

Running head: FINAL INTEGRATION PAPER

Final Integration Paper

Marvin VandenHoek

CAAP 6619 – Spring 2016

Submitted to: Dawn McBride

University of Lethbridge

Master of Counselling

April 6, 2016

Table of Contents

Earning a M.C. Degree	3
Applied Academic	5
What I believe about psychological wellness	5
Why I believe psychological struggles emerge and are maintained	7
My Main Theoretical Lens.....	9
Applied Counselling.....	10
What is my definition of a good therapist?.....	10
Common presenting problems	12
Most profound learning obtained from my practicum	12
Integrative Reflection	13
“The most important tool you have as a helper is your Self” (unknown)	13
What I learned about living life more authentically, honestly, or purposefully.	14
Looking Forward	15
My Self-Care Strategies	15
My Professional Development Plan.....	16
Personalized Conclusion.....	18

Final Integration Paper

Earning a Master of Counselling (MC) degree has been the culmination of a journey that began for me almost twenty years ago. In 1997, I decided to return to university to pursue a degree in education. My wish at that time was to enter into a field where I could further develop my interpersonal skills. I wanted to learn to use my skills in a way that encouraged others to use theirs. Looking back, I'm thankful that I was able to make this decision at the time, and for the journey that it has taken me on. I'm also curiously excited about what the future has in store for me.

In this paper I will outline how this journey unfolded. I will also explain what I believe psychological helping involves from the perspectives of both counsellor and client. I intend to identify what I, as a person, bring to the counselling process, and how I have changed as a result of working with clients. Also included in this paper is how I see my future developing as a counsellor.

Earning a M.C. Degree

My MC journey really began in the early stages of my teaching career, although I did not realize it at the time. I was discovering that teaching was more about the relationships I was nurturing with the students than it was about content I was teaching. I would view each student in my class as an individual with unique gifts and needs. The challenge for me was to tap into this and allow each one of them to blossom in their own way.

In 2010 I was offered a position as high school guidance counsellor at the school I was teaching at. Until this time, the guidance counsellor position was strictly an academic one. There had been some discussion among staff members and at the board level about how to provide

more personal and emotional support for students. I proposed to administration that I integrate that into the guidance counsellor position. They gladly accepted my offer to do this, and gave me the flexibility to implement this as I saw best.

In order to gain a little education about personal counselling, I enrolled in an online counselling skills course, and also engaged in some solution focussed counselling training. After a few months, I received a phone call from a psychologist who was also a professor in the Master of Counselling program at the University of Lethbridge (U of L). She had a client who was a student at our school and had received consent to get some academic information about the student. In our discussion, she asked what type of work I was doing at the school. When I explained how I had just begun to implement some counselling, she offered her assistance if I ever needed advice or support. For the next several years, I would consult with her on a regular basis regarding things like the development of a school counselling manual. We would also review some of the cases that I was dealing with. I am ever thankful for the support I received from this experience. She gently encouraged me to consider applying to the MC program.

In December of 2012, I made the decision to apply to the MC program at the U of L. The decision was made on a bit of a whim during the Christmas break. My thought was: "What am I waiting for?" I really wanted to learn more about mental health, and enhance my skills so that I could provide a better service to my students. When I looked online, I realized that the deadline for application had passed on December 1. I called the office at the U of L and explained my situation to the coordinator. He was very helpful and informed me that if I could have all my documentation in by Friday of that week, they would still consider my application. I was able to get it all in on time, was selected for an interview, and accepted into the program in the spring of 2013.

I was naively oblivious at that time as to what I was getting into. Master's level learning was much more challenging than I anticipated. However, I made it through my first semester, and continued through all the highs and lows of graduate school. I am very thankful that I made the journey, and also proud of my accomplishments. I believe I've been given talents to do this work, and I feel that I can serve God and my fellow humans by giving back. Academics is not a part of my family history at all. In fact, I am the only one with any university education. In a way, this makes the journey a little lonely, but on the other hand, I know my family is proud of me. I am also thankful that they were willing to make the sacrifices necessary for me to pursue this goal.

