are suffering and need hope and to believe in a process or a practice that will better them. This, in essence, is what counselling is all about; as the therapist we extend a hand and offer to help guide our clients through rough terrain, we encourage them to look from new perspectives, try new things, and explore their inner worlds to find answers. In his book “When Panic Attacks” Burns (2006) discussed how in drug trials with anti-depressant medications, those in placebo groups can experience comparable positive results to the non-placebo test group. He made the argument that placebos can transform mental states because the individuals taking them have a new sense of hope. In a way then, hope itself is a medicine. If hope is a proven antidote

to suffering and can be garnered from spiritual beliefs and practices, then should it not be central to our clinical practice frameworks?

The stingray. The artwork depicted on the second page of this report came out of an inter-modal art therapy exercise during my time in my supervisor, Dr. Indrani Margolin's course (*SOCW 610: Wellness: Alternate Approaches*). The exercise, led by a fellow student, required that we close our eyes and draw a line or squiggle that represented a fear or anxiety within us. Upon opening our eyes, we were asked to look at the scribble from different angles until we saw a shape or image emerge. I immediately recognized the shape of my scribble as a stingray. From here we developed our images further, choosing from different materials. I thought about the stingrays I used to see swim overhead in the aquarium as a child. They were both curious and frightening, majestic and sinister with their fins gracefully fluttering and sharp spear-like tails. They moved with grace and freedom and yet had what appeared to be deep frowns formed on their underbellies by their mouths, resembling tormented faces. In relating the stingray to everyday anxieties, I recognized the dualisms within this emotion and its accompanying sensations. Feelings of anxiousness can come from both excitement and fear— what I felt as a child looking up into the blue marine shadows of the stingrays. I also reflected on perception. Anxiety communicates important information and we can choose to read that as either good, bad, or neutral. Our experience of a strong emotion need not be singular or negative. We can be both terrified and excited without those feelings overwhelming us to the point of losing sight of the excitement. I wondered, what other gifts does this stingray hold for me? We were then invited to do some journaling on the back of the page. The student facilitator suggested we initiate a dialogue with our image. I had an opportunity to understand anxiety better when it was something outside myself, and ask questions such as “why are you here? What do I need to know that you might be trying to tell me?” The stingray answered some of my questions easily, others I needed to answer myself. But by putting the experience outside myself I had the opportunity to

neutralize the perceived threat of anxiety through drawing, examine an experience from a different angle, and open up possibility for a new relationship with this anxiety or fear, much like in the narrative therapy approach. I also gleaned new insight, saw opportunity, strength, and positivity where there was little or none before. The dialogue helped me to put the object of distress at a safe distance while also moving slowly, through the practice of journaling, to a place where I could accept it as a part of myself once more. Shifting it from something after me to something within me, a resource or signal perhaps. The stingray became just one small part of me instead of a looming shadow. Being vulnerable in this exercise set me on a path in my own practice where I could see opportunity for arts-based exercises and more fully recognize and honour their capacity for transformation in our clients' therapeutic experiences. This exercise and my learning in Dr. Margolin's course also gave me a new professional intuition or compass for what arts-based and alternative modalities would be appropriate for clients depending on their struggles and concerns, or the self-exploration they wanted to do. The next section will begin to explore, through the use of case examples, how I began to incorporate alternative methods into my work with clients in a way that supported and adhered to traditional cognitive frameworks for evidence-based social work clinical practice.

Investigating the Relationship Between Traditional Cognitive Counselling Modalities and Holistic Practices

Narrative Therapy.

Case example. A non-binary identifying client, Sasha, is grappling with making important decisions about their future. They are at a crossroads in their career, they are torn between pursuing two different passions and fear what it will mean to choose one over the other. My approach with Sasha has been narrative therapy and I see that they have established a particular story about who they thought they would become. As their goals and desires

change they are becoming distanced from that vision for their future, and this is causing grief and inner disappointment. The idea that what Sasha does determines who they are seems to be very present, the narrative that action is bound up with identity. I wonder what other possibilities for their future exist outside this black and white narrative. I suggest we do a vision board collage together.

I have chosen to discuss narrative therapy in this section first because it was the modality I used the most since it happened to be the one that I found most seamlessly flowed between traditional cognitive counselling and arts-based methods, as illustrated by the case example above. As noted in my literature review, narrative soul searching and narratives about the self, fit naturally within I-BMS practice as discussed by Chan et al. (2006).

