

**CLINICAL SOCIAL WORK AND EXPRESSIVE ARTS THERAPY WITH
YOUTH AT THE PRINCE GEORGE NATIVE FRIENDSHIP CENTRE**

by

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Abstract

Traumatic life events affect a significant percentage of the population. The effects of trauma, and complex trauma on youth can have lasting affects throughout the lifespan. Mental health statistics in Canada show a grave disparity between Aboriginal youth and non-Aboriginal youth and mirror the impacts of intergenerational trauma. This report investigates the issues Aboriginal youth face today and how expressive art therapy and trauma sensitive yoga can benefit a youth's mental health. In reviewing the literature, extreme human rights violations are widely present throughout the history of colonization. My practicum at the Prince George Native Friendship centre granted me the opportunity to witness and engage first-hand with people affected by intergenerational trauma. This report describes how I will weave the learnings of decolonization, family centred care, and anti oppressive practice into my future work as a social worker in the mental health sector.

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Chapter 1: Introduction

The purpose of this report is to provide a summary of my learnings during my practicum at the Prince George Native Friendship Centre (PGNFC). This report will introduce my practicum topic, placement, and learning objectives. Secondly, it will indicate my personal positioning and theoretical orientation. The third chapter will provide a literature review on youth mental health, Aboriginal youth issues and mental health, trauma informed yoga and expressive arts therapy. This report will provide an outline of my major learnings during the practicum and illustrate implications for my future practice.

Introduction to Topic

Mental health has become a major public health issue. The global prevalence rate of Posttraumatic Stress Disorder (PTSD) is 20 percent (Maschi, Baer, Morrissey & Moreno, 2012). Research reveals that in the United States, 5 percent of men and 10.4 percent of women may experience PTSD at some point in their life (Emerson, Sharma, Chaudry & Turner, 2009). When considering different age categories, Nooner et al. (2012) indicated that adolescents have a greater risk of experiencing trauma when compared to any other age group. In fact, “70-80 percent of adolescents experienced one or more traumatic events that meet the stressor criterion for PTSD” (Nooner et al., 2012, p. 155).

PTSD in adolescence and youth is of grave concern as it, “disrupt[s] the biological maturation processes and contribute[s] to long-term emotion and behaviour regulation problems” (Nooner et al., 2012, p. 153). Furthermore, it is also associated with suicide, substance abuse, poor social support, academic problems, and poor physical

health (Nooner et al., 2012, p. 153). Mental health issues such as anxiety, depression, and PTSD are directly related to survivors of trauma (Telles, Singh, & Balkrishna, 2012). When considering the intersectionalities of race and trauma, mental health becomes a more severe issue. Aboriginal youth are largely overrepresented in mental health statistics. Numerous studies have revealed that suicide rates for Aboriginal youth are 5 to 6 times higher when compared to the non- Aboriginal population (Walls, Hautala, & Hurley, 2013).

Although mainstream talk therapy modalities can assist youth, other modalities are required. Modalities based in creating a mind and body connection can help to fill this gap in services and clients can slowly regain control of their own lives (Follette & Vijay, 2008; Kempson, 2007; Van der Kolk, 2006). Yoga and expressive arts therapy are effective interventions for youth who have experienced trauma exposure.

Yoga has existed for thousands of years, offering many people a way to align the body, mind, and spirit in order to exist in harmony (Wiener, 2007). Although yoga has been popular in other regions of the world for centuries, only over the last 30 years, has it become a viable therapeutic practice in the Western world (Wiener, 2007). Expressive arts therapy is another modality recently used in the counselling realm. Atkins and Williams (2006) explain that the artistic experience is a tool to aid in healing and human growth and development in hopes to “form the human experiences, and to expand and deepen personal understanding and meaning” (p. 1).

Learning Outcomes

My practicum position was held at the Prince George Friendship Centre (PGNFC) in the Native Healing Centre with the Aboriginal Child and Youth Wellness Program.

PGNFC exists to aid the needs of Aboriginal people within the urban centre of Prince George (PGNFC, 2011). My main learning objectives for this practicum were to gain clinical skills in the area of counselling with youth, and to learn and draw from the techniques outlined in trauma informed yoga and expressive arts therapy. Through my learning objectives, I developed the skills required to facilitate individual counselling sessions, psychoeducational groups, and trauma-informed yoga sessions while continuously learning about the Aboriginal cultures at PGNFC. A detailed list of these learning goals, objectives, and activities are attached to this proposal (see Appendix A).

Chapter 2: Practicum Setting

This section provides a brief outline of the PGNFC. It gives a history of the organization, services provided, client population, and its principles and philosophies. It was imperative that I was familiar with such aspects during my practicum.

Brief History of Prince George's Native Friendship Centre

The Friendship Centre movement began in the 1950s as a response to increasing numbers of Aboriginal people moving to urban areas (PGNFC, 2016). The Prince George Native Friendship Centre (PGNFC) began in 1965. According to the book, *Prince George Native Friendship Centre Celebrates 40 Plus Years of History* (2010), the centre was originally named “Doh Day-De-Claa” which translates to “Come Together” in Slave Language (p.2). The centre was originally focussed on the needs of Aboriginal youth coming to the urban centre of Prince George from outlying communities. Their outlined objectives were: to promote advancement of Indian Youths, educationally, culturally, and socially; to promote better communications with our people on reserves and the general public; to assist Indian Youths newly arrived to the city to adapt to an urban society; to support and cooperate with all Provincial and National Organizations; [and] to establish, operate, and maintain a building or buildings whereby we can carry out our aims to the best of our ability (PGNFC, 2010, p. 9).

By 1970, the Doh Day-De-Claa organization partnered with the local School Board and obtained a house to run their greatly needed community service work. During this year, the organization became an official Society under the Societies Act (PGNFC, 2010). Throughout the next decades, the centre and its activities grew from providing services for youth, to providing services and programs for all Aboriginal people. The

centre started growing and moving into more buildings in order to offer services to the people it served.

In 1996, PGNFC had its grand opening of its new location. Displayed in the entrance of the building are carvings and paintings of the eagle, the salmon, the sun and the moon. They “play an integral part in the day to day lives of the Lheidli T’enneh First Nations of this region. The salmon provides sustenance and the eagle a spiritual sense of freedom. The sun and moon represent one day in the journey of life” (PGNFC, 2010, p. 49).

Services Provided and Client Population

PGNFC is a:

" non-profit, non-sectarian organization dedicated to servicing the needs of Aboriginal people residing in the urban area and improving the quality of life in the community as a whole. Fundamental to this is recognizing the inherent worth of all peoples regardless of race, creed, sexual orientation, or culture and to promote this view in the community at large" (PGNFC, 2011, p. 4).

As one can see from the above quote, the vision statement has grown over the past several decades to include a larger population. The current mandate of the centre is, "we are a dynamic and compassionate team facilitating individual, family, and community growth, well-being and mutual understanding through the ‘power of friendship’ “ (PGNFC, 2011, p. 3).

Presently, the centre operates out of ten locations. These include the Reconnect Youth Village, Friendship Home, Ketso Yoh, T’sé Koo Huba Yoh, Prince George Aboriginal Head Start, Power of Friendship Aboriginal Head Start, Aboriginal Infant and

Family Development Centre, and Camp Friendship. These locations offer a variety of services which include: shelters and long term living facilities for youth, men, and women, supportive recovery programs for men, day care and educational programs for Aboriginal infants, children and families, and summer camps for children, Elders, and families.

The main location of PGNFC offers a plethora of services. From early childhood services, to a range of health services, supportive housing initiatives, and employment services. My practicum will be within the Health Services program—the Native Healing Centre with the Aboriginal Child and Youth Wellness Program (PGNFC, 2016).

Principles and Philosophy

When researching this organization, it is clear that client-centred practice and Aboriginal culture are important parts of practice. PGNFC describes their mission statement as such:

“ principles and philosophy are grounded in family-based, community development activities and understanding. The PGNFC also believes strongly in the provision of client-centered, holistic and respectful programming to individuals and families accessing our services. Our guiding values and beliefs are embedded in a respectful and culturally appropriate practices as directed by Elders and other leaders versed in traditional ceremonies” (PGNFC, 2011, p. 6).

This section of my practicum proposal served to provide a brief outline of PGNFC. It was imperative that I had an understanding of the organization in order to best serve the client.

