

*Best Practice Guidelines:
Therapeutic
Considerations When
Working With Immigrants*

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Vancouver & Lower Mainland
Multicultural Family Support Services
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VLMFSS



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***Enhancing Wellness and Crime Prevention in the Pandemic Among Immigrant
Youth and Women Survivors of Violence:
Development of an Interactive Mentoring Application (APP)***

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Land Acknowledgement

The Vancouver & Lower Mainland Multicultural Support Services Society respectfully acknowledges that we live, work and play on unceded Coast Salish territory, shared by the Musqueam, Squamish, Qayqayt, Katzie, Semiahmoo, Kwantlen and Tsleil-Waututh Nations.

As an immigrant, refugee and visible minority serving agency, we offer our solidarity and support as we strive for a more respectful collaboration and partnership with all peoples towards our collective path for Truth, Healing and National Reconciliation.

Purpose and Scope

The purpose of this report is to provide guidelines for a standardized clinical counselling protocol for counsellors working with the immigrant population. These guidelines have been developed specifically in conjunction with the research project: *Enhancing Wellness and Crime Prevention in the Pandemic Among Immigrant Youth and Women Survivors of Violence: Development of an Interactive Mentoring Application (APP)*.

Overall, this report comprehensively addresses the cultural values, beliefs, and their implications for mental health within this demographic. While it's crucial for social services organizations to understand culturally sensitive care and the effects of trauma on immigrant populations, it is also essential to clarify that these best practices guidelines are not a substitute for trauma therapy. Rather, the intention is to establish and provide a supportive environment that reduces the risk of re-traumatization and delivers solution focused, strengths-based care as required. Therefore, the guidelines outlined in this report focus on practice and standards of care for participants in focus groups.



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Background

This resource reflects reviews of articles published since 2003, including literature from Europe, the United States, Australia, and Canada. However, specific attention was given to research and information from Canadian government websites, reports, and published articles. Additionally, practitioners from the Lower Mainland of British Columbia, Canada, were given the opportunity to review the guidelines outlined in this report. Their feedback was appreciated and has since been incorporated into this resource.

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Review

Members of the Enhancing Wellness - M4Y Project Team reviewed and provided feedback to assist with the development of the Best Practice Guidelines:

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Practice Recommendations and Standard of Care Outline

1. Maintain a client-centred approach.
2. Adhere to the ethical principles contained within the BC Association of Clinical Counsellors' (BCACC) Code of Ethical Conduct.
3. Maintain self-awareness of personal biases, limitations, and boundaries.
4. Provide a strengths-based approach.
5. Demonstrate a working knowledge of trauma informed care.
6. Educate yourself on the respective population being worked with and challenge any possible biases and barriers to care.
7. Ensure you are aware of possible resources available for participants (e.g., counselling, shelter, employment, education) and have a list available for relevant staff.
8. Collaborate with other professionals for the best possible care of participants.
9. Clearly inform participants of the process.
10. Consider participants' dialect and language proficiency.
11. Provide co-regulation through body language, tone, and presence.



Collectivist Cultures

In collectivist cultures, the needs of the group are prioritized over the needs of an individual, emphasizing harmony over autonomy. Conversely, individualistic cultures prioritize the goals of an individual over the group. In other words, collectivism promotes selflessness and interdependence, while individualistic cultures encourage self-focus and independence. This cultural contrast reflects differing social orientations, which can be characterized by the balance between independence and interdependence (Varnum et al., 2010). Please see table 1 below.

Table 1

Social Orientation Patterns

	Independent Social Orientation	Interdependent Social Orientation
<i>Values and Beliefs</i>	Individualism	Collectivism
<i>Self</i>	Autonomy	Harmony
	Independent self-construal	Interdependent self-construal
	Personal social identity	Relational social identity
	Self as bounded	Self as overlapping with close others
<i>Emotions</i>	Higher propensity of socially disengaging emotions	Higher propensity of socially engaging emotions
<i>Motivation</i>	Happiness as a disengaging emotion	Happiness as an engaging emotion
	Individual achievement	Achievement for in-group
	Self-enhancement	Self-criticism
	Ego-inflation	Self-other interconnection

Note. From Varnum, M. E., Grossmann, I., Kitayama, S., & Nisbett, R. E. (2010). The origin of cultural differences in cognition: Evidence for the social orientation hypothesis. *Current directions in psychological science*, 19(1), 9–13.

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Varnum and colleagues (2010) highlighted another significant cross-cultural finding: a difference in thinking and perception. Specifically, they highlighted that collectivist cultures tend to adopt a holistic approach to cognition, contrasting with the analytical approach favoured by individualistic cultures. Please see table 2 below.