My conversations with Edward and the text by Miller (2012) helped me to break down narrative therapy to its most basic elements: listening for both the content and meaning of the story and drawing out themes and exceptions to the narrative, externalizing problems using metaphor, and co-constructing alternative narratives through experimentation and feedback. In learning to work with a narrative approach I would seek out entry points in the story where I could ask the client questions to aid them in externalizing elements of self or life experience. For example, a client, Marshall, refers to an aspect of himself he does not like, a voice in his head. This part of him is constantly self-critical, a constant source of negative feedback that he cannot seem to tune out. I ask him to give a name to this voice, in order to allow him to view it as something outside himself. He says Rick, the name of his father who was really hard on him growing up. I learned that this externalization process empowers clients to tame whatever difficult emotion or hardship they were facing by placing it cognitively and emotionally outside themselves. I experienced this myself with the stingray exercise. Miller wrote, “[p]ersonifying the attributes that contribute to problem-saturated stories can assist social workers in enquiring about the impact of embarrassing or shameful

behaviours that could otherwise be closed down by service users as a means for self-preservation” (2012, p.143). Because this approach accounts for the socio-political basis of narratives, it is conducive to a structural lens, accounting for the ways in which dominant narratives in society influence our experiences and understandings of ourselves. This overlaps with a feminist counselling approach in which personal experiences are linked to political factors such as socialization, culture, social policy, and the impacts of systems of oppression. Inherent in this approach is also a strengths-based focus, since the co-construction of new narratives cannot unfold unless we highlight “service user strengths, interests, and successes” (2012, p.143). For example, a client, Ana, disclosed that she wanted to work on her self-confidence. Over the course of a couple sessions we identified that her low self-esteem may be stemming from the fact that she is a recent newcomer to Canada and is still getting a grasp on both the language and culture, causing her to sometimes feel like the oddball in social circles. We also connected her negative self-talk to her mother who, throughout Ana’s childhood often verbalized her discontent with her appearance in front of Ana and undermined her own intelligence. Ana knew she was smart and happy with her appearance, and yet when she is feeling socially isolated she blamed herself in order to rationalize the situation. I asked Ana to describe her ideal self-confidence, whether she could source it from someone she knows, a fictional character, whatever symbol held true confidence for her. She said that there is actually an “other Ana” that sometimes chimes into her thoughts and boosts her confidence. She said sometimes when she is feeling sad or down and she is alone she will actually use positive self-talk to interrupt the narrative of self-judgement. This “other Ana” is very strong and sassy, and she does not tolerate any baloney (to put it lightly). We worked together to summon this “other Ana” when the critical thoughts started up, slowly integrating her voice more and more until Ana could see that she is a part of her that was there all along. Her voice just needed to be elevated. By using “other Ana” to alter Ana’s script about her self-confidence, we were able to bring her to a place where she associated less

and less with the negative self-talk she observed in her mother, and embraced a stance of confidence within herself, even while adjusting to life in a new country.

Person Centered Therapy. Earlier I spoke about practitioners needing to be creative about how they invite a spiritual lens out of clients and into their work more generally. Arguably, existentialism is another angle through which we can access spiritual conversations in our work. Edward, my social work supervisor at Dragonstone, practices from an existential framework. Many clients, who are deep in their suffering, question life and ask what makes it worth living. Edward helped me understand that for individuals feeling powerless in their circumstances, the idea that they can choose to end their life is a source of both a sense of power and autonomy. I was surprised when Edward told me he will verbally acknowledge this power to clients. I know and believe we all have a right to choose whether we live or die, but how can we verbalize this to clients when our ethical responsibility to keep our clients safe and alive contravenes this belief. Where then do our ethical obligations and existential approaches to practice intersect? Surely in many places, but person-centred therapy has some answers, and this is what Edward taught me. Couched in an unconditional positive regard for our clients and an expressed wish to do everything within our power to help shift things for them such that they can remain living on the planet, acknowledgement of this autonomy over life may be one of the ingredients needed to give that client a sense of choice and will, which, in many ways, defines existence itself. Autonomy is particularly important to acknowledge in work with clients, such as people of colour and those from the LGBTIQ2 community, many of whom experience oppression on a daily basis and do not always have access to a sense of agency and control over their lives.

I was looking to support my client, Alex, when Edward and I had this conversation. Alex and I had been working together for the full duration of my practicum, she was my first client. My primary intention from the start of my work with her, and all subsequent clients, was to build a strong, authentic, and trusting relationship. Termed in person-centered therapy as the working alliance.

Developing this collaborative relationship in therapy provides a foundation to guide clients through self-reflection and change. This work became much more complex as Alex opened up about current self-harm and suicidal ideation. Upholding the working alliance requires that as the practitioner we regularly evaluate our position in the therapeutic relationship (Miller, 2012). With Alex I had to be very aware of my responses to disclosures of self-harm and self-described self-sabotage, so as to show care and concern in a way that did not put our relationship at risk. I would use empathic highlights to reflect her ideas and beliefs back to her without judgement, staying with her frame of reference in hopes of offering validation and a decreased sense of isolation (Miller 2012). Consistent with person-centred therapy (2012), the aim in our work was to bring attention to incongruencies between thoughts/beliefs and actions. For example, I reflected back her awareness that the self-sabotaging behaviours she engaged in were detrimental to her health, her job, and caused difficulty in her relationships with family and close friends. I expressed concern, while also probing deeper to explore the motivators for these destructive behaviours, to determine whether her commitment to those behaviours truly outweighed the importance of, for example, being able to keep her new job where she was able to really enjoy working for the first time.