While my initial intent was to learn more about mental health and apply my skills to school counselling, this has changed somewhat. I now see myself applying my skills to a broader population, and I'm excited about what opportunities may arise that will allow me to do this.

Applied Academic

What I believe about psychological wellness

The World Health Organization (WHO) defines wellness as “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity” (Grad, 2002). Three domains stand out for me in this definition that can be framed by asking the following questions: How does my body feel? Am I experiencing any somatic deficiencies? How emotionally complete do I feel? Where am I in regards to my social interactions? I appreciate the way this definition includes physical health since there is a strong positive correlation between physical activity and mental health (Sandhu, Shafiq, & Singh, 2013; Penedo & Dahn, 2005). For me, deficiencies in my physical health are usually indicators of deficiencies in other areas of my health. On a personal level, I also add a domain for spirituality. What is my spiritual relationship

like with God? As someone who was raised in a conservative Christian family, this has formed a large part of my personal identity, and informs my own feelings of wellness.

While the WHO definition is commonly used as a definition of wellness, I believe certain elements of health need to be further clarified. First of all, meaning and purpose in life is an important element of wellness. Increased awareness of who we are, in relation to the past, present, and future is an integral contributor to overall wellness. Mills (2003) suggests that our existence is about “developing our potential, fulfilling our possibilities, and living an authentic life” (p. 277). Awareness is the key by which this may take place; awareness of self in the context of the world we live in. Wellness includes the ability to be in this state of awareness, to notice, and be mindful of who we are, what our life has been, and what it can be.

Additionally, the ability to regulate is also an integral part of overall wellness. Stress is a normal part of life. In order to ride the waves of life, we must have the ability to regulate ourselves through the troughs and crests that come our way, so as not to get stuck at any point of the wave. Regulation strategies can be obtained in many ways. For some it may be through somatic ways, for others through cognitive or emotional exercises.

One other important point related to wellness that needs to be mentioned is that it exists on a continuum (Roscoe, 2009). It is difficult to specifically measure a concept as complex as wellness for several reasons. One individual’s definition of wellness may significantly differ from another’s. Also, an individual’s definition of wellness today may be different from what it was in the past, or what it may be in the future. The variability of wellness needs to be kept in perspective when discussing psychological health, especially when we are assessing for client change, or change in our own level of wellness.

Why I believe psychological struggles emerge and are maintained

The search for the causes of psychological struggles is an elusive and complex one. Physical, environmental, and social variables all need to be considered when investigating what causes or maintains psychological illness, and it is important to note that these influences do not exist in isolation. Throughout history, there have been times where the search for the roots of mental illness has focussed specifically on one or another of these factors.

Physical factors include a person's genetic makeup. A recent study ("Cross-disorder group", 2013) found that five of the major mental disorders share some of the same genetic risk factors. This can be particularly helpful in predicting mental illness in certain populations. Other physical factors may include physical trauma, or the misuse of substances.

Environmental factors that contribute to mental illness may include psychological trauma, poor nutrition, or stress. Schmidt (2007) suggests that various circumstances such as sexual abuse, relationship breakup, or falling a victim to crime triggers more primal reactions, such as feelings of loss or danger. It is these primal reactions that push people into psychological stress and possible mental illness. Someone who feels strong emotions related to loss, may develop symptoms of depression, while someone else who experiences danger may develop anxiety. It's also possible that these feelings happen simultaneously. In any event, the potential is now there for the altering of brain chemistry, which can have an impact on overall mental and physical health.

There may also be social reasons that contribute to psychological problems. The list is lengthy, and includes early life conditions, education, employment, socio-economic status,

gender, income, race, etc. A paper published by the World Health Organization (WHO) stated that social inequalities raise the risk for mental disorders (“Social determinants”, 2014).