Table 2

Cognitive patterns

	Analytic Cognition	Holistic Cognition
<i>Attention</i>	Field independent Narrow Focus on salient objects with intent to manipulate them	Field dependent Broad Focus on relationship of elements, background
<i>Categorization</i>	Taxonomic, focus on a single dimension or shared property	Thematic, focus on functional relationship or overall similarity
<i>Attribution</i>	Dispositional	Situational
<i>Reasoning</i>	Traits and attributes of individuals determine events Analytic Use of formal logic Trends continue	External forces, context, and situations determine events Dialectical Middle way philosophy Trend reversals are likely

Note. From Varnum, M. E., Grossmann, I., Kitayama, S., & Nisbett, R. E. (2010). The origin of cultural differences in cognition: Evidence for the social orientation hypothesis. *Current directions in psychological science*, 19(1), 9–13.

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Being part of a collectivist culture offers several advantages, including increased empathy, a greater sense of support, and enhanced unity and harmony. Specifically, people in collective cultures tend to prioritize others' needs, fostering a heightened sense of empathy. Additionally, they benefit from access to extensive networks of extended family and friends, which contributes to a strong feeling of support. This emphasis on the group dynamic ultimately promotes a sense of harmony and togetherness.

However, collective societies also have drawbacks. For instance, they may discourage self-expression and diversity, as conformity to group norms is often prioritized over individuality. Furthermore, there may be less focus on personal development, as the focus tends to be on the well-being of the group rather than individual growth.



Therefore, one difference to consider when working with people from a collective culture is their approach to emotional expression. Members of this group are often more likely to conceal emotion and avoid conflict, as such behaviours are encouraged by the group. Additionally, they are more likely to address problems within the confines of the family. For instance, if someone from a collectivist culture experiences domestic violence, the family may attempt to resolve that among themselves. However, if the problem remains unresolved within the group, it can leave the victim feeling isolated. Speaking outside of the family network is not encouraged, thereby leaving vulnerable people feeling stuck.



The Ways Collective Cultural Values Shape Mental Health Behaviours

Stigma

In collective cultures, there may be a tendency to perceive mental health more negatively, resulting in people not sharing their feeling out of fear of social ostracism. According to Ahad and colleagues (2023), collectivist cultures may perceive mental health concerns through various lenses, including:

- Personal weakness and/or lack of self-control.
- Spiritual or supernatural causes.
- Form of divine punishment.

These perceptions, as found by the authors, contribute to high levels of stigma towards the affected person and/or their family. Consequently, this stigma can lead to increased feelings of shame, and may result in people avoiding support or delaying treatment.

Symptoms

Symptoms of mental health concerns may manifest more prominently on a somatic level for those from collectivist cultures. For instance, people may report experiencing persistent migraines or other physical pains, yet struggle to recognize that these symptoms are connected to their mental health. Instead, they might attribute feelings of frustration, stress, or mental health symptoms solely to external factors.

Community Support

The availability of supportive network of friends and family can significantly influence a person's ability to seek and receive help.

Resources

However, it is important to note that the capacity to seek support may hinge on factors such as financial constraints, language barriers, and the availability of culturally appropriate resources.



Trauma Informed Care: A Strengths-Based Approach

What is Trauma Informed Care?

Trauma informed care involves understanding an individual's lived experiences and recognizing how those experiences have, or could have, influenced them. This understanding is then used to facilitate their healing journey through empowerment and strength-based approaches.

According to Miller et al. (2019), a fundamental principle of trauma-informed care is the significance of building trusting relationships. These relationships serve as protective buffers against toxic stress, emphasizing the importance of supportive connections in the healing process (Miller, 2019). Additionally, trauma informed practitioners are adept at identifying trauma symptoms and take measures to prevent re-traumatization.

Considerations of Trauma Informed Care when Working with Immigrants

1. Create a sense of physical and emotional safety.
2. Implement culturally responsive treatment approaches.
3. Foster an immigrant friendly environment by providing resources and signage in reflective languages. Additionally, ensure positive experiences in waiting rooms and reception areas, among others, to build trust and safety.
4. Consider the impact of trauma on immigrant persons and understand how it manifests in their lives now. Given their reluctance to seek help, screening measures like the Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder 7-item scale (GAD), and the Screen for Child Anxiety-Related Emotional Disorders (SCARED) can be valuable tools for diverse populations, including those experiencing language barriers.
5. Utilize a strengths-based approach* by focusing on participants' abilities to draw on internal and external strengths they used to survive traumatic experiences (Miller et al., 2019). Moreover, highlight to personal and familial strengths to empower people.

*For further insight into strengths-based approaches to care with immigrant populations, as outlined by Miller et al. (2019), please refer to table 3 below.