Making the choice between life or death visible has the power to bring distressed clients who are struggling with suicidal ideation into a new realm in which they can begin to challenge the narrative of powerlessness. The literature on spirituality (Cunningham, 2012; Chan et al., 2006) posits that crisis often provides new opportunity. This belief supports a strengths-based framework, one in which challenges and struggle can be reframed through resiliency and strength. When Alex came into a session and said, “everything is going right in my life for once and I’m finding myself suddenly very depressed and questioning the point of it all; why am I here?” My response was first to acknowledge “what an accomplishment to reach a place in your life and career that you have worked so hard for”. The second was to validate such an essential and human existential question to ask, “if I’m not in a

state of struggle, what then is my purpose?" For Alex, rising out of a cycle of struggle and chaos meant she now had new questions about the meaning of life. Where she saw a dead end, I saw the beginning of a new life chapter. I emphasized that the sameness of the past struggle may have had familiarity, and there is certainly comfort in that, but she is now at a point where she has yet to imagine all kinds of possibilities for herself. I told her, "we all have to find our own answers to the question of our life's purpose. Maybe the quest of searching for answers in the first place may be enough of a reason to keep us here".

Cognitive Behaviour Therapy. My experience with using CBT as part of my holistic clinical practice was largely validated by the work of my committee members, Dr. Indrani Margolin, Dr. Joanna Pierce and colleague Aislinn Wiley (2011) in their research using CBT and meditation with female university students struggling with stress, anxiety, and sadness. This study illustrated how CBT and meditation/visualization can be used effectively together since they are both concerned with "de-identification with negative reactivity in the mind" and "divorcing from anxious thought" (p. 236). The authors state that "consistent identification with anxiety and pain act as barriers to identification with peace and joy" (p.236). Studying both Buddhism and CBT concurrently, I realized quite quickly just how much overlap there is in meditation and CBT or, more accurately, how much CBT has borrowed from meditation and Buddhist practice. I recognize that teaching CBT techniques through the use of tools such as a thought record, trains the mind to be more in tune with thought patterns and this can be adapted to encourage clients to tune into their bodies. With anxiety in particular, anxious cycles are perpetuated by bodily sensations (i.e.: shortness of breath, sweating, tingling in limbs) which are then interpreted as evidence of real threat and fuel instinctive thoughts of fear, dread, and doom. I worked with mindfulness and meditation to assist clients to find ways to concurrently interrupt that cycle and self-soothe to calm the sympathetic nervous system. My supervisor Edward pointed out that the feeling stage of the three step CBT process (thought→behaviour→ feeling) can be

elaborated on to include self-assessment of bodily sensation. In addition to this, the teaching of self-love and acceptance in combination with emotions management is particularly effective in the treatment of depressive patients (Rentala et al., 2015). Marshall, who I spoke of earlier, had been suffering for years from anxiety and related phobias and in our therapeutic work I took a CBT approach. In planning our intervention to alleviate his distress, I took some time asking questions about where in his body he feels his stress and anxiety the most. We then worked with this area, the tightness in his chest, by practicing breathing exercises together that he could then use when his anxiety began to creep up. Miller (2012) asserted that a key skill for practitioners using CBT is to share relaxation techniques with the client so they are able to better tolerate distress when it arises. A large part of my work with Marshall involved targeting his intense self-criticism and negative self-talk to disrupt propelling his anxiety. We adapted his thought record with a final column where he recorded positive qualities about himself or what he had accomplished. I worked to further reinforce positive feedback in my counselling work with Marshall through use of self, by sharing strengths-based reflections on his efforts and progress. This was also consistent with maintaining a high level of transparency within our therapeutic relationship (Miller, 2012). Establishing trust with Marshall enabled him to express emotions that were very difficult for him to share, emotions he had been taught at a young age should be kept secret. I observed this trust positively impacting other areas of Marshall's life. He demonstrated more of a willingness to depend on others as a source of support.

An ethic of creativity. Narrative, person centred, and cognitive behaviour therapy approaches have proven to support spirituality and creative self-exploration within clients in order to facilitate holistic clinical social work practice. Whether it be through collage, re-storying, existential exploration, meditation and mindfulness or playfully engaging with different personas within ourselves, such as in the case of Ana. These therapeutic experiences gave clients permission to share experiences, thoughts, dreams, visions, and imagination that otherwise might not be taken seriously or

considered. These are unseen parts of our clients' inner worlds that profoundly impact their spirits, whether in suffering or resiliency and strength. Shelly Bonnah, sexual abuse psychotherapist, and Dr. Cathy Richardson (2015) with a background in family therapy and Indigenous child welfare, both from the Centre for Response-based Practice, attest that imagination and creativity are often safe havens for children needing to escape suffering, pain, and trauma. They argued that this is a form of resistance to violence. In my time at Dragonstone, where Sandtray Therapy is used with children and adults alike, I learned that creativity is a spiritual resource in soothing and coping as much as it is in processing and growth. This inner resource can be accessed by all people when they choose to recognize its power. I wonder what opportunities for coping and healing are missed when clinical practitioners ignore this spiritual dimension of the individual. By asking questions that invite play, creativity, and new perspective taking, we can harness the practice of demonstrating to clients an openness and willingness to enter this spiritual dimension with them.