Chapter 3: Personal Positioning and Theoretical Orientation

This section provides a statement of my personal background in relation to social work, yoga, and work with Indigenous people. I volunteered and worked in the human services sector for over ten years. With a team comprised of international and local HIV/AIDS educators, I facilitated Human Immuno Deficiency Virus (HIV)/Acquired Immuno Deficiency Syndrome (AIDS) prevention and awareness workshops in remote Indigenous communities in Guyana. There, I realized the monetary inequality between the Global North and Global South. I also realized the devastating effects colonization has had on our global community's Indigenous populations. It was from this experience I decided that I wanted to examine the histories of these inequalities, my role as a citizen in these disparities and what ways I could make the world a more equitable place.

In 2010, I graduated with a Bachelor of Arts in Global Studies with a Minor in Language and Culture. This degree allowed me to critically analyze the world's structural inequalities through perspectives from Political Science, Anthropology, Sociology, Geography, and Economics. During this time, I realized the lasting and continuing effects that colonization had on much of the world's Indigenous populations. I realized that although there is much inequality on an international level, there is also grave inequality on a national level.

A great deal of my professional work was completed at the macro level which involved organizing rallies, protesting, organizing conferences/meetings, sending letters to Members of Parliament/government officials, and working for a governmental human rights organization. However, I found this work to be very exhausting. I switched my focus from the international level, to the national level, and to my own community. I

realized that the personal is political. In essence, I changed my focus from the macro level to the micro level.

I began work at the Tillicum Lelum Friendship Centre in Nanaimo, British Columbia as a Support Worker for their Young Mom's Program and Youth Safe House. I also volunteered and worked for the British Columbia Association of Friendship Centres in Victoria, BC in the Back to School Program. It was during this time I saw the benefit of yoga in my life and how it could potentially benefit others.

My personal connection to yoga has existed for about ten years. I first started practicing yoga in high school but it didn't become a regular habit until my undergraduate degree. I was dealing with health and relationship issues and found that yoga kept balance in my life both mentally and physically. In 2012, I completed the yoga training through *Moksha Yoga*, and have been teaching ever since.

I have done additional training in trauma-informed yoga. I completed *StreetYoga* training, which focuses on the best practices of teaching yoga to underserved youth. My trauma informed yoga training was obtained through the Justice Resources Institute (JRI) which is based on Dr. Bessel Van der Kolk's research—trauma and yoga. Since becoming a certified yoga teacher, I have taught yoga to a wide variety of individuals. I have taught at youth conferences, youth drop in programs, Native Friendship Centres, universities, women's programs, and at a multicultural organization. I recently completed the Trauma Centre's Trauma Sensitive Yoga 200 hour yoga teacher training.

I have worked at Carrier Sekani Family Services in the Youth Services Department as a Therapeutic One to One Youth Worker for the past three years. The work I have done with the youth has allowed me to witness first hand the effects of

intergenerational trauma, as well as intergenerational resiliency. Presently, I am a Therapeutic/Wellness Youth Worker at Carrier Sekani Family Services. I provide one to one support for youth at risk who are in care of the government or a delegated agency. In addition, I manage the Carrier Sekani Family Services Youth Yoga program.

Through my experiences both personally and vocationally, I have witnessed that yoga and counselling have great ability to transform people's lives. I believe that alternative therapies such as, trauma informed yoga and expressive arts therapy, when paired with a foundation of anti-oppressive practice and decolonization, may potentially be used to manage the impacts of trauma. The above section illustrates my past experiences, as well as my personal beliefs. I hope to learn from and be aware of my personal position throughout my career.

Theoretical Orientation

This practicum will be guided by the underpinnings of anti-oppressive practice, structural social work, and feminist theory. Dominelli (1996) defined anti-oppressive practice (AOP) as, "a form of social work practice which addresses social divisions and structural inequalities in the work that is done with people whether they be clients or workers" (p. 171). Dominelli continued to explain that AOP aims to provide a non-judgemental, client-centred approach in order to provide everyone services catered to their specific needs. Egalitarianism is central to this approach. It is also essential, according to Dominelli, that the service provider keeps awareness of the structural inequalities of oppression at all times when working with people.

During my practicum, I remained cognizant of multi- levels of oppression, and power dynamics that may exist for the clients I serve. I kept in mind the

intersectionalities such as gender, sexual orientation, age, race, and ability while remembering these power dynamics exist from personal to institutional levels (Mullaly, 2010; Bishop, 2002).

In our society, the words “teen” and “youth” have been stereotyped and can come with a negative connotation. In my work, I have observed this negative response from the community in relation to the youth I serve. This has caused the youth I work with to disengage. To avoid this outcome, my practice demonstrated a strengths-based perspective by recognizing the unique strengths of my clients (Hammond, 2010). Throughout my practicum, I also upheld the Social Work Code of Ethics (Canadian Association of Social Workers (CASW, 2005). Additionally, I ensured my professional practice is in accordance with the CASW (2005).

Chapter 4: Literature Review

In this section, an overview of the impacts of colonization and intergenerational trauma on the Aboriginal population of Canada will be discussed and viewed through the lens of the foster care and educational system. These pertinent issues highlight the need for an array of services offered for this population. I will discuss mental health, trauma and complex trauma, as it pertains to youth. Alternative therapies such as yoga and expressive arts therapy will be explored in relation to trauma and youth.

Issues Affecting Aboriginal Youth

Many Canadians take pride in identifying as Canadian. They see Canada as a progressive country that adheres to the basic human rights of all of its citizens. Due to a colonialist history, Aboriginal social issues must be taken into consideration to ensure a sustainable future for Aboriginal youth, as this population is the fastest growing in Canada (Cannon & Sunseri, 2011). Staggering statistics depict that Aboriginal youth have the highest probability of being placed in care of the government compared to other youth in the general population. In addition, they have the highest risk for suicide, coupled with the lowest levels of high school graduation (Kirmayer, 1994; Richards, 2008).

Colonialist history and intergenerational trauma. To have a broader understanding of the issue of overrepresentation of Aboriginal youth in government care, one has to acknowledge the history of Aboriginal people and the effects of colonization. Blackstock, Knoke, and Trocme (2004) explain that historically, Canada's Aboriginal child welfare and education policies have been intertwined with assimilation practices. One example of this is the residential school system, which lasted longer than a century.

The last school closed in Saskatchewan in 1996. During the most active period of the residential school system, there were 80 schools in operation (Cargo, Simpson, & Kirmayer, 2003). While Aboriginal children were attending these schools, “children were forbidden to speak their own languages, practice their spiritual traditions, or maintain their cultural traditions” (Blackstock et al., 2004, p. 578). Students were routinely restricted from communication and visits with their families and communities (Blackstock et al., 2004).

This extreme maltreatment and oppression continues to have negative long-lasting impacts on Aboriginal people’s mental health. “Children in residential schools did not encounter healthy parental role models and, as adults, frequently had diminished capacity to care for their own children” (Blackstock et al., 2004, p. 578). This cycle of intergenerational trauma continues to exist today. With lack of proper attention, awareness, or preventative social services the residential school legacy continues to contribute to the overrepresentation of Aboriginal youth and children in care.

Aboriginal youth and foster care. The number of Aboriginal children in foster care continues to rise. Today, there are more Aboriginal children in foster care, than there were in residential schools (Blackstock et al., 2004). In the 1960s, assimilationist child welfare policies sparked the '60s Scoop'. This initiative lasted about three decades, resulting in a large number of Aboriginal children being placed in foster care (Cargo et al., 2003). The reasoning for these apprehensions appeared to be based upon euro-centric values— based on unfounded beliefs that Aboriginal parents could not provide a proper upbringing for their children (Cargo et al., 2003).

Today in some provinces, Aboriginal children comprise nearly 80 percent of

children living in out-of-home care arrangements such as foster care and group homes. Blackstock et al. (2004) noted that although Aboriginal children comprise five percent of Canada's child population, they continue to dominate the largest proportion of children in the child welfare system (Blackstock et al., 2004). Many Aboriginal children in care are experiencing the same hardships as they did in residential school programs.

"Aboriginal children relegated to the care of the state or non-Aboriginal families have experienced problems of identity and self-esteem growing up on the margins of two worlds" (Cargo et al., 2003, p. 17). Physical and sexual abuse, emotional neglect, internalized racism, language loss, substance abuse, and suicide are common in their stories.