As indicated earlier, mental struggles can be caused by a myriad of factors. With some clients, these factors may be more easily identified than in others. It may be important for many clients to identify what the root causes of their psychological struggles may be, as it may be what is keeping them stuck in being psychologically unwell. There may be many other factors, however, that contribute to client’s feeling stuck. For some, there may be secondary benefits from not getting better. Their mental illness may have become a crutch that they lean on, and the thought of letting go might be a frightening prospect. The idea of change may also generate elevated levels of anxiety in clients because of the unknown (Worrel, 1997). Clients may not feel that there is an appropriate safety network in place for them to improve. These fears may be associated with judgement, rejection, responsibility, intimacy, or even fear of success.

Clients who have experienced trauma may have difficulties accessing the appropriate professional help that will help them to unlock the trauma. It’s also possible that the professional is not properly equipped to address the problem. For example, a therapist may be conducting Cognitive Behavioural Therapy (CBT), while the client may better benefit from a somatic form of therapy. Regarding the client-counsellor relationship, perhaps the working alliance has not been properly established. These, among other things, may cause clients to be stuck and may prevent them from obtaining the hope and the healing that they need to move forward.

My Main Theoretical Lens

My main theoretical perspective of counselling blends person centred theory with existential philosophy. When counselling is viewed from this premise, clients' existence, as well as what is done with this existence become central themes (Milton, 1993).

The person centred therapist will place emphasis on responsibility, or what is often termed self-actualization, enabling clients to be more open to experience, to trust themselves, have an internal locus of control, as well as continue to grow. Techniques used to bring this about are listening, accepting, understanding, and sharing (McLeod, 2008). Counsellors engage clients at their own level, empowering them to make their own choices. These choices are based on their individual values, as well as what gives meaning in their lives.

In a similar way, existential therapists strive to create "increased awareness" in clients (Corey, 2009). This enables clients to find other possibilities in life that they didn't see before. They are led down a path in which they realize that they have the power and the responsibility to make change happen.

I believe people have the innate capacity to fulfill their own potential. My goal as a therapist is to build a non-judgmental and empathic relationship with clients that will empower them to discover their identity, find meaning in their lives, and create the change they want for themselves in relation to the world around them.

Acceptance and mindfulness strategies are used extensively in my practice to help clients appreciate themselves, as well as embrace emotional honesty. Clients learn to view themselves in

the context of their problems, not as problem themselves. They are also encouraged to engage in self-compassion and self-care between sessions.

Applied Counselling

Counselling is a complex and dynamic process that requires the therapist to be aware of many different variables. From initial intake to termination, the process is in a constant state of flux. Therapists must have a firm grasp of the process, while being cognizant of the needs of clients. The following describes my definition of what makes a good therapist, what some common presenting problems are that I am comfortable treating, as well as a summary of what I learned throughout my practicum experience.

What is my definition of a good therapist?

I believe a good therapist is a regulated therapist. Regulation involves the processes through which someone is able to monitor, evaluate, and modify their emotional and physiological state (Thompson, 1994). I believe that in order for me to honour the client, to provide a setting that lends itself to building a healthy working alliance, and to facilitate healing and change, I need to be present and well-regulated. Clients will come to counselling in varying states of energy and disregulation. It is this disregulation that creates much of the anxiety that they experience in their lives. I believe that if I can provide the space for clients to calm their nervous system, they are already learning to regulate. My main tool to facilitate this is myself and in my ability to model regulation.

Regulation requires awareness. One word that is always on my mind is “notice.” As the counsellor, in order for me to regulate, I need to notice where I am at in regards to my own energy level. What do I notice about how grounded I am? What do I notice about in my body? Is

there any tension? What's my breathing like? What do I notice about my emotions? Am I feeling upset? Tired? Frustrated? If I answer yes to any of these questions, then I need to decide on how I can bring myself back to a regulated state so that I'm ready for other clients. Likewise, I need to be aware of how I am facilitating client regulation. I can ask clients the same questions and integrate strategies into the session to facilitate regulation.