Authentic Communication: Designing and Facilitating a Support Group on Relationships

In preparing for working with relationships/couples at Dragonstone I came across the work of Sue Johnson (2013; 1988), revered for her work developing Emotions Focussed Therapy for individuals and couples. Her approach emphasizes the impacts of our attachment styles on our relationships and inter-partner compatibility based on these types. Her work (2013) was useful in giving me a greater understanding of how to facilitate communication between couples and teach around how to read the cues of one's partner. At the same time, in her work, I found a lot of contradictions to the lived experiences of my clients, who at that time were primarily queer (lesbian, gay), including genderqueer (butch/femme identifying), and non-binary. Johnson's research, self-help, and directives for practitioners centered on married, heterosexual couples. She pathologized non-monogamous relationships and BDSM practices (bondage, discipline, sadism, and masochism) as indicators of unfulfilled attachment needs or unresolved personal intimacy issues. Equally concerning

were her essentialized characterizations of heterosexual relationships, lacking critical reflection on the role of gender socialization in our lives. Her work was not speaking to the experiences of my clients or those of Dragonstone more broadly, which includes many queer, non-binary, individuals, some of whom partake in or are exploring BDSM and open and polyamorous relationships. While the emotions focussed approach makes huge contributions to relationship counselling work, I was eager to find a more inclusive and nuanced clinical perspective. My social work supervisor at Dragonstone, Edward Sandberg, who comes from over 30 years in practice with a focus on relationships, sex and sexuality, recommended I read *The Ethical Slut* (Easter & Hardy, 2013). This book was truly what I needed. Written by Dossie (a family therapist) and Hardy (a sex educator) it offered practical information on how to open up relationships, manage polyamorous dynamics, explore sexuality, desires and kinks, among many other approaches and tools that could apply to any type of relationship.

One of the few aspects of couples work Sue Johnson and the authors of the *Ethical Slut* agree on is that it is incredibly difficult to recruit individuals for support groups on relationships. I am proud to have planned and executed a support group for relationships: *Authentic Communication: Strengthening our Relationships with Loved Ones*. Ten individuals signed up for this participatory/psychoeducational group which ran over the course of 6 weeks. The group borrowed from feminist, self-compassion, and nonviolent communication frameworks and incorporated the use of art-therapy/creative methods and guided meditation. Here I will share my learning from that process.

This was my first experience with facilitating a support group and I learned so much that it is difficult to narrow in, which is why I will only share here those reflective pieces that are relevant to holistic clinical practice. I am extremely grateful for the experience and therapeutic skills of my co-facilitator and fellow intern, Beth, who could both help me think through the logistics of running a

group, while also bringing a whole wealth of knowledge on not just relationship counselling theory, but self-compassion and meditation practice as well. Our process was one of creative collaboration which heightened attention to inclusivity and safety. This made for very fertile ground upon which the group could examine how participants carry out their relationships and tune up, or in some cases completely overhaul, their communication styles.

There are two main concepts I learned in the process of running this support group. First, the strengths-based framework that is so imbedded in social work was our primary guidepost for group planning and we relied heavily on this lens in making major decisions on group exercises and discussion topics. I believe we owe much of the success of this group to strengths-based practice, right from the beginning recruitment phase. Beth and I knew we wanted a group that offered something unique, an opportunity to learn more about working on any type of relationship- romantic, family, friendships— a relationship anarchy stance if you will. This approach is supported by relationship therapist and author Esther Perel (2006), who scrutinizes views of relationships in the western world that uphold a single monogamous life partner as the individual who is tasked with meeting all of our physical, sexual, and emotional needs. We wanted to challenge this as well and put forward a group model that values all types of relationships as conducive to meeting different needs which in itself is a very holistic perspective. We also recognized that part of what can make recruitment for relationship groups so difficult is that many people view attending them as either admitting fault (as the source of conflict in their relationships) or flaw (that they require intervention in order to successfully carry out what is supposed to be a basic innate skill: communication). By emphasizing that the group was meant to “strengthen” existing relationships as opposed to mend unstable ones, we achieved a gentle invitation to reflect on thinking and behaviour patterns in our participants relationships. Additionally, group discussions and activities asked participants to consider: areas of strength in communication, setting boundaries, meeting needs, negotiating, and

managing conflict, among others. We consistently looked to the future with participants, asking them to look forward to how they *want* to be in relationships, how they *wish* to manage difficult conversations, how they *hope* relationship transitions and endings will go, and so on. The research on holistic practice demonstrates the links between the I-BMS approach and strengths-based practice (Cahn et al., 2006; Leung et al., 2009). The spirit of the client can be transformed when we highlight and help our clients cultivate their inner strengths and resources for resilience.