Blackstock (2004) explained that on a global level, the United Nations (UN) Committee on the Rights of Children has raised concerns about the disproportionate statistics and risk factors Aboriginal children face. She explained that this UN Committee released a report, which urged "Canada to strengthen its efforts to eliminate all forms of discrimination and to address the inequalities" (Blackstock et al., 2004, p. 578). In order to rectify this tragedy, the Canadian government on all levels needs to include First Nations community leaders, and social services representatives to develop and implement an integrative plan to better serve First Nations families and children.

It is imperative that educated social workers practice in a culturally safe manner that is reflective of the effects of colonization. They "must understand issues of loss and post-traumatic stress disorder while also recognizing strengths in contemporary Native American communities" (Weaver, 1999, p. 221). They must seek and advocate for sustainable collaboration with the First Nations communities where the child's birth

family originates, as identity and traditional support systems are a huge part of resiliency and breaking the foster care cycle (Carriere, 2007). These are aspects that have historically been lost in the child welfare services and adoption policies. To become truly anti-oppressive, social policy must shift the “control of child welfare services to Aboriginal communities which should help in the development of services that are more appropriately geared to the needs of Aboriginal children and families” (Blackstock et al., 2004, p. 578).

Once the above practices are in place, resources must also be provided to address the social issues, such as poverty, that can make it impossible for a family to care for its children (Blackstock et al., 2004). Although typically funds are funneled to crisis intervention—to address the parents' needs, social workers need to focus their energy and advocate that the government put their funds into prevention programs. An increase in prevention programming such as life skills training, cultural healing initiatives using Indigenous methodologies, and youth empowerment programs must be developed to holistically address the issue of overrepresentation of Aboriginal youth in the Canadian foster care system.

Creating links between aboriginal youth, oppression, mental health and suicide. Suicide is considered one of the clearest indicators of oppression and social disruption among Aboriginal communities in Canada (Kirmayer, 1994). Adelson (2005) explained that suicide in the Aboriginal population is the direct result of a lethal mix of oppression, colonization, and intergenerational trauma. When considering Aboriginal youth, it can be argued that, “youth suicide robs a people of their investment in the future and hope of passing on the culture to future generations” (Strickland, Walsh, & Cooper,

2006, p. 5). When considering the reasons for suicide, evidence of mental health disorders occurred in 81-95 percent of the cases (Kirmayer, 1994). Suicide amongst Aboriginal youth is an emergency situation, as there is evidence of growing suicide rates in many of the Aboriginal communities. In 1999, suicide accounted for 38% of all deaths amongst Aboriginal youth between the ages of 10-19 (Adelson, 2005).

Various studies identified risk factors specific for Aboriginal youth. Some of the risk factors included: normalized suicidality, communication barriers, family factors, economics, federal government influence, and alcohol/substance abuse (Walls, Hautala & Hurley, 2013). A common thread throughout various types of research in relation to Aboriginal youth appears to highlight an overarching theme of historical trauma, and colonization. Alternatively, research shows that protective conditions such as, strong cultural beliefs, supportive adults, friends who do well in school and a sense of community assist in lowering the rates of suicide in this population (Strickland, 2011).

In order to effectively address the increasing rate of suicide amongst Aboriginal youth institutions, programs for youth must adopt an Aboriginal wellness model. A model that is holistic and sustainable in order to address youth with mental health issues. This model must involve the “physical, emotional, mental and spiritual aspects of a person and always in connection to his or her family and community” (Adelson, 2005, p. 46). Another issue facing Aboriginal youth is the lack of sovereignty communities have over their destiny. A study conducted in an Aboriginal community with high suicide rates, found the community knew the protective factors needed to lessen the number of suicides. The community wanted a “strengthening of cultural values and activities,

economic development, tribal unity, and an opportunity to be able to make their own contributions to the tribe” (Strickland, 2011, p. 246).

Research clearly showed that youth in communities who are engaged in cultural reclamation programs have lower to absent suicide rates (Walls, Hautala & Hurley, 2013). In order to lower the rate of suicide amongst Aboriginal youth, professionals need suicide prevention, mental health, and youth empowerment programs that are developed in collaboration with Aboriginal communities. It is pivotal that these programs are based on traditions and culture with the incorporation of anticolonial and holistic strategies.

Aboriginal youth and education. The Clarence Decatur (C.D.) Howe Institute released a study, which revealed an immense widening gap in the education levels between Aboriginal and non-Aboriginal (Richards, 2008). This report continued to reveal that nearly 50 percent of Aboriginal high-school students do not graduate. The statistics are even lower in Manitoba, where 63 per cent of Aboriginal students do not graduate. The Aboriginal population is the fastest growing population in Canada, making this issue even more pertinent (Richards, 2008). In today’s society, higher education is correlated with higher income. Richards (2008) explained that the Canadian employment rate doubles with high-school certification. Therefore, obtaining a higher level of academic education could be sequential in breaking the cycle of poverty. Without access or supports to higher education, becoming entrenched in the cycle of poverty can become systematic.

Richards (2008) found that different factors determine education accomplishments such as family values, cultural values, and peer influence. Other external variables include the quality of the school, which includes the “curriculum,

teacher proficiency, strategies to engage parents and students, student assessment, facilities and teaching materials” (Richards, 2008, p. 2). Cannon and Sunseri (2011) found that Aboriginal youth wanted “inclusive education that is representative of Aboriginal youth, job opportunities based on merit and anti-colonial, anti-racist policies and legislation” to ameliorate their situations (p. 201). When assessing the above information, it becomes clear that the quality and approach to Aboriginal education should be at the forefront of social issues in our country.

When researching an overview of social issues that reflect the life experience of Aboriginal youth, it is clear that creative solutions based on community and individual centered approaches are needed. The overrepresentation of Aboriginal children and youth in government care, high rates of suicide amongst Aboriginal youth, and low graduation rates are clear examples of the effects of intergenerational trauma and systemic oppression. Unless critical immediate attention is given to this issue, Canada's legacy of diversity and inclusion will remain a fallacy. Change must occur within Canada's educational system to meet the needs of Aboriginal students in hopes to provide a sustainable and healthy future.

Mental Health, Trauma and Complex Trauma in Youth

Trauma can be defined as, an event that is “extremely upsetting and at least temporarily overwhelms the individual's inner resources” (Telles, Singh & Balkrishna, 2012, p.1). Although people experience trauma in different ways, it is generally characterized by the “persistent re-experiencing of the traumatic event (intrusions), persistent avoidance of stimuli associated with the trauma, numbing of general

responsiveness, and persistent symptoms of increased physiological arousal” (Emerson et al., 2009, p. 123).

Although definitions vary for complex trauma (CT), the common theme of abusive interpersonal relationships runs through them. CT is defined as trauma which involves “repeated interpersonal trauma by caregivers in early life; and the emotional, behavioural, interpersonal, physiological, and cognitive functioning” (Greeson, et al., 2001, p. 93). The interpersonal traumas experienced in CT could be classified as “sexual, emotional, and physical abuse; neglect; loss; and witnessing domestic and community violence” (Gabowitz, Zucker, & Cook, 2007, p. 163).

Complex trauma causes serious negative implications for human development across the lifespan. Studies showed that various developmental and cognitive aspects of human development are affected by trauma and can continue from childhood to adulthood (Williams, 2006; Gabowitz et al., 2008). Williams (2006) explained that CT can result in many mental health issues including “dissociation, arousal difficulties, anxiety, depression and numbing” (p. 321). Gabowitz et al. (2008) explained that when considering adolescents in terms of behaviour, “the response to trauma often involves acting-out, risk-taking, and self-destructive behaviours” such as “sexual promiscuity, substance abuse, dangerous re-enactment behaviour, delinquency...depression, withdrawn behaviours, and somatic complaints” (p. 166). From the literature, it is clear that trauma can impact all aspects of an individual’s life.

Trauma and its effect on youth. When exploring the CT impacts for youth, Nader (2011) revealed that traumatic events can interrupt brain development. In addition to this, CT does not only have effects in younger age ranges, it can have life long effects

such as PTSD, psychiatric disorders, chronic mental illness, and functional impairments (Gabowitz, 2008). Not only can the reactions to CT exposure last a lifetime, its trauma symptoms can be easily misdiagnosed.