Table 3*Strengths-Based Approach to Care: Clinical Examples*

Clinical Skill	Example
Lead the social history or psychosocial assessment with questions about family and patient strengths	“Tell me a little bit about yourself. What are some things that you’re really proud of?” “What is something you’re good at?”
Gather information about family supports, and strengthen those relationships when possible	“If something difficult were to happen, who would be available to help?” “If something really good were to happen, who would be cheering for you?”
Congratulate survivors and families on progress or accomplishments	“I’m so glad to hear that you are smoking fewer cigarettes—that’s wonderful! That’s a really challenging task. I can tell that you really care about your kids and are motivated to get their asthma under control. You should be really proud of your hard work.”
Acknowledge specific strengths, without stereotyping or making assumptions about religious, ethnic, or cultural groups	“That’s pretty great that you speak both English and Spanish. It’s a huge advantage when looking for jobs or applying to college—make sure to put that on all your applications.” “It sounds like your extended family is very close. I’m glad you have so much support available—it’s really important when taking care of your children and yourself. You should be proud of all the effort you’ve put into keeping those relationships strong.”
Help patients and families build on past success to continue to build resilience	“It sounds like it was really challenging to cut out soda for the whole family, but you’ve done it for a whole month now! That is really going to set a healthy example for your kids. What would be another step that you could take as a family to help Dad manage his diabetes?”

Note. From Miller, K. K., Brown, C. R., Shramko, M., & Svetaz, M. V. (2019). Applying trauma-informed practices to the care of refugee and immigrant youth: 10 clinical pearls. *Children*, 6(8), 94. <https://doi.org/10.3390/children6080094>



Practice Recommendations and Standards of Care

1. Maintain a client-centred approach. According to Sue et al. (1992), there are core competencies that make up a client-centred approach for multicultural clients:
 - A counsellor must have an understanding or knowledge of the client's experience as a culturally different person. When a counsellor is able to understand a client's worldview, this will allow for a catered culturally appropriate approach.
 - A counsellor must be mindful of their own assumptions about culturally diverse people. When learning and understanding a client's worldview, one may become aware of their beliefs or attitudes towards their cultural group. Also, consider whether you belong to the more dominant group and how that could impact the therapeutic relationship (Quinn, 2013).
 - A counsellor must provide culturally appropriate therapeutic interventions and skills. To do this, a counsellor would need to look beyond Western therapeutic approaches and provide counselling in accordance with the client's beliefs and values.
2. Adhere to ethical principles within the BCACC (2023) standards of practice. All counsellors should ensure they are familiar with and abide by the BCACC or Canadian Counselling Psychology Association guidelines.
3. Maintain self-awareness of personal biases, limitations, and boundaries. It is crucial to acknowledge how one's biases and values may influence or hinder a therapeutic relationship. Seeking further education and networking opportunities can be instrumental in addressing these limitations, biases, and boundaries, ensuring a more effective and culturally competent practice.
4. Provide a strengths-based approach. A strength-based perspective emphasizes clients' strengths and resources rather than focusing solely on problems or deficits. Specifically, it involves recognizing clients emotional, relational, thinking, and executive strengths:
 - Emotional Strengths: Focus on times that the client effectively managed their emotions.
 - Relational Strengths: Focus on the client's supportive and engaging relationships.
 - Thinking Strengths: Focus on the client's productive and critical thinking skills.



- Executive Strengths: Focus on the client's ability to follow through and their various successes.
5. Have a working knowledge of trauma-informed care. When working with immigrant families, it's essential to operate within a trauma-informed care framework. Migration entails significant transitions, including changes in personal ties, socioeconomic systems, and cultural contexts (Kirmayer et al., 2011). Consideration should be given to these transitions and past traumas, which may manifest as loss of family, culture, and language, as well as experiences of familial role changes, isolation, violence, and racism in their new country. All these factors profoundly influence their overall experience and functioning.
 6. Educate yourself about the respective population you are working with and challenge any potential biases and barriers to care. Be mindful of biases or rigid beliefs towards the group you are serving. Continuously evaluate and challenge your own thoughts and perspectives. Seek out support and education when necessary to provide the best possible, low-barrier care.
 7. Be knowledgeable about resources available for participants, such as counselling, shelter, employment, and education, to help bridge the gap between services. Immigrant families may carry traumatic experiences that affect their trust or engagement with various services, and they may be unfamiliar with accessing services in a new environment (Miller et al., 2019).
 8. Collaborate with other professionals to ensure the best possible care for participants.
 9. Working together allows for the sharing of perspectives and expertise, enabling a comprehensive understanding of the client's needs. Additionally, case consultation is valuable for sharing information and developing the best possible plan for each participant.
 10. Clearly inform participants of the process. Providing clients with information about the process and confidentiality helps build safety and trust in the therapeutic relationship.
 11. Consider participants' dialect and language proficiency. Recognize how accents and English language proficiency may affect communication. Create a space where participants feel comfortable asking questions and offer easily understood language. Be mindful of your own tone and speaking pace.
 12. Provide co-regulation through body language, tone, and presence. As a counsellor, it is crucial to be attuned to the client's emotional shifts and adapt your interactions to support their emotional state. Prioritize regulating yourself first and remain aware if your ability to help regulate the client is shifting.



Practical Considerations

Confidentiality

As mentioned previously, immigrants from collectivist cultures often refrain from discussing hardships with those outside their family system. Therefore, to enhance participants' sense of security and ability to share, consider dedicating more time to explaining the concept of confidentiality. Additionally, engage in discussions about their role in maintaining confidentiality in group sessions. This approach can help promote a sense of safety for sharing among participants.