My second major learning was around structuring safety in a group counselling setting. In conversation with Dr. Margolin earlier this year, she shared her reflections on the protective capacity of arts-based methods which, while able to trigger deep feelings quickly, these approaches also establish concrete and immediate tools for self-soothing; interlocking deep processing with measures for emotional and psychological safety (I. Margolin, personal Communication, March 30, 2018). In the first support group at the very end of the session, I facilitated a guided loving kindness and compassion meditation with the group. Following this, some participants were teary and appeared to have experienced an emotional release. In the second session, I walked the group through a collage vision board activity in which they explored their needs in relationships with imagery from magazines. Participants were primed prior to this activity with the expressive arts guidelines set out by Natalie Rogers (2011), which normalizes and encourages both creative freedom and expression of deep and difficult emotions. In only the second session, following this activity, group members began showing more vulnerability and openness about what had brought them to our group. These alternative methods, I believe, brought the group into the working stage very quickly. The playfulness of doing collages in small groups brought participants closer together, allowing them to be more open in practicing the very communication skills they hoped to improve upon. I observed that for participants who struggled with articulating thoughts and feelings verbally, they were often able to really connect with visuals and symbolism, finding expression and answers through them. On the other hand, for

participants who were very articulate but who intellectualized a lot of their experiences, artistic approaches supported them to gently wade into their emotions more deeply. Rogers (2011) illustrated, “[w]hen a group is involved in the Creative Connection process, the power of the arts to heal and transform is undeniable, and magical. Facilitating such a group is like witnessing a rosebush in the sunshine as every bloom unfolds at its own pace” (p. 6).

Chapter 6: Implications for Social Work Practice and Social Justice

“Justice is what love looks like in public”

-Dr. Cornel West

At points throughout writing this paper I have seriously contemplated titling this report “The Atheists guide to Spirituality in Social Work Practice”, if only to impart the importance of incorporating spirituality into our practice. Instead I will summarize here the arguments for holistic social work practice, many of which have already been articulated in earlier sections of this paper.

Why holistic practice matters. One of the strongest arguments for holistic I-BMS clinical practice is its potential to, as Raheim & Lu (2014) highlighted, advance cross-cultural social work practice. This is consistent with my own decolonizing and anti-racist frameworks for practice, as well as the social work profession’s commitment to culturally sensitive practice by being “knowledgeable and sensitive to cultural and ethnic diversity and to forms of social injustice such as poverty, discrimination and imbalances of power that exist in the culture and that affect clients” (BCCSW, 2009). In clinical practice, processing and healing is a dynamic process, as practitioners, we must be responding in dynamic and inclusive ways in order to be effective. Additionally, by demonstrating openness to new ways of being/seeing, spirituality, and alternative modes of expression, we immediately take our work to deeper places, enhance our therapeutic connection, and thus establish a deeper layer of trust in our work with clients. There is a lot that is still being discovered about connections between body mind and spirit. Authors like Susie Orbach (2009) and Gabor Maté (2003) recognize that there are links between psychological and emotional wellbeing and physiological health that science is still trying to make sense of. As practitioners, we must be willing to engage with the idea that there are many aspects of the human experience we cannot see that are real and have immense impacts in our clients’ lives. If our clients understand and express themselves in spiritual and emotions-based ways and professional interventions ignore these dimensions, they will

inevitably be rendered, at best, ineffective and, at worst, harmful. Approaches to healing only work if they are meaningful for our clients and the context of their lives.

It is our responsibility and commitment as social workers to develop intervention approaches that are meaningful, especially for the most marginalized populations we serve such as Indigenous peoples of Canada. Raheim & Lu (2014) argued that holistic practice is consistent with the teachings, practices, and beliefs of many cultural and ethnic groups, including Indigenous populations. In interviewing Dr. Margolin for my research, she discussed the history of social work from a holistic/spiritual practice perspective, and what social work lost when it became professionalized and moved towards the biomedical or “head doctor” approaches.

“Holistic social work practice is really what social work is actually meant to be...[b]ecause social work is a counselling model, it’s meant to help people with their emotions and their thoughts. [But], the intellect gets in the way. When we only focus on the cognitive we don’t actually change anything. It’s actually [about] seeing the other life in front of us as sacred, as having the significance of the whole universe. It’s the way we view that person and the way we treat everything that they offer us and give to us and how we relate to them” (2018, Personal Communication).

In so many ways, holistic social work supports and fits well within the work that we already do in social work. Structural social work, culturally sensitive practice, anti-oppressive practice, and strengths-based practice all put the clients we support and our relationship with them at the centre of our work, a connection which is inherently spiritual as I will explore further later. We do have to be invited into another person’s spirituality, but that does not mean that we do not work with the whole person and give them opportunities to take us there that fit their understandings of what spirituality means. As Cunningham (2012) suggested, people often have either a difficult or synergistic relationship with spirituality. Either circumstance offers territory that is relevant to our role as

clinicians and if we wait for them to initiate conversations about spirituality, we miss opportunities for therapeutic work. If our interventions are not accounting for the whole person, we lose vital information about their coping and we risk missing core pieces of their experience and identity. Historically, social work has missed structural analysis which is why social justice is now at the forefront of our standards for practice (BCCSW, 2009) and social work education. I would argue that the spirit is impacted greatly by structural oppression and must be viewed as a site of harm that also requires nourishment and care. This is the central philosophy behind decolonizing praxis—spirituality and culture as a mode of healing from state violence (Baskin, 2011); but I am suggesting we apply it more broadly. If we continue to ignore the spirit, we are repeating our mistakes of the past—restricting ourselves and hence our clients—to white, western paradigms. Perhaps then, part of a social justice ethic in our work involves considering the hurt or crushed spirit, one that is impacted by oppression. This framing can bring holistic work into mainstream social work, centering it in anti-racist, decolonizing, social justice approaches.