Misdiagnoses and impacts of complex trauma in youth. Youth mental health services are severely underfunded. My experience in working with youth appears to be focused on crisis intervention instead of prevention. Youth who struggle with mental health issues and exhibit challenging behaviors often receive a misdiagnosis such as Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Anxiety, Mood and Eating disorders to name a few. A misdiagnosis of CT by labelling the behaviours of an individual ignores the “larger causal mechanism of complex trauma” (Gabowitz, 2008, p. 166). This may result in inappropriate services for individuals, as it withholds the suitable treatment recommendations that one may need to embark on their healing journey.

PTSD directly affects the body as it can cause the impairment of the neuroendocrine systems by over activating the sympathetic nervous system and suppressing the parasympathetic nervous system. According to Telles, Singh, and Balkrishna (2012), this causes an increased level of cortisol in the body, and can directly result in feelings of stress and anxiety both physically and mentally.

If trauma and mental health issues are not taken seriously in childhood and adolescence, studies showed that the struggles an individual experienced may escalate and worsen during adulthood (Norton, 2011). Based on the above cited literature, it is clear that innovative therapeutic modalities are needed to address these mental health issues. Alternative therapies such as expressive arts therapy and yoga are viable options.

Expressive Arts Therapy

Theory. At the basis of this therapy is Carl Rogers “nondirective approach”:

Therapy is not a matter of doing something to the individual, or of inducing [them] to do something about [themselves]. It is instead a matter of freeing [them] for normal growth and development, of removing obstacles so that [they] can again move forward (Estrella, 1997, p. 286).

Expressive arts therapy uses the artistic experience as a tool for healing in hopes to increase internal comprehension and meaning-making (Atkins & Williams, 2007). Many articles cite Natalie Rogers as the “pioneer” of person-centred expressive arts therapy (Davis, 2010).

When I reviewed the literature on this subject, I found various definitions for expressive arts therapy. However, they all focussed around similar themes. Natalie Rogers (1993) explained expressive arts therapy in this manner:

“various arts- movement, drawing, painting, sculpting, music, writing, sounds, and improvisation- in a supportive setting to facilitate growth and healing. It is a process of discovering ourselves through any art form that comes from an emotional depth” (p. 1).

In, *The Creative Connection: Expressive Arts as Healing*, Rogers (1993) stated that there is an instinct present within all of us that wants to express creatively. She uses expressive art therapy with her clients to offer them a way to experiment with different arts-based methods as a tool for introspection and expression (Estrella, 1997). Rogers (1993) further explained that when using person-centered arts therapy, the process of using art, is not

about being a professional artist and creating beautiful pieces of art. Instead, it is about exploring our inner most worlds and expressive ourselves through alternative ways (Davis, 2010).

The facilitator's role. Although expressive art therapy is a relatively a “young field” in Canada, the use of techniques from this modality have been on the rise in the counselling profession (Wong, 1998; Davis, 2010). Within this modality, Rogers (1993) explained the three main tasks of the facilitator: to be empathetic, to use congruence, and to have unconditional positive regard (Estrella, 1997). She mentions it is important for clients to know that their artwork will not be judged or evaluated. It will only be used as a tool to help them discover the meanings behind the image they created (Rogers, Tudor, Tudor & Keemar, 2012).

The facilitator, in person-centered expressive art therapy, is a companion on the client's path who helps create “ a very safe environment in which people can explore and express further” (Rogers, et al., 2012, p. 36). Lastly, it is also the facilitator's job to ensure that clients understand that they are never bound to do anything, that they are allowed to say “no” to an experience and that ultimately the client is the director of the experience (Estrella, 1997).

Expressive arts therapy and trauma. When individuals are looking to cope or heal from trauma, studies suggest the importance of “sensory, physical, somatic and body-oriented treatment” (Mohr, 2014, p. 156). Yoga can be considered a form of expressive arts therapy for youth who have encountered trauma. Green (2011) states, it is impossible to overlook the “potential [expressive arts therapy has] to make a profound impact on the recovery of traumatized individuals” (p. 19).

Wilson and Ziomek-Diagle (2013) revealed for an individual who has had a traumatic experience, expressive arts can help decrease stress and heal trauma. It has been found that more direct approaches to therapy after trauma, such as verbal dialogue, can sometimes “reactivate and reinforce the neural pathways through which the trauma response is experienced” (Mohr, 2014, p. 156). Expressive arts therapy provides a gentler way to process internal dialogue. Studies showed that expressive arts based therapies can work to create a sense of hopefulness, and decrease fears (Boekhoven, Bowker, Davidson, Cacciato & Gray, 2012).

Teen human growth and development and expressive arts therapy. Research indicated that expressive arts therapy is an effective tool for all ages and populations (Wong, 1998; Wilson & Ziomek-Daigle, 2013). When used with clients of high school age, it can be more effective than other therapies due the developmental needs of this population. Wallace-DiGarbo and Hill (2006) explained that developmental theorists and researchers categorize adolescence as a “period of identity formation that includes crisis, alienation, idealism, and commitment” (p. 119). In fact, expressive arts could arguably be the “most developmentally appropriate method” for this age group as it offers a tool to “overcome cognitive defenses” (Wilson & Ziomek-Daigle, 2013, p. 2). Studies showed that it offers a viable option for youth who may have difficulty verbalizing their painful feelings (Boekhoven, et al., 2012). Since the teen years are a time of self-expression, the use of expressive arts therapy during this time, go hand in hand (Linesch & Rosal, 1988). From the above research, it is clear that expressive arts therapy can be useful for youth who have been exposed to trauma.

Yoga in Practice

A brief outline of the history of yoga. The practice of yoga has existed for thousands of years. It derives from Vedic philosophy. The principles of this philosophy are enshrined by *Patanjali*, the author of the *Yoga Sutras* (Iyengar, 2001). The yogic practice consists of eight limbs, which include “universal ethical principles, individual self-restraint, physical poses, breath work, quieting of the senses, concentration, meditation, and self absorption or emancipation” (Ross, Bevans, Friedman, Williams & Thomas, 2013, p. 67). Farhi, (2005) explained that, “yoga is a technology for arriving in this present moment. It is a means of waking up from our spiritual amnesia, so that we can remember all that we already know” (p. 5). Over the past several decades, according to Wiener (2007) the practice of yoga has increased in the Western world. It is an increasingly widely utilized therapeutic practice involving the breath, the body, and the mind.

Yoga as a therapeutic intervention. Although creative and spiritual endeavours such as drama, music, art and ritual have been used for centuries as healing methods, they have been highly disregarded in the professional realm of therapy until recently (Wiener, 2007). Alternative therapies such as dance, movement, art, and music therapy were adopted into Western therapy during the early 1900s (Degges-White & Davis, 2011). Therapists that utilize movement therapy attribute its benefits to the ultimate synchronization of the body and mind, which occurs when one, moves their body with a particular consciousness (Degges-White & Davis, 2011).

Halprin (2003) explained that the primary language of the body can be considered movement. When one moves the body, emotions and memories can surface. Therefore,

how we move our bodies day to day tells a story about our lives and what emotions live inside of us. “The way we move reveals disabling and repetitive patterns” (Halprin, 2003, p. 17). Therefore, when we become aware of this movement as an expression of our life’s experiences, body movement can become a tool for “insight and change” (Halprin, 2003, p. 17). Similar to Halprin, Margolin (2014), who studied dance in relation to adolescent high school girls revealed that:

inner-directed movement is a sacred practice that can heal emotional wounds lodged in the body. When the body is attended with ever-present openness to arising sensations, feelings and images, and drawn on to move and be moved from an inner wholeness, emotional, and spiritual transformation occurs (p. 143).

Various theories support the healing properties of yoga with regards to individuals’ mental health. Alderian theory, for instance, states “individual psychology is a dynamic theory that offers counsellors many opportunities to help clients find creative, socially focused, meaning-making, and growth-oriented strategies to heal and grow” (Degges-White & Davis, 2011, p. 7). This theory offers a person-centered foundation as it ascertains that each individual is unique and, therefore, has different needs. This perspective supports the practice of yoga.

Gestalt theory also supports alternative therapeutic interventions such as yoga. It outlines that, “once the person in distress reconnects with his or her creativity through a deeper experiential awareness of the processes and stops resisting his or her connection to present awareness, the side effects (i.e., the client’s symptoms) will begin to go away” (Degges-White & Davis, 2011, p. 134). This approach aims to foster the “emergence of

authentic being” (Wiener, 2007, p. 3). Yoga therapy focuses on “heightening awareness, actively experimenting to restore the spontaneous cooperation of sensing, feeling, and movement” (Weiner, 2007, p. 3).