Safety Plan

Before commencing group sessions, it could be beneficial to have participants create safety plans as part of the initial documentation process (see Appendix A). This consideration ensures that participants have personalized strategies in place to manage any potential challenges or crises that may arise.

Window of Tolerance

When working with participants, it is crucial to consider their capacity to engage effectively, especially if they come in feeling stressed. Stress can significantly impact their ability to answer questions and fully participate in the session. When working with a group, incorporating a grounding exercise at the beginning can be highly beneficial. This practice will help increase the *window of tolerance* of all participants.

The concept of the window of tolerance, developed by Dr. Dan Siegel, describes the “optimal zone of ‘arousal’ for a person to function in everyday life” (National Institute for the Clinical Application of Behavioural Medicine [NICABM], n.d., para. 4). When people are in this zone, they can effectively manage challenges and maintain a calm, balanced state of mind. They feel relaxed, in control, and capable of function efficiently. However, when working with people who have experienced trauma, understanding the concept of the window of tolerance becomes crucial. Exceeding a person's window of tolerance too quickly can result in overwhelm and render the participant unable to complete the task effectively (NICABM, n.d.).

To see an infographic of the window of tolerance, please refer to Appendix B.

Grounding Exercises

1. Grounding exercises to increase a person's window of tolerance (see Appendix C).
 - Somatic exercises.



- Progressive muscle relaxation
 - Guided visualization.
 - YouTube video.
 - Read out resource for guided relaxation (e.g., Light Stream).
 - Offer comfort.
 - Food.
 - Warmth.
 - Consistency.
 - Group icebreaker.
2. If a participant requires a break from answering questions, it is important to consider an exercise that can help them feel grounded. Additionally, you can try using a scaling question (e.g., “On a scale of 1 to 10, how do you feel right now?”), with the intention of providing them with what they need in that moment to move forward and feel better. It is essential to avoid taking a deficit- based approach, instead focusing on empowering participants and meeting their needs in a supportive manner.
 3. Have a closing grounding exercise.
 4. Consider debriefing any participant who may need it. This provides participants with the opportunity to reflect on their experience and process any emotions or insights that arose during the session.

Scenarios

Participants may experience uncomfortable feelings and emotions during the focus group. These feelings can be guided by the therapist through mindfulness and grounding exercises, before or after the group. However, due to the sensitive nature of the focus groups, more intense feelings may arise, such as uncontrollable emotions and/or dissociation. The following are examples of what may arise, but not limited too, as there is some level of unpredictability.

1. A member in the focus group is beginning to look like they are dazed or distracted. It is possible that they are overwhelmed and starting to dissociate. This happens when someone has an overload response connected to their trauma.

Suggestion

Have the whole group participate in an interactive grounding exercise to help bring the participant and possibly other participants back to baseline. For example, having a ball and playing pass in a circle and whoever catches the ball says something.



Suggestion

Ask the participant to leave the group and have a check in with the counsellor.

The counsellor does a quick assessment and provides a grounding exercise. The participant should not leave until they have a sense of presence. A quick way to bring someone back to the present moment would be through sensory exercises. For example, have them hold ice, wrap themselves in a warm blanket, or put their bare feet on the ground and see how that feels. Ask the client to practice once they are home, whether it be a mindful shower or mindful eating (eat an orange and engage all your senses).

2. A member of the group is becoming emotional and weepy. They are not able to answer any questions, participate and/or stay engaged.

Suggestion

This may disrupt other participants, and the group may need to take a break and/or do another grounding exercise.

Suggestion

Have the client see the counsellor. The counsellor can provide solution focused brief therapy. First, provide validation on how difficult the situation may be for them.

Second, focus on the present time and use somatic or mindful strategies to get them to calm their body down. Next, determine with the client what things have worked in calming them in the past and to continue practicing those when at home.

3. A participant is becoming rude, sarcastic or hurtful to other participants.

Suggestion

The facilitator can remind the participant of the rules regarding respecting one another. Have them go see a counsellor if they continue to be disruptive and are unable to follow rules.

Suggestion

Have the participant see the counsellor. From a trauma perspective, it is likely the participant is being triggered by something someone has said or done. However, you do not want to start processing trauma due to the nature of the focus group and lack of time. Instead focusing on some somatic work. One way to do this would be to focus on their body sensations during the focus group and what they are noticing about their body (for example, clenched fists, holding breath, moving legs). Then the counsellor can help the participant work on noticing those signs and finding strategies to self soothe before engaging with the group.



4. Participants may not want to share and be generally quiet.

Suggestion

This may be connected to the collective cultural experience of not talking about household problems with strangers. Have participants do a good number of connecting exercises before the start of focus groups, this will build rapport and relatability amongst the group.

5. Language interpretation: Even though a client may be fluent in English, their interpretation or understanding may be varied.