An encompassing social justice framework. I learned in the course of exploring spirituality in social work that it is viewed by many established and new practitioners as niche. As a professional collective, we need to realize that the spirit is at the heart of our work with every client, whether we choose to acknowledge it or not. By acknowledging this we will have an abundance of opportunity for working in new more meaningful ways with our clients. The modalities we choose must suit the client's needs, but equally important is factoring the whole client into our use of that modality, their socio-political context included. To be holistic, we must either combine clinical approaches with holistic methods in order to attend to spirit, or otherwise use them in a way that facilitates integration of self in processing and healing. We will know we have been effective when this produces meaningful therapeutic experiences and insights within the client.

Discussed in Dr. Margolin's spirituality course, which I recognized in the process of my own research on both traditional cognitive counselling modalities as well as spiritual I-BMS practice (Chan et al., 2006), is that these modalities do not always easily lend themselves to a structural framework. Many counselling approaches are individually focussed and that is where I think social work models such as PIE and systems approaches have a strong role to play in bringing about counsellor and client awareness about the structural and social determinants of health. As practitioners, it is our responsibility to make those links in order to practice in line with our ethic of advancing social justice (BCCSW, 2009).

I would argue that social work itself is a spiritual practice. Buddhist teachers advising on compassionate practices believe that putting deep compassion and empathy into the world breeds good karma, which in turn dispenses of negative energy (Burger, 2015). In counselling practice one of the biggest pieces of our work is offering support through struggle, processing, and growth. The aim of this work is to move people out of their suffering, which is then complimented by social works' aim to eradicate the sources of structural oppression that cause this suffering. As a new social work practitioner, I was inundated with the message that I was sentenced to burn out before I had even begun my BSW program. Maybe Buddhism can bring us a few steps closer to flipping this script in helping the profession move towards one of vitality and purpose.

Social Work researcher and educator Brene Brown's (2012) research firmly demonstrated that, "[v]ulnerability is the birthplace of love, belonging, joy, courage, empathy, and creativity. It is the source of hope, empathy, accountability, and authenticity. If we want greater clarity in our purpose or deeper and more meaningful spiritual lives, vulnerability is the path" (p. 37). In a way, empathic connection with others is the essence of whole hearted living. Brown radically asserted that showing our vulnerability through compassion towards others is good for them and us. Brown also talked about how an integral aspect of our wellbeing is a sense of belonging. She emphasized that, for

some, that feeling may come from attending church, for others it might be going fishing, and for me and quite possibly many others, who gravitate to social work it is social justice and activism, connecting with community, volunteering, providing public service or supporting a deeply felt cause. For me, activism has meant a sense of connection, being part of a bigger whole, a collective power, as well as being seen and understood. Maybe when we are talking about connection, belonging and spirituality we are really talking about the same thing. Perhaps increasing awareness of spirituality can provide us, as social workers, a framework which can safely hold our own and our clients' and communities' wellness together.

It was fitting that my exploration of Buddhism coincided with my time at Dragonstone and the untangling process of seeking answers as to where clinical practice stands in relation to social justice work. Buddhist practice can inform not only our understanding of the brain and how we can use CBT, mindfulness approaches, and meditation to quell it; but also, how we can engage with systemic oppression. Buddhist monks, for example, have been longstanding champions of human rights and active demonstrators against war and violence (Pill, 2002). Buddhist philosophy and teachings used today in the western world also translate a clear analysis of our modern capitalistic and materialistic society, and the cycle of stress and trauma that often accompanies it, a fact discussed by Dr. Neale (2013), an author, meditation teacher and psychotherapist. The links between social justice, structural analysis and spiritual practice are certainly there, and while they are not always overt, there are ways for us to draw them out in our practice.

Practices of loving kindness and compassion towards others can be borrowed from Buddhism and used with clients who are hurting and enact dominance and aggression in their lives as a result. One of the highlights of the *Authentic Communication* group that I co-facilitated was that a participant who, at least outwardly, stood in multiple positions of power came to the realization that his anger, and subsequent aggression when in conflict, was hurting him as well as others. In the final

session, he chose to embrace compassion and empathic communication so that he could open up his social world instead of shutting it down with a pattern of defensiveness and hostility as he had done in the past.