Different methods can be used to assess how well I am meeting my own standards regarding what makes me a good therapist. One aspect that I look for is how clients are presenting physically. Do clients look comfortable? Is their breathing calm and relaxed? Are they able to make eye contact with me? Are they looking around the room? Are there any other signs of nervousness or anxiety? Obviously, the answers to these questions will depend on whether it is the first session or if they are further along in therapy, but this is one way in which I measure how client-centred I am really being.

Two semi-formal instruments that I use as measurement devices are the Session Rating Scale (SRS) (Johnson, Miller, & Duncan, 2000), and the Brief Mood Survey (BMS) (Burns, 2009). I will ask clients to complete the SRS approximately every three sessions and use it as a clinical tool to measure the strength of the working alliance (Duncan, et al., 2003). The BMS is another tool that I use extensively. This short assessment is a great way to assess where clients are at in regards to their emotional state. It can be used to allow clients to know how their emotions may change. If their anxiety levels are elevated, then clients can be led through some activities to learn regulation. It is also a great tool to track client change throughout therapy. One client stated that this was one of the most powerful things she had ever experienced. When we compared her BMS from the initial stages of therapy, to one that she completed after several sessions, she was delighted to notice how much she had actually changed.

Common presenting problems

Clients come to counselling for a variety of reasons. My practicum experience has provided me with the opportunity to work with clients who present a myriad of problems, the most common of which were anxiety and depression. I believe my approach has been a good fit for these clients. Many of the interventions I use are drawn from Acceptance and Commitment Therapy (ACT). ACT uses six core principles as a framework from which to approach counselling, and provides a balanced blend of cognitive work and emotional regulation. Mindfulness is a key element that is weaved into the various principles of ACT. Mindfulness, the ability to be in the present, has been demonstrated to be an integral part of regulation (Siegel, 2007). I have also worked with clients who presented with various histories of trauma, for which mindfulness strategies have proven to be very effective basis for therapy.

Most profound learning obtained from my practicum

The most profound thing that I learned in my practicum experience is the importance of meeting clients where they are at, and truly allowing them to be present as the most important person in the room. I've learned not to assume that the initial presenting problem is the real problem clients are dealing with. The therapy process often uncovers deeper things that are at the root of clients may initially present with. As the practicum progressed, I learned to become more client centred. I learned to maintain structure in the session, and yet allow clients to go where they need to go. Another thing that I learned is the mindfulness does not always need to be structured guided mindfulness exercises. If I am regulated, and if I allow myself to truly be present with clients, they naturally become more mindful. For many clients, this may be something they experience very seldom in their lives. When it is experienced, it can be

profoundly life changing for them. As they learn to become more regulated, they also learn to be more in the present.

Integrative Reflection

“The most important tool you have as a helper is your Self” (unknown)

The quote that heads this section highlights the importance of therapist self-awareness in the counselling process. I entered my practicum with a collection of interventions and much anticipation about how and when to use them. As the practicum progressed I found myself using fewer specific interventions, but forming stronger working alliances with clients. In one particular instance, I had seen a client for five sessions and felt that the process was stuck. At the end of the session, I asked the client where he felt he was at, and where he was hoping to go. I was trying to nail down a goal to work on. The client replied that this was the one place in his life that he could come to and be able to just talk about what he needed to process without feeling judged, and without feeling like he had to fit a certain mold. This was an eye-opening experience for me. I realized that I was providing a therapeutic environment that facilitated healing, without being explicit about it.

On another occasion, I was in an initial session with a client, and was simply not feeling any sense of connection. I found myself questioning if I was saying the right things, and not really knowing how to proceed. I fell back on my core counselling skills of empathic listening, prompting, etc. and decided to just see what would happen. I didn't really notice any difference in the client, and fully expected that she would not return for a second session. To my surprise, I received an email from her that evening informing me how much she enjoyed the session, and how much she was looking forward to the next one. I learned that when in doubt, go back to the basics.