Yoga and mindfulness as an intervention for trauma. The National Centre for Complementary and Alternative Medicine considers yoga a “mind-body” intervention (Frank, Bose, & Schrobenhauser-Clonan, 2014, p. 33). Research illustrated that yoga, when utilized as a therapeutic intervention, can ultimately train the individual to “regain their sense of being in control of their lives, as well as increase their self-dependence” (Telles et al., 2012, p. 2). Over the past few decades, many studies have shown that yoga has proven to have numerous benefits on physical, emotional, and mental health (Halsall, Werthner, & Forneris, 2015; Kirkwood, Rampes, Tuffrey, Richardson, Pilkington, 2005; Pilkington, Kirkwood, Rampes, & Richardson, 2005; Sherwood, 2008; Uebelacker, Epstein-Lubow, Battle & Millier, 2010). The above reigns true, especially with depression, anxiety, and PTSD (Ross et al., 2013).

Mindfulness-based practices can provide effective interventions for individuals experiencing a variety of mental and physical health issues (Allen, Chambers & Knight, 2006). The origins of the practice of mindfulness are based within Eastern philosophies, which date back to Hinduism and have large foundations in Buddhism (Baer, 2003; Folette, Palm & Pearson, 2006). Mindfulness involves “paying attention to the immediate experience in a nonjudgmental way” (Goldsmith et al., 2014, p. 1). By paying attention in this way, we attune to the present moment instead of being “swept away by thoughts and feelings, external events, interactions with others, or memories about the past and hopes and fears about the future” (Huppert & Johnson, 2010, p. 265). By being present, Huppert

and Johnson (2010) urged, we are able to have a choice over how we respond to our day-to-day life, instead of remaining on autopilot. Mindfulness, therefore, fosters an awareness of the present moment, and a sense of acceptance.

Mindfulness involves the three main components of “intention, attention, and attitude” (Zoogman, Goldberg, Hoyt & Miller, 2014, p. 291; Shapiro, Carlson, Astin & Freedman, 2006). When one incorporates mindfulness and trains their body to learn how to observe emotions, thoughts, and sensations in the body, they learn to remain engaged rather than dissociate (Zoogman et al., 2014). This awareness allows practitioners to invite a sense of curiosity, openness, and acceptance into clients’ lives (Hofmann, Sawyer, Witt & Oh, 2010). The mechanisms of this practice (focussing one’s attention, decentering, and emotional regulation) can decrease depressive and anxious rumination and result in calming and grounding effects (Huppert & Johnson, 2010; Zoogman et al., 2014).

Yoga and mindfulness are inextricably linked as yoga integrates the concept of mindfulness. During yoga practice, the key concepts of mindfulness are the basis of movement. By observing thoughts, and focussing on breath during the yoga poses, practitioners continuously bring their attention back to what is happening in the present moment (Zoogman et al., 2014).

Trauma sensitive yoga. Trauma-sensitive yoga, which involves gentle postures, breath work, and meditation has been shown to decrease stress, anxiety, and depression while improving coping skills and well being, and increasing trauma survivors’ way of life (Butler & Waelde, 2008; Goldsmith et al., 2014). Furthermore, the research by Goldsmith et al. (2014) showed an increase in sense of “self-empowerment, self-

acceptance, and self-care, as well as decreased reactivity and distress” due to yoga and meditation (p. 2). Spinazzola, Rhodes, Emerson, Earle and Monroe (2011) also revealed that the physical postures of yoga poses may allow individuals who experience symptomology from trauma to focus on the present moment which develops a feeling of safety.

Neurobiological impact of yoga. When considering brain function, recent research shows that practicing yoga poses “increased brain GABA levels, which are low among individuals with PTSD” (Spinazzola et al., 2011, p. 433). Other studies illustrate that yoga works by “down-regulating the hypothalamic-pituitary-adrenal axis and the sympathetic nervous system response to stress” (Ross et al., 2013, p. 68). The breathwork done in yoga has shown to “improve emotional regulation, modulate the sympathetic nervous system, and improve heart rate variability” (Spinazzola et al., 2011, p. 433). Due to the positive evidence yoga has provided in the realm of mental health, a growing number of interventions are being developed that integrate the body and the mind (Spinazzola et al., 2011).

Youth exposed to trauma and the therapeutic benefits of yoga. Spinazzola et al. (2011) worked with youth residing in residential treatment who experience PTSD and showed that yoga has a positive impact on both the physical and mental well-being of trauma survivors. It helps to develop a more positive body image and helps to ease the many overwhelming symptoms of PTSD. This study further revealed that yoga shows great potential. In fact yoga,

Plays an important role in helping shift chronically traumatized adolescents’ relationship to their bodies from negligence, gross

indulgence, numbing or self-harm toward the capacity to feel safe in and accepting of their bodies, to increase tolerance and regulation of painful affect states and behaviour impulses, and to begin to identify, cultivate, and positively appraise physical competencies (Spinazzola et al., 2011, p. 432).

Further results of Spinazzola et al. (2011) found that yoga can be used effectively to treat many symptoms of PTSD that youth experience such as anxiety, depression, and insomnia. In addition, studies have revealed that yoga can improve coping skills, stress management, overall quality of life, and emotional well-being (Goldsmith et al., 2014; Spinazzola et al., 2011).

Mindfulness and yoga in educational settings. Since public schools or some form of educational schooling (home schooling) is a requirement for children and youth in our society, it is impossible not to examine the potential therapeutic practices for youth without reviewing their potential use in schools. The literature on mindfulness and yoga in relation to school performance found that mindfulness practices can improve grades and concentration (Noggle & Khlsa, 2012; Serwacki & Cooke-Cottone, 2012). There was very little data mentioned on the emotional health of the participants.

Serwacki and Cooke-Cottone (2012) reviewed multiple published studies on yoga programs that were implemented in a school environment. The participants in the studies included students with autism, intellectual disabilities, mental health issues, as well as typically developing youth. The results found that after a yoga intervention, the students had greater self and social confidence, improved communication, self-regulation, attention, and concentration. In addition, students reported positive benefits associated

with increased self-esteem, improved emotional balance, and decreased negative behaviour (Serwacki & Cooke-Cottone, 2012).

Noggle and Khlsa (2012) studied yoga with rural high school students and the results showed lower levels of tension, anxiety, anger, fatigue, confusion and increased resilience in students. In a critical review of mindfulness programs for adolescents, Tan (2015) found that participants involved in mindfulness intervention programs “experienced positive benefits” which included reduced anxiety, depression, and psychological distress. Tan also found that mindfulness interventions are starting to become increasingly popular in schools’ curriculums-

It is clear that the effects of mindfulness and yoga in a school setting are beneficial. One limitation associated with this subject matter is that it is still relatively new so research data is in its infancy. I also found that despite the benefits for students there is little literature on how to create mindfulness programs in schools for teens (Miller et al., 2014).

Criticism surrounding yoga as a therapeutic intervention. Ross, Bevans, Friedman, Williams, and Thomas (2013) indicated that the majority of studies conducted in relation to yoga and how it affects people facing mental health issues focus only on the practice of poses, breath work, and meditation. These authors ascertained that little research has gone into whether the individual’s relationship with the yoga teacher and/or the other individuals participating in the yoga practice had any therapeutic merit (Ross et al., 2013). Therefore, Ross et al. (2013) argued that, it is difficult to determine what aspect of practicing yoga is beneficial to individuals. A few other researchers reveal that there is a

severe gap in research surrounding yoga and trauma survivors, especially amongst adolescents (Nooner et al., 2012; Spinazzola et al., 2011).

The literature related to the symptoms of trauma indicates that there is a likelihood to manifest within the adolescent population. Trauma affects everyone uniquely. If left untreated it can have lasting negative impact on individuals' lives. It has lasting mental health impacts that often go misdiagnosed and untreated. Throughout history, the therapeutic modalities such as dance, body movement, yoga, meditation, art, and ceremony were used within various cultures as healing methods—today, they are described as alternative approaches to wellness. In order to address the mental health issues surrounding trauma, helping professionals may find it useful to consider a variety of therapeutic methods to assist an individual's healing journey. Yoga can assist individuals dealing with the symptomatology of trauma by practicing mindfulness to bring the individual a sense of clarity and peace.