Chapter 7: Conclusion

What I sought to discover in my practicum placement and research was how to best blend traditional evidence-based clinical counselling modalities with alternative, spiritual and arts-based approaches, aiming to achieve a holistic social work practice in ways that are informed, ethical, and client-centered. What I outlined in my literature review and practicum report are just the initial rumblings of the burgeoning research in the area of holistic clinical social work practice. It is my hope that through the contributions of my report, social work students and professionals can gain more concrete understandings of both how to go about developing a holistic practice through the holistic use of modalities, and why striving for holistic practice makes us more socially responsible, culturally competent and effective in our therapeutic work.

My clients at Dragonstone felt comfortable bringing their spirituality forward because they sought out Dragonstone for the purpose of healing and growing in a holistic setting. A significant insight I gained at Dragonstone, is that conversations about spirituality unfolded naturally with clients because of the setting in which they felt safe to initiate these discussions with me. Additionally, their awareness of my interest in holistic and arts-based approaches set the tone for our work. However, in other more institutionalized settings, or simply those that are more normative, I invite practitioners to be more forthright in discussions of spirituality in order to open up opportunities to do holistic work. A concrete step that can be taken is incorporating a question around spirituality into intake forms, as was the case at WAVAW Rape Crisis Centre where I worked previously. But more critically than this, I ask that social work practitioners investigate their own perceptions of and relationship to spirituality. As an aspect of our social location, it has to be accounted for in our work. Crucially, it informs how we support and conceptualize wellbeing, the ultimate aim of the social work profession.

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Therapeutic Exercises Reference

Art Therapy Exercises

Drawing Anxiety/Fear & Rain (Adapted from Rogers, 1993, exercise by Zoe Biggs, 2018)

Mindful meditation & RAIN intro (5 minutes)

- Prompt: Before we move into using the art materials, I want to acknowledge again that some people may be feeling excitement to being using these materials, and some may be feeling fear or trepidation about being creative. In this process, we're inviting each other to play with the materials and enjoy the process rather than being concerned about the product. As our guidelines say, there is no right or wrong way to make art here.
- So now I invite you to close your eyes again and check in with yourself, just notice how your body is feeling without any judgement.
- Now visualize a situation in your life, or a fictitious situation, that would rate about a "level 2" (on a 1-10 scale) of anxiety or fear. So, something that is not incredibly scary, but would cause your heart to start racing a bit. If you like you can use the example of running for the bus to class.
- While visualizing this situation, notice how anxiety feels in your body. Notice *where* in your body you feel anxiety and think about how it is that you know it *is* anxiety.
- Keeping your eyes closed, I'll be talking about the mindfulness-based concept of RAIN – a tool we can use to understand and soothe stress and anxiety.
- RAIN is an acronym describing a process of self-compassion in the face of difficult emotions:
 - **Recognize** what is happening
 - **Allow** the experience to be there, just as it is
 - **Investigate** with interest and care
 - **Nurture** with self-compassion
- Keep this acronym in mind as we engage in some creative processes, and I will continue to remind us of it as we go along.

3. Expression of Art: Drawing, Journaling, Movement (30 mins total)

- a) **Drawing (15 mins):** Holding a pen in your hand, close your eyes. Now imagine if your anxiety or fear was a line or a squiggle, what would it be? Try to draw without thinking too much about what it will look like. Now open your eyes and look at the squiggle you made. Turn the paper from side to side until you see an image or a shape emerge. It might not make sense or be recognizable, and that's ok. Using other colors or materials, we'll now develop the image in any way you feel moved to. As you are choosing your materials, I invite you to not think too much but rather go with the colours/materials your body feels called to while you are thinking about your "anxious situation". If you struggle with your "inner critic", try choosing materials with your non-dominant hand. As you create, remember the RAIN of self-compassion: recognize what is happening; allow the experience to be there, just as it is; investigate with interest and care; and nurture with self-compassion.

- b) **Journaling (10 mins):** We'll now do a free-write for 10 minutes. You might write about the process of drawing your anxiety or the image. Or you might ask the image these questions: "What do you want me to know? Why are you here?" Let the image respond. (Narrative externalizing)

Peaceful Place Visioning & Chalk pastels

Visioning (Adapted from Rogers, 1993; personal communication with Dr. Indrani Margolin, 2018).

1. Get comfortable in your seats, muscle relaxation (shoulders, muscles in face), sink into chair- **Breathe**
2. Start with darkness (option of eyes open with soft focus in front of them or closed) and then begin to build a picture- real or imagined or anywhere in between! Instruct participants to choose a place and begin to build the image of that place in their minds.
3. What is calming about this place? (an energy, feeling, object, person, creature)- instruct participants to explore their senses
4. Ask participants to begin to focus in on the details in their environment **AND** to interact with it
5. Remind participants it's okay if their mind wanders- explore tools to come back to peaceful place (open a door, turn a page, find a pathway etc.). Remind them there is always a path back to this place.
6. Find a spot in your peaceful place to relax- sit, stand, float
7. Take in what's around you and begin to identify how this place makes you feel, allow your senses to ground you.
8. Alert participants to the fact that they will be exiting this place soon, take some time to notice **what** or **who** stands out to them in this place. Ask them to collect these things in a physical vessel (backpack, basket) or in their mind. (Prompts: what are you drawn to? what gives you energy or a feeling of lightness and calm in this place?)
9. Remind them they can always come back and visit this place whenever they need or want- "it is always here exactly as you create it".
10. Still in their peaceful place, ask them to find a light switch- on a wall or hanging in the air. When they flip this switch, they will come back to the present moment- they can flip it whenever they are ready to. Ask them to find their way to this light switch. "When you come back keep your eyes closed or open, but try to feel being in your body, the gravity of it, and tune into the sensations around you. Feel the chair beneath you and wiggle your toes and fingers when you're ready to, wake up your body". Remind them there is NO RUSH in this process, they can do it in their own time.