Suggestion

Clarify and define words and phrases. For example, “anxiety”, explain what anxiety is but also give examples of how people experience anxiety. Don’t assume that everyone in the group knows what you are asking, use examples to explain. Also, refrain from using phrases like “knock on wood”.

6. How to reintegrate a participant’s readiness to go back into the group or go home?

Suggestion

Have a scaling system. Ask the participant when you first speak to them on a scale of 1 to 10 (10 being the worst) how upset they are. Before sending the participant home or back to the group, ask what number they are at. If they decrease to a reasonable amount, allow them to go. However, if they go from a 10 to a 9, ask them what they need to get it to a 7, and go from there.



Youth Specific Considerations

Potential Sources of Trauma for Immigrant Youth (Miller et al., 2019, pp. 5–6):

- Anxiety about the possibility of parental deportation or safety of family members in the country or origin;
- Family separation, either planned separation due to immigration logistics or separation as a result of immigration policy or detention;
- Bullying or victimization at school;
- Physical or sexual abuse;
- Dangerous conditions during migration;
- Family conflict or intrafamilial violence;
- Unsafe neighborhoods or gun violence (in country of origin and after relocation);
- Racism and microaggressions (both in country of origin and after relocation).

It is crucial for professionals working with immigrant youth to have an understanding of various traumas and risk factor specific to this population. This knowledge enables them to prevent re-traumatization and adopt a client-centred approach to their work.

Using Two Generational Support Strategies

Research conducted by Zhou et al. (2022) demonstrates a positive correlation between high levels of family involvement and improved well-being among immigrant youth through supportive family ties. Given the collective culture's reliance on community support, preserving these cultural value systems can be highly beneficial.

Families who have immigrated to a new country often share common experiences and familial traumas, which can foster a sense of relatability and support among immigrant teens. Research, as indicated by Miller et al. (2019), highlights a significant number of youths experience a decrease in adult protection upon migration (Miller et al., 2019). This shift occurs because parents are now increasingly relying on their children to navigate language and cultural barriers, rendering the youth vulnerable to adultification.

Moreover, immigrant families generally have reduced access to community support compared to their home country. Parents and caregivers grapple with acclimating to new systems and addressing settlement needs, thereby necessitating support to navigate unfamiliar policies and systems. Such assistance enables parents to uphold adequate levels of protection for their children.



Lastly, when families immigrate to Western cultures, youth may begin to adopt more individualistic behaviours, potentially leading families to emphasize cultural-orientated values (Miller et al., 2019). Parents and caregivers may seek parental coaching during transitional period, as they are likely unfamiliar with the behavioural changes exhibited by their teenagers.

The Struggles Between Collectivism and Individualism

For children or youth coming from a collectivist background, adjusting to a country where individualistic values prevail can be a significant culture shock. In Western schools, the emphasis is often placed on youths creating goals specific to their self-growth, desires, and wants, which may conflict with their accustomed collective ways of thinking. Parents, fearing the loss of their children to Western culture, may push them toward more culturally-oriented behaviours. Consequently, youths may grapple with internal conflict, torn between what they want for themselves and familial expectations. Moreover, they may struggle to convey their family's norms and expectations to their friends and peer groups.

Strengths-Based Approach

A strength-based approach believes that children and youth are inherently resilient. Immigrant youth have relied heavily on their external and internal strengths to navigate their past experiences, drawing upon their capacity and resilience to endure hardships. Additionally, they may lean on community and ethnic resiliency (Miller et al., 2019). However, for youths who have experienced trauma, identifying their strengths can be challenging. Therefore, by assisting them in recognizing their strengths—such as active listening, participation in sports, reading, helping with childcare or household tasks—we can reframe their experiences and validate internal assets (Quinn, 2013).



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Appendix A

Safety Plan



My Safety Plan



Image credit: Adobe Stock

Summary: A safety plan can help keep you safe, if you are feeling overwhelmed and/or having thoughts of ending your life. Try answering these questions and see if it helps. It's important to share this plan with family and friends close to you, so they can support you.

What is a Safety Plan?

A safety plan can help keep you safe, if you are feeling overwhelmed and/or having thoughts of ending your life. During a time when you are feeling calm, try answering these questions that ask about triggers and stresses, and possible ways to cope, so that if you are faced with a stress later on, you will have some ideas to try out. As you learn more about what works or doesn't work, it's natural that the safety plan will change and improve over time. Ask your support network (such as trusted adults, parents, relatives) to take a look at the plan, so that they can support you.

My triggers

What are my top triggers or stresses?

My Warning Signs

What are my warning signs that tell me I'm starting to get overwhelmed?

- Thoughts (e.g. thinking negatively)
- Emotions (e.g. feeling mad, sad, irritable)
- Body sensations (e.g. head starts to hurt, feeling sick to my stomach)
- Behaviours (e.g. withdrawing from other people; sleeping all the time)



What can others do if I'm getting overwhelmed? (e.g. do listen, empathize and validate, don't get upset at me, etc.)