Chapter 5: Learning Experiences from the Practicum

This chapter provides a summary of my roles and tasks at the Native Healing Centre (NHC) at PGNFC. It describes the main components of my learnings during my practicum by outlining key points of my experience and explaining how these lessons have been integrated into my personal practice.

My Role and Tasks

During my time, as a practicum student at the NHC at PGNFC, I was a mental health counsellor. I assisted with many different aspects of the centre such as psychoeducational groups, I shadowed and offered individual counselling sessions, I led trauma informed yoga sessions for youth/adults, learnt about the resources available in the community, and attended workshops/trainings. I assisted with the facilitation of the following groups: a life skills/emotional coping group for girls, an anger management/coping group at a local school, and a life skills group at a residential program run by PGNFC. I attended numerous workshops, meetings and trainings such as: a Trans Care BC workshop, an Elders conference, trauma informed practice trainings, a play therapy seminars, a CYMHSU Local Action Team mental health action network meeting, and a health fair.

Family-Centred Care

On the first day of my practicum, the NHC co-ordinator, Chris Branigan gave me the training manual on policies and procedure to read and a report compiled by the Centre for Addiction and Mental Health (CAMH, 2004) entitled, *Putting family-centred care philosophy into practice*. He explained that family-centred care (FCC) was at the basis of the counselling practice at the NHC (C. Branigan, personal communication, January 3,

2017). The foundation of FCC is, “families have a critical role to play in supporting people with mental health and/or substance use concerns and in promoting their wellness” (CAMH, 2004, p. 2). The report illustrated that typically, mental health interventions focus on the individual. Therefore, in order to integrate FCC, adapting new organizational systems is of the utmost importance. To uphold FCC, the counsellor must stay congruent to the notion that families hold the expertise of their situation. They must work collaboratively with the family to ensure their goals are met (CAMH, 2004).

The report explains best practices to use when working with families. The ones I found useful for my practice during my practicum are:

- Listening to families’ concerns, needs and questions, and understanding the unique issues facing family members as a function of their relationship to the care recipient.
- Soliciting their input and feedback particularly because they have intimate knowledge of the client and can shed light on the strengths, interests and competencies of the client.
- Acknowledging strengths, expertise and contributions of family members (CAMH, 2004, p. 3).

During clinical supervision with my onsite supervisor, Erin Anderlini, we discussed FCC and she assisted me with ways to integrate it into my practice with my clients at the NHC. When helping to facilitate groups with youth, to uphold the best practices of FCC, I would check in with parents at the end of group. For individual counselling sessions, I had one consistent client for ten sessions. When working with this client, I extended the

offer for her parents to attend part of the session. I also ensured to listen to everyone's concerns and answer questions in order to involve the family.

Clinical Skills

Cognitive behavioural therapy. For my individual counselling sessions, I had a client who was a child. She was diagnosed with Generalized Anxiety Disorder several years ago. Upholding FCC, during the initial session, I spoke with her mother to discuss the presenting issues and to learn from the mother's expertise. Her mother explained to me that their family doctor had strongly suggested Cognitive Behavioural Therapy (CBT). The mother also explained that during her personal counselling experience, CBT worked very well for her. The mother asked if I could implement some CBT exercises to do with her daughter during the session. When building rapport with the child, she told me that she wanted to learn different tools to help her with feelings of worry and anxiety. In order to take the child and mother's wants into account, I conducted some research on the specific practices around CBT.

CBT is focussed on the here and now. Cooper and Lesser (2011) explained that it is based on understanding that there is a connection between thoughts, feelings, and behaviour. CBT allows clients to investigate how their thought patterns affect their feelings and in turn, determine their behaviour. It is based on the understanding that if the client creates change in any of the above domains, change in other domains will inevitably occur (Harms & Pierce, 2007). As CBT is proven to be effective within a few sessions, it is often thought to be one of the most successful therapeutic interventions (Harms & Pierce, 2007; Payne, 2005). The approaches of CBT are incorporated in many other counselling modalities (Harms & Pierce, 2007). CBT is easy to comprehend and

this type of modality is delivered by many helping professionals (Holmes, 2002).

Holmes (2002) ascertained that this approach comes first for addressing people's behaviours, particularly surrounding Depressive disorders, and Panic disorders, Generalized Anxiety Disorders, and PTSD.

In CBT, the therapist must remember to keep the relationship with the client collaborative. When considering CBT strategies, the therapist must focus on "...bringing to conscious awareness patterns of relating both to the self and to others, and beliefs from the past to understand their impact on present functioning and future expectations" (Harms & Pierce, 2007, p. 222). The therapist helps build cognitive behavioural skills to allow the client to have more focus on the present. This allows the client more conscious control over thinking, feeling, and behaving. It also assists clients to identify thinking patterns that may affect them negatively (Payne, 2005). In order to achieve this, CBT offers well-defined techniques that include "respondent and operant conditioning, social learning, skills training and cognitive restructuring of people's belief systems" (Payne, 2005, p. 119).

To assist the client in recognizing their thought patterns and how these patterns affect their day-to-day lives, Payne (2005) explained that the therapist can help the client discern between behaviour that is useful and behaviour that is not productive. Once it has been determined where there is an excess of unwanted behaviour, the therapist can use various techniques to help change the thoughts of the client (Payne, 2005). He recommends that therapist remember that these techniques ought to be compatible with the client. The client input surrounding these techniques is of the utmost importance. While ensuring to focus on the present, as opposed to the past, the therapist can set a

series of real-life practical assignments and tasks designed to help clients change their thought patterns (Payne, 2005). These tasks must emphasize the preferred behaviour.

In order to integrate what I have learned from my professional into account when working with this child, I conducted research on CBT specific for children. I consulted in with the counsellors at NHC regarding recommendations on various resources for the topic at hand. C. Branigan (personal communication, January 17, 2017) suggested I review the resource, *Therapeutic Exercises for Children: Guided Self-Discovery Using Cognitive-Behavioral Techniques* by Friedberg, Friedberg, and Friedberg (2001). During my second session with this client we picked some worksheets to complete. After the first few worksheets it became clear to me that this activity was not successful as the client required an interactive approach. I discussed my observations with my client and learnt that art was one of her favourite activities. I let her know that I would look into art activities for the next session.

I consulted with E. Anderlini, and other counsellors at NHC about art projects for children that incorporated the principles of CBT. Erin explained an activity for children where the client draws an outline of their body (E. Anderlini, personal communication, January 18, 2017). The client discerns thoughts that make them anxious, and write these thoughts down on a butterfly. The client then pastes the butterflies on the areas on the body where they feel this emotion. I realized that this activity involved aspects of CBT as it promoted emotional literacy, thought recognition and the affects that thoughts can have on the body.

The next week, I discussed this activity with the client and her mother. They explained that they liked the idea. The client explained that she loved butterflies and art

so was excited to engage in the activity. I found that this activity allowed the client to become more engaged in the process as it was more interactive and involved more tasks than simply writing. This was a very important lesson for me during this practicum as I was able to take what I researched and apply it to real life practice. For me, it highlighted the importance of keeping my practice client centred, and always checking in with the client to discern their needs for our sessions together.

Psychoeducational Groups with Youth. Throughout my practicum, I helped to facilitate several psychoeducational groups for youth. These groups focussed on developing coping strategies, and emotional literacy for anger management and anxiety. Before I helped out with these groups I thought the groups would be a little dry and maybe not very interactive for youth. However, helping the facilitator come up with different activities to do with the youth I realized that I was wrong. I found that there were many engaging activities to use for psychoeducational groups for children and youth.

I helped to facilitate and develop these interactive psychoeducational activities. I helped develop role plays, art projects, and worksheets to do as activities in the groups. One of my favourite activities was called “The Anger Volcano”. It proved to be as we received a lot of positive feedback. The youth discussed triggers that made them feel anger. After this, each youth received a miniature volcano with some baking soda inside of it as well as a cup of vinegar. We then went around the room and as the youth explained their triggers they added a little vinegar for each of the triggers. Eventually, the volcano ended up exploding. We discussed how the volcano can represent people’s emotional reactions. We talked about the importance of having supports and coping

mechanisms in place, as we can explode when we feel a lot of emotion if we don't have strategies in place. From this experience, I learned that teaching coping strategies and emotional literacy can be done effectively with children and youth.