Unfortunately, I've also experienced the other side. There were times when I was not grounded, either tired from a busy week, or distracted by something else that was on my mind. I had several clients who did not return, possibly as a result of a poorly developed working alliance.

I've increasingly learned how important it is for me to engage in proper self-care, and to process whatever it is that keeps me from being present. I've learned to take breaks, to go for walks, to recognize transference and counter-transference, and to consult with my supervisor for support when needed.

What I learned about living life more authentically, honestly, or purposefully.

The emotional load that comes with being a counsellor can be smothering at times. Clients come with real life problems that can be extremely debilitating for them. I'm often reminded of what I learned throughout my twelve years of firefighting. I was reminded by a mentor once, that what might seem like a routine call to us, is likely the worst day of someone's life. Likewise, in counselling, what might seem like a routine case, in reality involves a real person in real distress. Counselling has made me count my own blessings, but also taught me to be more mindful in my own daily life. I'm learning to treasure my own existence, and the existence of those close to me. I've come to realize that existentialism doesn't only relate to the future, but also relates to my own existence, right now.

One particular client stands out for me. He came into the first session looking very anxious and nervous. I allowed him to settle in, spent some time on consent, and slowly transitioned into what brought him to counselling. What I heard was a very sad story of someone who had been bullied for years, of someone who was so incredibly lonely and miserable, of

someone who often did not know where to turn, who came to counselling out of desperation. I have rarely felt so drained as I did after this session. I went home that night and hugged every one of my children and my wife. I felt an intense feeling that no one should have to feel like this client did, that I need to treasure each person in my life, and also to make them feel treasured. I went to school the next day, and looked around at all my students, wondering who might be feeling this way, and how I could be more supportive. I learned that helping and supporting others extends way beyond the counselling room. It extends to all of our interaction with others, and even a smile can make a difference. I learned to put my own problems into perspective, that what may seem like a big deal, may not be. Some time ago I read *Born for Love* by Bruce Perry and Maia Szalavitz (2010). This client really brought this home for me. Love is indeed a fundamental human need. As a Christian, it reminded me of the words of Jesus Christ: “A new commandment I give unto you, that ye love one another; as I have loved you, that ye also love one another” (John 13:34, KJV).

Looking Forward

My Self-Care Strategies

I have engaged in many different hobbies in my life that have served as effective self-care mechanisms. I’ve learned that whatever self-care strategies I engage in, as long as they allow me to do things that don’t involve strong emotion, they help me to process my emotions. Having said that, in the past few years, my family has been actively involved in riding and training horses. I’ve worked with animals my whole life, but I’m discovering that horses are an incredibly powerful tool that can be used to facilitate the release pent up emotions. The social nature of horses creates a relationship between horse and handler that surpasses any human-animal connection that I’ve ever experienced. I intend to continue to ride and train. It is also a

great way for me to interact with my family, as we often work together on this. My other self-care involves another dimension of nature. I've been a hunter and outdoorsman for many years, and hope to continue this lifestyle. Hunting is a very focussed activity and creates a strong connection to our primal roots of subsistence living. I hunt with my children, and the experience of hunting is a tradition that I hope will be passed on to the next generation.

My Professional Development Plan

My professional development is integrated with my self-care, and my love for nature and animals. I've often thought that the best therapy often occurs outside of the counselling room. For this reason, my professional development plan includes goals that blend traditional office type counselling and other methods. Table 1 summarizes my plans for the next several years.