My Coping and Distraction Strategies

When I'm starting to get upset, what are some helpful things that will help me cope, or take my mind off the problem? (for example, going for a walk, calling a close friend to just vent, watching a movie, sleeping)

When I'm completely overwhelmed, what helps? (for example, going to my room and having a good cry)

Reasons for Living

Who are the people or creatures I live for? (for example: mother, father, brother, sister, friends, relatives or pets)

What are other things I have to live for? (for example: remembering that things will get better one day, future goals like school, career, travel or family goals)

Sometimes, when people are feeling sad, they have a hard time seeing the reasons for living. If this is the case for you right now, what are some reasons that others might point out for you?



Supports

Who can I turn to for support?

- E.g. people that can help distract me
- E.g. people that can listen to me and accept me no matter what
- E.g. people that can help with practical things, e.g. taking me to appointments

Crisis and Online Support

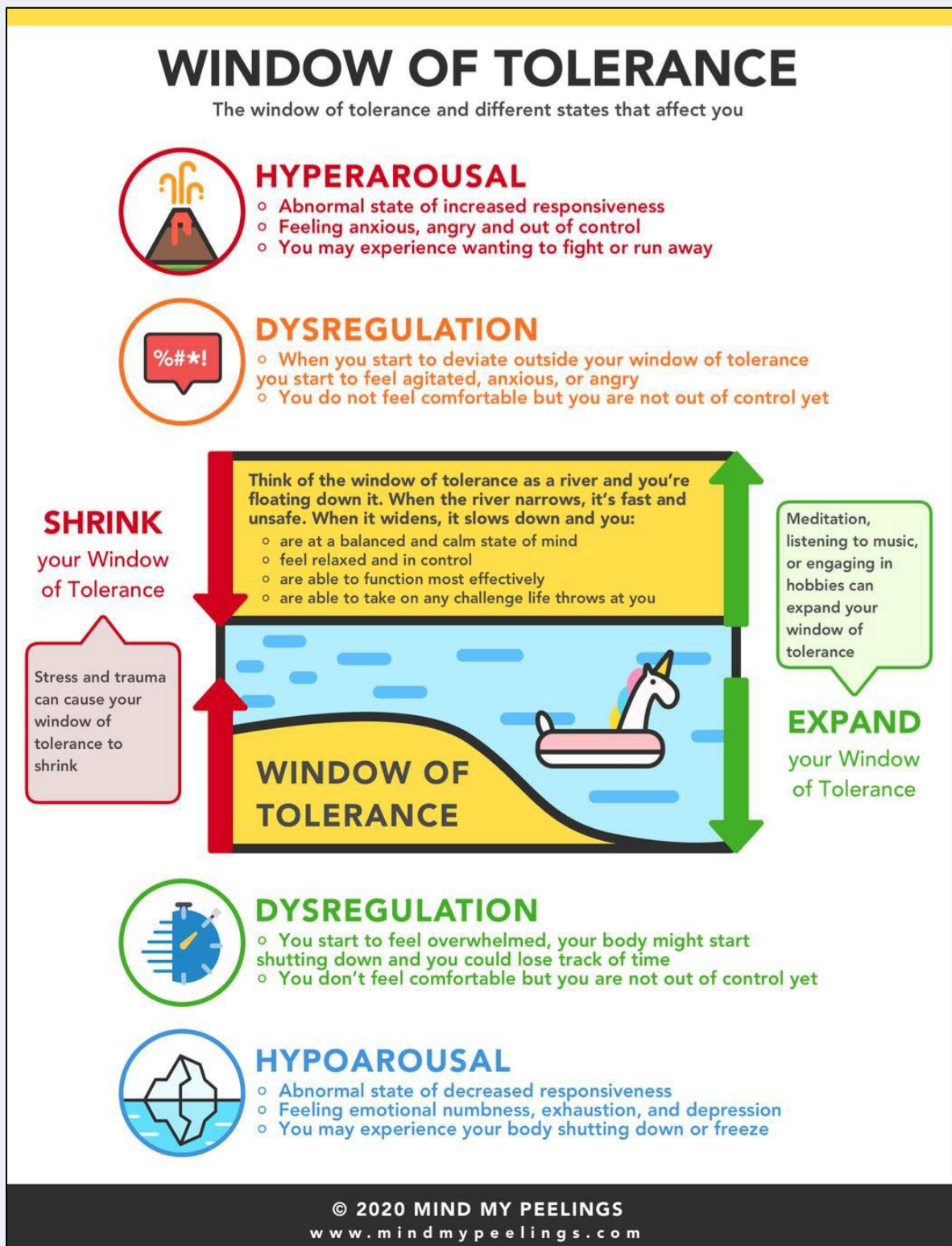
In case of a crisis, who can I call? E.g. mom, dad, and other caring adults.