Expressive arts therapy: Play therapy. At the NHC, there are counselling services offered for young children. During these sessions, most of the counsellors implemented play therapy, as a modality when working with this age group. I discussed play therapy with E. Anderlini. She explained that play therapy is the best modality to use with children as play is their natural language (E. Anderlini, personal communication, February 8, 2017). She continued to explain that developmentally it is sometimes difficult for children to reflect and process emotions verbally. I found this very fascinating and wanted to do some more research on play therapy.

In the book *Integrative Play Therapy*, Dhaese (2011) explained that holistic expressive play therapy:

is an integration of all the components that are brought together to
create a safe place, a safe emotional womb where the child can connect to
his true nature and access its wisdom and guidance in order to heal (p. 82).

E. Anderlini mirrored these sentiments. She explained that in play therapy, it is essential for the counsellor to refrain from telling the client what to do. She emphasized that the counsellor must allow space for the client to explore their world and make their own decisions. She ascertained that the counsellor's role is to reflect back what the client is doing in order to hold space for them to express themselves using play as language (E. Anderlini, personal communication, February 8, 2017).

I have taken classes at UNBC that explain expressive arts therapy, and play therapy (Social Work Course 610- Wellness: Alternate Approaches, personal communication, June 3, 2014). I have watched counselling videos using these modalities but I hadn't observed this process in an actual counselling session. I was given the opportunity to shadow several play therapy sessions. It was fascinating to see the processes of this modality in real life. I was also able to attend a presentation on play therapy and use some of the techniques I learned in individual counselling. I found that the client I worked with naturally gravitated to play therapy, as opposed to emotional literacy worksheets, as play came more naturally to her.

Trauma informed practice. During my practicum at the NHC I attended two training sessions with Dr. Linda O'Neill on trauma informed practice. O'Neill explained that:

trauma informed practice is a systems approach designed to better support the people we serve (clients\patients) and their families who may have experienced adverse events in their lives, particularly early events resulting in various clinical and non-clinical presentations within health and social services (personal communication, February 20, 2017).

She emphasized that most of our clients will come from trauma backgrounds, and that as professionals in the field of human services, we must be aware of how trauma can affect the brain, and what this means for the clients (L. O'Neill, personal communication, February, 20, 2017).

We discussed the importance of grounding activities as a way to allow clients to activate the parasympathetic nervous system to come out of a state of hyper arousal. I

noticed the importance of these methods at the beginning of individual and group sessions. I found that if the client was interested in grounding methods, it helped people transition from a busy or stressful day into being in the present moment.

Trauma informed yoga. In the lectures I attended for trauma informed yoga training, my main learning is that one of the main components of complex trauma is the withholding of choice from the survivor (J. Turner, personal communication, February 11, 2017). I learned that the purpose of trauma informed yoga is to provide a safe place for people to start practising choices, and practising a connection to their body in the present moment (D. Emerson, personal communication, February 4, 2017). When teaching trauma informed yoga I realized I must remember to never tell the people in my classes what to do. I must always offer the yoga forms as options, and give people optional choices within the forms.

Sometimes it is difficult in yoga class to gauge whether or not clients are benefitting from the classes. When teaching trauma informed yoga classes at the NHC, feedback from clients offered me some reflection. During yoga with the adult group I co-facilitated, some of the group members did not feel comfortable to participate. I learned that it is essential to give people the option to participate in yoga, as it may not be a fit for everyone.

One of the adults in the group that participated in a yoga session disclosed that it was the most relaxed she had felt in a very long time. During my practicum, I also lead a yoga group for teens. Some of the youth's caregivers mentioned that the youth started doing yoga at home and taught the caregivers how to do the forms. It became clear to me that the individuals that resonated with the practice of yoga and viewed it as a valuable

intervention. In the future, feedback forms would be beneficial to understand how I can better serve the clients in my classes.

Anti-Oppressive Practice Teachings

I included these next three sections as they are inextricably linked. Through my weekly supervision sessions with Joani Mortenson, she taught me to question everything. My previous education had a huge focus on social justice. Throughout my social work practice thus far, I found myself pushing away my social justice lens in order to not “rock the boat”. One of my mentors, set an example of how to speak up for social justice issues, adhering to the Social Work Code of Ethics in a collaborative team oriented way. She also questioned my practice in a way that allowed me to self-reflect critically through an anti-oppressive lens (J. Mortenson, personal communication, February 2, 2017).

In one supervision session, we discussed services available for clients who are gender creative and identify with non-binary genders. To uphold a gender-affirming practice, we must be aware of our personal biases and how these transfer into the systems of the organization we practice within. For example, we discussed the intake forms, as typically, there is only the option for clients to identify themselves as male or female. We decided that to be inclusive and to recognize diversity, intake forms should be modified to allow clients to identify their own gender (J. Mortenson, personal communication, February 2, 2017). Throughout our supervision together, J. Mortenson embodied anti-oppressive practice in all of decision making. From her, I have learned how to weave anti-oppressive practice into the decisions I make as a counsellor. I will work hard to bring this lens with me in to my future practice.

Strengths Based Practice Teachings

During my practicum, I did research on the strengths based model and realized that historically, social work professionals saw their role as finding problems with their clients. At the basis of traditional models of social work, is the belief that “people need help because they have a problem” (Hammond, 2010, p. 2). The problem-solving approach saw problems as part of the human condition (Early & GlenMaye, 2000). It argued that people’s inability to deal with problems was due to “the motivation to work on the problem in appropriate ways; the capacity to work on the problem in appropriate ways; the opportunity, whether of ways or means, to meet or mitigate the problem” (Early & GlenMaye, 2000, p. 121). This theory is isolating and labels the client as having a problem (Hammond, 2010). The strengths-based practice model was developed to counteract the traditional model. This perspective argues that, social workers must not view clients in terms of their deficits (Heinonen & Spearman, 2010).

During supervision with J. Mortenson she questioned my use of the word “late”. We discussed the social construct of time and the barriers that clients may face in getting to NHC in order to uphold strengths based practice model (J. Mortenson, personal communication, February 23, 2017). In my supervision sessions with Erin Anderlini, strengths based practice was a common theme that was discussed. When working with children in individual sessions, E. Anderlini stressed the importance of including the client’s family as a way to reflect a strengths based approach. She emphasized building on the family’s strengths of what they already have in place (E. Anderlini, personal communication, January 25, 2017).

The NHC does a great job keeping strengths based practice at the core of their interactions with clients. For example, in order to assess sessions with clients, counsellors use a tool called a “Resiliency Map”. This map indicates the client’s strengths and supports in all aspects of their life such as: school, friends, and family. These conversations and teachings added to my knowledge of strengths based practice and inevitably enriched my personal practice.

Decolonization Teachings

I learned that using decolonization practices in counselling is extremely important when practicing at an Aboriginal agency. McKenna and Woods (2012) explained that in order for counsellors to embody a decolonization practice, they must understand the historical and present day traumas faced by Aboriginal people. Equipped with the knowledge of colonization, counsellors must be cautious to not take a pan-Indigenous approach. They must remember that although colonization is a common experience, not everyone’s experience is identical (Cox, 2008).

In addition, decolonization practice means looking to culture to guide a counsellor’s practice (McKenna & Woods, 2012). My experience in this realm was interesting as I was a non-Aboriginal person doing a practicum at an Aboriginal agency. Although I have worked with and attended ceremonies in different Aboriginal cultures, by no means do I hold traditional knowledge. In order to meet the needs of future clients, if they express a desire to bring culture into their counselling sessions, I must be guided by their knowledge and by the traditional knowledge of Elders at the particular agency I am employed.

Chapter 6: Implications for Personal Professional Practice

Workplace Environment and Vicarious Trauma

My practicum at NHC taught me how important supportive work environments are when working in this field. Killian (2008) stated, “vicarious or secondary traumatization is a process by which a professional’s inner experience is negatively transformed through empathic engagement with clients’ trauma material” (p.33). The author continued to discuss the risk factors for vicarious trauma for clinicians in this field which include the lack of regular access to supervision, supportive social networks, ability to recognize and meet one’s own needs (Killian, 2008, p. 36). Some of the protective factors protecting against vicarious trauma and burnout are supportive social circles, reasonable work hours, and an internal locus of control at work (Killian, 2008, p. 39).