Table 1
Learning Plan Summary

Learning Objective(s):	Planned Activities:	Support/Resources
To become certified in Equine Facilitated Wellness (EFW). This is a multi-year goal:	Certification in AAT is a generally 3-year process. I intend to begin with the introductory training this year.	Equine Facilitated Wellness Canada. (2016). Retrieved from http://www.equinefacilitatedwellness.org
Year 1:	In addition to training, certification involves a number of practicum hours. I'm not sure what my options are for this, so I will need to continue to explore different possibilities.	Options for training: Dreamcatcher Association Home. (2016). Retrieved from http://www.dreamcatcherassociation.com
Year 2: Complete the following two levels	There are several different frameworks of EFW. In addition to completing the necessary workshops, I would like to do some additional reading and discover a style that fits my theory of client change.	Healing Hooves (2016). Retrieved from http://healinghooves.ca
Year 3:	I would also like to compile a list of individuals and agencies that are involved in EFW or Animal Assisted Therapy (AAT) in the Southern Alberta area.	EAGALA Primary site. (2016). Retrieved from http://www.eagala.org
<ul style="list-style-type: none"> • Introductory training in EFW • Explore options for practicum hours 		
<ul style="list-style-type: none"> • Personal equine facilitated wellness workshop. • Focus training part 1 		
<ul style="list-style-type: none"> • Focus training part 3 • Complete practicum • Apply for certification 		As the list of those involved in EFW/AAT develops, they will

all be resources with whom information can be shared.

To complete the three levels of Acceptance and Commitment Therapy training available from Dr. Russ Harris.

I plan to take the first 8-week online workshop this year. The workshop is called ACT for beginners, and begins May 17, 2016.

Acceptance and Commitment Therapy Online training. (2016). Retrieved from <https://imlearningact.com>

I also plan to continue integrating ACT concepts into my counselling.

Completion of this goal will depend on the time commitment required for the EFW goal above. It will also depend on what opportunities arise for EFW practica experience and how much time commitment it will involve.

To read materials on a variety of counselling topics.

I believe therapists need to remain current in as many aspects of the field as possible.

My goal is to continue to read a variety of books, magazines, journals, and blogs.

The following books are currently on my reading list. I intend to finish them this year:

Shambo, L., Young, D., & Madera, C. (2013). *The listening heart: The limbic path beyond office therapy*. Chehalis, WA: Human-Equine Alliances for Learning.

Parnell, L. (2008). *Tapping in: A step-by-step guide to activating your healing resources through bilateral stimulation*. Boulder, CO: Sounds True.

Duncan, B. L., Miller, S. D., & Sparks, J. A. (2004). *Heroic client: A revolutionary way to improve effectiveness through client-directed, outcome-informed therapy* / Barry L. Duncan, Scott D. Miller, Jacqueline A. Sparks. San Francisco, CA: John Wiley & Sons.

I also intend to read the CCPA newsletters that are published quarterly.

Personalized Conclusion

I'm thankful every day for having had a career that allows me to work with so many amazing people. Fifteen years of teaching and counselling has been very instrumental in my personal and professional development. I've learned so much from students, colleagues, and other mentors. I believe I've made a difference in many people's lives, and I'm grateful for the opportunities I've received to do so. Looking forward to the future, I'm excited to continue giving and taking. I hope to give where needed, to help where I can, but also to learn from others. I look forward to enriching my own life and the lives of those with whom I will interact in the future.

My advice to future M.C. students as they embark on their practicum journey is to slow down. Being a M.C. student involves a lot of fast paced and intense work. Now it's time to slow down and truly learn how to regulate. Interventions are abundant and it may be tempting to want to build your intervention toolbox as much as possible. However, it is not only the intervention that makes the difference. It is the process, and it is who the therapist is in that process. In addition to that, take the time to interact with as many experienced counsellors as you can. There are many gems that are in the trenches every day. Each one is special and unique, and you can learn from them all. You will find out soon enough, that you learn from them, and they learn from you, and that is the beauty of this profession. We are all in it together. Therapists, mentors, supervisors, professors, and clients work together to create change, one step at a time.