For example

- For children/youth, KidsHelpPhone is available anywhere in Canada at 1-800-668-6868
- For adults, find local crisis services at <http://suicideprevention.ca/need-help/> or calling 211

Appendix B

Window of Tolerance



WINDOW OF TOLERANCE AWARENESS WORKSHEET

Identify, recognize the symptoms you experience and build awareness



For HYPERAROUSAL, check all the symptoms you experience and enter the level of severity from 1 to 5 (one is the least severe and five is extreme and paralyzing):

- Abnormal state of increased responsiveness
- Feeling anxious, angry and out of control
- You may experience wanting to fight or run away

HYPERAROUSAL

- | | | | |
|-------------------------|--------------------------|-------------------------|-----------------------------------|
| <input type="radio"/> — | Anxiety | <input type="radio"/> — | Addictions |
| <input type="radio"/> — | Impulsivity | <input type="radio"/> — | Over-Eating |
| <input type="radio"/> — | Intense Reactions | <input type="radio"/> — | Obsessive Thoughts/Behaviour |
| <input type="radio"/> — | Lack of Emotional Safety | <input type="radio"/> — | Emotional Outbursts |
| <input type="radio"/> — | Hyper-Vigilance | <input type="radio"/> — | Chaotic Responses |
| <input type="radio"/> — | Intrusive Imagery | <input type="radio"/> — | Defensiveness |
| <input type="radio"/> — | Tension | <input type="radio"/> — | Racing Thoughts |
| <input type="radio"/> — | Shaking | <input type="radio"/> — | Anger/Rage |
| <input type="radio"/> — | Rigidity | <input type="radio"/> — | Physical and Emotional Aggression |
| <input type="radio"/> — | _____ | <input type="radio"/> — | _____ |
| <input type="radio"/> — | _____ | <input type="radio"/> — | _____ |



For HYPOAROUSAL, check all the symptoms you experience and enter the level of severity from 1 to 5 (one is the least severe and five is extreme and paralyzing):

- Abnormal state of decreased responsiveness
- Feeling emotional numbness, exhaustion, and depression
- You may experience your body shutting down or freeze

HYPOAROUSAL

- | | | | |
|-------------------------|-----------------------------------|-------------------------|--------------------------------------|
| <input type="radio"/> — | The feeling of being disconnected | <input type="radio"/> — | Decreased Reactions |
| <input type="radio"/> — | No Display of Emotions | <input type="radio"/> — | Shame/Embarrassment |
| <input type="radio"/> — | Auto-Pilot Responses | <input type="radio"/> — | Depression |
| <input type="radio"/> — | Memory Loss | <input type="radio"/> — | Difficulty Engaging Coping Resources |
| <input type="radio"/> — | Feign Death Response | <input type="radio"/> — | Low Levels of Energy |
| <input type="radio"/> — | Numbness | <input type="radio"/> — | Can't Defend Oneself |
| <input type="radio"/> — | Disabled Cognitive Processing | <input type="radio"/> — | Shutdown |
| <input type="radio"/> — | Reduced Physical Movement | <input type="radio"/> — | Can't Say No |
| <input type="radio"/> — | _____ | <input type="radio"/> — | _____ |
| <input type="radio"/> — | _____ | <input type="radio"/> — | _____ |

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Appendix C

Grounding Exercises

Physical Grounding Exercises

1. Pick up or touch items near you

Are the things you touch soft or hard? Heavy or light? Warm or cool? Focus on the texture and color of each item. Challenge yourself to think of specific colors, such as crimson, burgundy, indigo, or turquoise, instead of simply red or blue.

2. Breathe deeply

Breathe 2 breaths in through the nose, then exhale through the mouth.

3. Savor a food or drink

Take small bites or sips of a food or beverage you enjoy, letting yourself fully taste each bite. Think about how it tastes and smells and the flavors that linger on your tongue.

4. Listen to your surroundings

Take a few moments to listen to the noises around you. Do you hear birds? Dogs barking? Machinery or traffic? If you hear people talking, what are they saying? Do you recognize the language?

5. Feel your body

You can do this sitting or standing. Focus on how your body feels from head to toe, noticing each part. Consider:

- your hair on your shoulders or forehead
- the weight of your shirt on your shoulders
- whether your arms feel loose or stiff at your sides
- your heartbeat, and whether it's rapid or steady
- whether your stomach feels full or you feel hungry
- whether your legs are crossed or your feet are resting on the floor
- Curl your fingers and wiggle your toes. Are you barefoot or in shoes? How does the floor feel against your feet?



Progressive Muscle Relaxation Script

Progressive muscle relaxation is an exercise that reduces stress and anxiety in your body by having you slowly tense and then relax each muscle. This exercise can provide an immediate feeling of relaxation, but it's best to practice frequently. With experience, you will become more aware of when you are experiencing tension and you will have the skills to help you relax. During this exercise, each muscle should be tensed, but not to the point of strain. If you have any injuries or pain, you can skip the affected areas. Pay special attention to the feeling of releasing tension in each muscle and the resulting feeling of relaxation. Let's begin.

Sit back or lie down in a comfortable position. Shut your eyes if you're comfortable doing so.