NHC is the most supportive workplace environment within which I have ever worked. Colleagues check in with one another, there is always a supervisor available to consult when needed and self care is considered extremely important. I will take these learnings of what a supportive work place environment can look like, and strive for this at my future place of employment.

Developing a Feasible Self Care Plan

Part way through my practicum at PGNFC I became fairly tired. I realized I was spreading myself too thin and expecting more than what was humanely feasible of myself. I realized how important it is to treat myself with care and compassion. I realized that when working, as a counsellor I need to have a strong self care plan in place in order to be sustainable. I spoke with J. Mortenson and I. Margolin about this during one of our

weekly supervision meetings. J. Mortenson and I. Margolin mentioned to try and come up with small rituals during work hours that provide spaciousness to an otherwise hectic day. We spoke about putting reminders up around the office in order to remember to do so (I. Margolin, personal communication, February 23, 2017). In my personal professional practice, I will ensure to weave self care practices such as breathing and mindfulness throughout my day.

Commitment to Clients

My commitment to clients is to adhere to the Social Work Code of Ethics (2005) and practice from a trauma informed lens. To take this one step further, I will always incorporate my learnings from anti oppressive practice and decolonization practice. I will work in collaboration with clients and recognize the client's expertise and their personal needs. I will recognize the client's expertise and their personal needs. When I work with communities of people that have a history of colonization, I will ensure to keep learning about the history of colonization in order to stay away of the potential intergenerational trauma that may have occurred. I will reflect on my practice, and ensure appropriate supervision is sought to be aware of my personal biases. Above all, I will adhere to a strengths based approach by recognizing the trauma people have been through and recognizing their resilience and skills to move through life.

To keep a commitment to social justice, I will operate from FCC and an ecological systems theory focussed practice. I will remember that "human problems are connected, and sometimes one problem affects another. Often a problem has psychological consequences, but it is also almost certainly connected to the environment" (Heinonen & Spearman, 2010, p. 10). The macro system accounts for the larger

overarching aspects of society such as the economy and the government. To adhere to social justice, it is important to recognize all of these systems, and how their interactions affects an individual as well as a community (Heinonen & Spearman, 2010). As we exist as smaller parts in a larger society, in my future practice I commit to advocating for change at the macro level to provide better services for clients and for their communities.

Chapter 7: Conclusion

This practicum report provided a summary of my learnings during my practicum at the PGNFC. The literature review gave an overview of relevant information on youth and Aboriginal mental health, trauma informed yoga and expressive arts therapy. Lastly, it outlined my major learnings during the practicum and illustrated implications for my future practice.

The literature review pointed out a grave disparity between the health determinant statistics of Aboriginal and non-Aboriginal youth. Through this disparity, it is clear that Aboriginal youth face systemic oppression and deal with the outcomes of colonization daily. It is clear that the effects of trauma and complex trauma on youth need society's utmost attention as youth are the future of today. It is imperative that creative solutions are developed when considering youth and mental health.

I will take the foundational learnings from my practicum placement at PGNFC into my personal professional practice in hopes to better serve the population I work with. I learned that it is of the utmost importance to uphold an ecological systems approach that weaves in FCC, and anti oppressive practice while paying homage to the potential affects that colonization has had on the lives of the clients I will be serving. It is imperative for me to remain cognizant of intergenerational trauma as a potential risk factor but to also remember the resiliency and strength of the people with whom I will work.

As I do not have Aboriginal heritage, when working with this population, it is important for me to recognize myself as an outsider and consult traditional knowledge holders. It is also important for me to learn about the culture the people I serve identify with to adhere to decolonization. I must remain aware of my position of power and

privilege in society in order to be an ally. I must always remain curious and uphold a strengths based approach. In order to go forward in this career, I will ensure to uphold a client-centred, strengths based, anti-oppressive approach.

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Appendix A

MSW Practicum II: Learning Contract

Student: Hannah Watler

Agency On-Site Practicum Supervisor: Erin Anderlini

Practicum Supervisor: Joani Mortenson

Academic Supervisor: Dr. Indrani Margolin

Committee Member: Dr. Tammy Pearson

Agency: Prince George Native Friendship Centre (PGNFC)

Length of Placement: December 7, 2016 to March 15, 2017

Hours of Work: 8:30am – 4:30pm

Learning Goals	Objectives & Activities	Monitoring/Evaluation Criteria
Learn about PGFNC and the Native Healing Centre's protocols, policies, procedures, programs, and interventions.	<ul style="list-style-type: none"> Research policy and manuals regarding service delivery and population. Become familiar with forms, reporting and assessment tools used by PGNFC and the Native Healing Centre. 	<ul style="list-style-type: none"> Be well versed in knowledge on PGNFC. Understand and comply to reporting standards.
Develop respectful and effective relationships with clients, supervisors, and co-workers.	<ul style="list-style-type: none"> Adhere to professional boundaries and ethics while working with clients. 	<ul style="list-style-type: none"> Develop rapport with clients on caseload while upholding Social Work Ethics.

	<ul style="list-style-type: none"> • Ensure appropriate and timely communication with supervisors and co-workers. 	<ul style="list-style-type: none"> • Manage email and conversations professionally while focusing on working collaboratively. • Questions are asked when more knowledge is needed. • Attends all required meetings. • Attend practicum during agreed upon hours.
Increased understanding of PGNFC's structure and programs.	<ul style="list-style-type: none"> • Attend meetings in different departments related to mental health. • Involvement in other programs with relation to mental health. 	<ul style="list-style-type: none"> • Relationships with other programs and staff are developed. • Lead groups or sessions in other programs as required.
Increased understanding of counseling role	<ul style="list-style-type: none"> • Review theories, practice model, and ethics • Learn about specific PGNFC standards and practice • Shadow co-workers 	<ul style="list-style-type: none"> • Increased knowledge on theories, practice models, and ethics. • Increased knowledge on PGNFC standards and practice. • Attend sessions and debrief learnings appropriately.

	<ul style="list-style-type: none"> • Develop case load • Attend supervision • Learn and develop clinical counseling skills. • Maintain and develop regular self care practice 	<ul style="list-style-type: none"> • Create professional relationships and build rapport with clients. • Uphold a caseload involves intake, assessment, treatment planning, evaluation, and closing cases. • Organize and attend supervision meetings. • Attend professional development and trainings. • Attend yoga classes, spend time outdoors, and write in reflective journal.
Increased understanding of community services and partners.	<ul style="list-style-type: none"> • Research community services in Prince George • Develop effective relationship with these organizations 	<ul style="list-style-type: none"> • Gain knowledge and acquire information from community services in Prince George. • Meet and engage with organizations to develop a collaborative practice in order to better serve clients.
Increased understanding of psycho-educational groups.	<ul style="list-style-type: none"> • Research practice models. • Facilitate groups on topics such as 	<ul style="list-style-type: none"> • Knowledge on types, and facilitation of psycho-educational groups acquired. • Psycho-educational groups facilitated

	coping strategies, self-care, personal growth.	
Increased understanding of trauma-informed practice	<ul style="list-style-type: none"> • Review literature surrounding trauma-informed practice. • Review teachings and experiences of intergenerational trauma. • Review teachings and literature on decolonization. 	<ul style="list-style-type: none"> • Attend workshops and professional development trainings on these topics. • Discuss and learn from Elders and staff members at PGNFC. • Gain knowledge specific to these topics.
Increased understanding of Aboriginal cultures.	<ul style="list-style-type: none"> • Review literature and teachings on this topic. 	<ul style="list-style-type: none"> • Attend workshops and professional development trainings on these topics. • Discuss and learn from Elders and staff members at PGNFC. • Gain knowledge specific to these topics.
Increased understanding of expressive arts therapy.	<ul style="list-style-type: none"> • Review literature and teachings on this topic. 	<ul style="list-style-type: none"> • Attend workshops and professional development trainings on these topics. • Discuss and learn

		<p>from Elders and staff members at PGNFC.</p> <ul style="list-style-type: none">• Gain knowledge specific to these topics.
Increased understanding of trauma-informed yoga.	<ul style="list-style-type: none">• Review literature and teachings on this topic.• Lead trauma-informed yoga groups and session on a client-centered basis.	<ul style="list-style-type: none">• Attend workshops and professional development trainings on these topics.• Discuss and learn from Elders and staff members at PGNFC.• Gain knowledge specific to these topics.