References

- Corey, G. (2009). *Theory and practice of counseling and psychotherapy* (8th ed.). S.I.: Brooks/Cole.
- Cross-Disorder Group of the Psychiatric Genomics Consortium. (2013). Identification of risk loci with shared effects on five major psychiatric disorders: a genome-wide analysis. *The Lancet*, *381*(9875), 1371-1379. doi:10.1016/S0140-6736(12)62129-1
- Duncan, B. L., Miller, S. D., Sparks, J. A., Claud, D. A., Reynolds, L. R., Brown, J., & Johnson, L. D. (2003). The session rating scale: Preliminary psychometric properties of a "working" alliance measure. *Journal of Brief Therapy*, *3*(1), 3-12. Retrieved from <http://www.scottdmiller.com/wp-content/uploads/documents/SessionRatingScale-JBTv3n1.pdf>
- Grad, F. P. (2002). The preamble of the constitution of the world health organization. *Bulletin of the World Health Organization*, *80*(12), 981-984.
- Johnson, L. D., Miller, S. D., & Duncan, B. L. (2000). *The Session Rating Scale 3.0*. Chicago: Author.
- McLeod, S. (2008). Person Centred Therapy - Simply Psychology. Retrieved from <http://www.simplypsychology.org/client-centred-therapy.html>
- Mills, J. (2003). Existentialism and psychoanalysis: From antiquity to postmodernism. *Psychoanalytic Review*, *90*(3), 269-279. doi:10.1521/prev.90.3.269.23621

- Milton, M. J. (1993). Existential thought and client centered therapy. *Counselling Psychology Quarterly*, 6(3), 239. doi:10.1080/09515079308254118
- Payne, P., Levine, P. A., & Crane-Godreau, M. A. (2015). Somatic experiencing: Using interoception and proprioception as core elements of trauma therapy. *Frontiers in Psychology*, 6, 93. doi:10.3389/fpsyg.2015.00093
- Penedo, F. J., & Dahn, J. R. (2005). Exercise and well-being: A review of mental and physical health benefits associated with physical activity. *Current Opinion in Psychiatry*, 18(2), 189.
- Roscoe, L. J. (2009). Wellness: A review of theory and measurement for counselors. *Journal of Counseling & Development*, 87(2), 216-226. doi:10.1002/j.1556-6678.2009.tb00570.x
- Sandhu, D., Shafiq, H., & Singh, B. (2013). Physical activity and mental health. *Indian Journal of Health and Wellbeing*, 4(5), 1137. Retrieved from <http://search.proquest.com.ezproxy.alu.talonline.ca/docview/1615264129?pq-origsite=summon>
- Schmidt, C. W. (2007). A deeper look into mental illness. (environmental connections). *Environmental Health Perspectives*, 115(8), A404. Retrieved from <http://go.galegroup.com/ps/i.do?id=GALE%7CA170116458&sid=summon&v=2.1&u=leth89164&it=r&p=HRCA&sw=w&asid=ed3acfd983d35c849af0137fd7ea8f6a>
- Siegel, D. J. (2007). Mindfulness training and neural integration: Differentiation of distinct streams of awareness and the cultivation of well-being. *Social Cognitive and Affective Neuroscience*, 2(4), 259-263. doi:10.1093/scan/nsm034

Siegel, D. J. (2010). *The mindful therapist. A Clinician's Guide to Mindsight and Neural.*

Social Determinants of Mental Health (2014) World Health Organization and Calouste

Gulbenkian Foundation. Retrieved from

http://apps.who.int/iris/bitstream/10665/112828/1/9789241506809_eng.pdf

Szalavitz, M., & Perry, B. D. (2010). *Born for love: Why empathy is essential-- and endangered.*

New York: William Morrow.

Thompson, R. A. (1994). Emotion regulation: A theme in search of definition. *Monographs of the Society for Research in Child Development*, 59(2/3), 25-52. doi: 10.2307/1166137

Uher, R. (2013). The changing understanding of the genetic and environmental causes of mental illness. *Canadian Journal of Psychiatry. Revue Canadienne De Psychiatrie*, 58(2), 67.

Retrieved from <http://search.proquest.com/docview/1317896029?accountid=12063>

Worrell, M. (1997). An existential-phenomenological perspective on the concept of 'resistance' in counselling and psychotherapy. *Counselling Psychology Quarterly*, 10(1), 5-15.

doi:10.1080/09515079708251407