Begin by taking a deep breath and noticing the feeling of air filling your lungs. Hold your breath for a few seconds.

(brief pause)

Release the breath slowly and let the tension leave your body.

Take in another deep breath and hold it.

(brief pause)

Again, slowly release the air.

Even slower now, take another breath. Fill your lungs and hold the air.

(brief pause)

Slowly release the breath and imagine the feeling of tension leaving your body.

Now, move your attention to your feet. Begin to tense your feet by curling your toes and the arch of your foot. Hold onto the tension and notice what it feels like.

(5 second pause)

Release the tension in your foot. Notice the new feeling of relaxation.

Next, begin to focus on your lower leg. Tense the muscles in your calves. Hold them tightly and pay attention to the feeling of tension.

(5 second pause)

Release the tension from your lower legs. Again, notice the feeling of relaxation. Remember to continue taking deep breaths.

Next, tense the muscles of your upper leg and pelvis. You can do this by tightly squeezing your thighs together. Make sure you feel tenseness without going to the point of strain.

(5 second pause)



Progressive Muscle Relaxation Script

And release. Feel the tension leave your muscles.

Begin to tense your stomach and chest. You can do this by sucking your stomach in. Squeeze harder and hold the tension. A little bit longer.

(5 second pause)

Release the tension. Allow your body to go limp. Let yourself notice the feeling of relaxation.

Continue taking deep breaths. Breathe in slowly, noticing the air fill your lungs, and hold it.

(brief pause)

Release the air slowly. Feel it leaving your lungs.

Next, tense the muscles in your back by bringing your shoulders together behind you. Hold them tightly. Tense them as hard as you can without straining and keep holding.

(5 second pause)

Release the tension from your back. Feel the tension slowly leaving your body, and the new feeling of relaxation. Notice how different your body feels when you allow it to relax.

Tense your arms all the way from your hands to your shoulders. Make a fist and squeeze all the way up your arm. Hold it.

(5 second pause)

Release the tension from your arms and shoulders. Notice the feeling of relaxation in your fingers, hands, arms, and shoulders. Notice how your arms feel limp and at ease.

Move up to your neck and your head. Tense your face and your neck by distorting the muscles around your eyes and mouth.

(5 second pause)

Release the tension. Again, notice the new feeling of relaxation.

Finally, tense your entire body. Tense your feet, legs, stomach, chest, arms, head, and neck. Tense harder, without straining. Hold the tension.

(5 second pause)

Now release. Allow your whole body to go limp. Pay attention to the feeling of relaxation, and how different it is from the feeling of tension.

Begin to wake your body up by slowly moving your muscles. Adjust your arms and legs.

Stretch your muscles and open your eyes when you're ready.



Guided Visualization

Light Stream (Shapiro 2001)

The client is asked to concentrate on the body sensations that accompany the disturbance.

Once the client is able to concentrate on the body sensations, the visualization proceeds. The clinician tells the client that this is an imaginal exercise and that there are no right or wrong answers. The clinician then asks the client to concentrate on body sensations. **“Concentrate on the feeling in your body. If the feeling had a shape what would it be?”** After the client responds (e.g., the client might reply, “Round”), the clinician continues with **“And if it had a size, what would it be?”** (The same client might, for example, reply, **“Like an apple.”** The clinician continues this line of questioning by asking about the feeling’s color, temperature, texture, and sound (e.g., **“If it had a color, what would it be?”**). When clients are asked about the feeling’s sound, they are told to simply describe it as **“high-pitched or low;”** otherwise they might become frustrated or anxious by trying to make the sound.

After the client has responded to these questions, he is asked, **“Which of your favorite colors might you associate with healing?”** It is important that the clinician accept the client’s answer – unless it is the same one he offered for the color of the feeling in the body. In this case, the clinician should ask for another color. Once the client identifies a color, the clinician continues as follows:

“Imagine that this favorite colored light is coming in through the top of your head and directing itself at the shape in your body. Let’s pretend that the source of this light is the cosmos: The more you see, the more you



have available. The light directs itself at the shape and penetrates and permeates it, resonating and vibrating in and around it. As it does, what happens to the shape, size, or color?”

If the client indicates that it is changing in any way, the clinician continues, repeating a version of the italicized portion above and asking for feedback until the shape is completely gone, has become transparent, has assumed the same color as the light, or has undergone some other transformation. Change in the image usually correlates with the disappearance of the upsetting feeling. If no change occurs after the second attempt (the client might say, “nothing is happening; the light is just bouncing off”), the technique should be discontinued and another one tried.

After the feeling that accompanies the disturbing material dissipates, the clinician may continue in a slow, soothing tone:

“As the light continues to direct itself to that area, you can allow the light to come in and gently and easily fill your entire head, easily and gently. Now allow it to descent through your neck, into your shoulders, and down your arms into your hands and out your fingertips. Now allow it to come down your neck and into the trunk f your body, easily and gently. Now allow it to descent through your buttocks into your legs, streaming down your legs and flowing out your feel.”