Working with Chalk (Adapted from Rogers, 1993)

Now ask participants to notice the three white pieces of paper in front of them. Put two of them aside. Tell them you will be walking them through three separate drawings- for the first one they will have 5 minutes.

DRAWING 1 (5 min)

Prompt: Try to capture as much of your peaceful place as you can in 5 minutes. It can be messy, you just want to try and include every element in the surroundings of that place, including all colours.

DRAWING 2 (20 min)

Prompt: Think back to what you put in your basket or backpack- the aspects of your peaceful place you wanted to take with you. Choose one of those things. I want you to focus on capturing that element in as much detail as you can. Allow your senses to guide your choices in colour and form. The element does not have to be a physical object, it can be a sensation, feeling, thought, word etc. Support them in capturing the depth and complexity of this element through different pastel techniques (rub, smudge, lines or combinations).

DRAWING 3 (5 min)

Prompt: Instruct participants to now purely capture the feeling that element gives them, nothing else. If they have already chosen a feeling for the second image, invite them to explore that feeling deeper and continue to develop the complexity of that feeling in their final image. This may mean that they add other aspects to their drawing to highlight or contrast that feeling.

Presenting Artwork & Giving Feedback

- Participants have the option of sharing their art, how it made them feel, as well as their experience of this process
- When group members want to respond to the work of others encourage them to ask permission first and only speak directly to the artwork itself in *feeling terms*, i.e. “when I look at your artwork, I feel... ” OR “when I hear about your peaceful place, I feel...”

Closing

- Ask each participant to go around the circle and share one thing they are going to leave with today from their peaceful place.

Light and Dark selves- Drawing (Adapted from Rogers, 1993)

Drawing 1

- Draw whatever shapes, lines, colours come to you when you think about the light parts of yourself- light can mean happy and joyful, or outgoing and energetic, it can mean positivity or tranquility or anything that has meaning for you in relation to light.

Drawing 2

- Now draw the dark side of your inner self- darkness does not have to mean sadness or gloom, it can mean challenges, complexity, depth, introspection, solemnity, or the parts that no one else sees. All that matters is that you channel into the drawing whatever it is you attribute to the meaning of your dark self.

Drawing 3

- For your third drawing you can draw anything you want, explore the freedom of this with colours and lines. You can stay with the themes of light or dark, where they may meet in the middle, or anything else you desire to express in this moment.

Writing

- Now lay all three images out in front of you. Which do you want to go deeper into? Pick one picture and on a separate piece of paper begin a free write. It doesn't matter what you write just see what comes naturally and try and keep writing without stopping- it doesn't need to be fast just continuous. If find yourself blanking just write whatever comes to mind even if it doesn't make sense to you or follow any sentence structure. You can write how you feel, what this drawing experience has been like, you can give voice to the image itself or dialogue with the image. However you feel moved to express yourself in this moment.

Breathing Exercises

Box Breathing (Breathing exercises handout, no name, no date)

- Count 1234 before inhale, on inhale, hold inhale, and on exhale
- Use belly breathing with diaphragm, watch and feel belly rise and fall
- Orient to environment

Breath Count Exercise (Personal communication with Edward Sandberg, 2018)

- Ask client to count breaths and time them for 30 seconds
- Ask client to cut that amount of breaths in half for next 30 seconds
- Do a check in- what did you notice during the exercise? Were you thinking about anything? Was your thought pattern interrupted?
- Time them again and ask them to breath as slowly as they possibly can to bring number down even further
- Client can use this exercise anytime, time themselves and practice slow steady belly breathing

CBT Exercises (Adapted from CBT exercises handout, no name, no date)

Positive Outcomes exercise

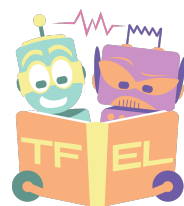
- Journal with following columns:

Trigger: -anxiety provoking situation -thoughts -bodily sensations	Description of Event: -factual account of what happened	Contrast: -Compare first two columns. Were expectations accurate? How do you feel now? -Evidence to disprove anticipatory anxious voice	Positive Outcome: -list at least one positive outcome of having followed through despite anxiety
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Rating Exercise

➤ Journal with following columns:

1-Jot down worry or fear	2-Emotions and rate intensity of each from 0-10	3-Evidence to disprove fear, positive/protective factors (exhaustive list). Elicit input from outside sources	4-Re-rate emotions.
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Transforming the Field
Education Landscape

