



ICAPP Newsletter

January 2010

International Conference for the Advanced Practice of Clinical Social Work

Message from Past-President

Helen Hinckley Krackow, LCSW, BCD, DPNAP

It is with sadness that I leave the Presidency of the International Conference for the Advanced Professional Practice of Clinical Social Work. It is also with great confidence that I am passing the leadership on to the capable and dedicated current president, Allen A. Du Mont, LCSW, BCD, DPNAP. I will miss working with our wonderful Board whom I will acknowledge later in this report.

During my Presidency we changed the name of the organization to reflect our desire to be more inclusive of all clinicians practicing in private and agency settings. This was accomplished in our 2005 meeting in Montreal in which I took over the Presidency of Martin Schwartz when he became too ill to continue. ICAPP lost him later that year. The next important change we made was to hire our extremely capable Administrator, Marilyn Paschel, who has been a God-send. She has helped us become well organized and more professional. We have had four beautifully chaired conferences chaired by Florence Lieberman, Allen A. Du Mont, and Janet Faust. Sadly, we have lost Martin Schwartz, Eileen Crosier, and Betty Jean Synar. Several of our past leaders have retired such as Audrey Ferber, Rosemary Tierney, George Toth and Coy Patrick.

I want to thank all our Board members who have helped with various aspects of ICAPP functioning: Henni Fisher, CEU's and Raffles; Jim Donnelly, Membership; Janet Faust, Allen Du Mont, and Florence Lieberman as Conference Chairs, Mary Ellen Forestall Nichols as Hospitality Chair, Allen A. Du Mont, Treasurer; Clara Weeks-Boutilier as Secretary; and Jules Levaggi, Historian and Founding Member. I will be continuing as Newsletter Chair and looking forward to Quebec in June 2010

From the President

Allen A. Du Mont, LCSW, BCD, DPNAP

Dear Members, Friends and Colleagues,

I am pleased to address you as the new President of ICAPP, having accepted this position in the effort to maintain and live up to the standard set by the distinguished and able leaders who have preceded me.

Since our founding in 1960 ICAPP has consistently provided high caliber workshops on the urgent issues of the day utilizing a unique format to enhance the educational experience. Those who have attended can confirm that receiving the papers beforehand enhances their ability to reach a level of understanding not possible when hearing the presentations for the first time. After a 20 minute review of central points in the paper the rest of the time is spent on discussion between and among conference participants and the presenter. The liveliness and incisiveness of the exchange makes the material come alive, often raises new perspectives or applications, making it a rewarding learning experience for all.

This coming year, from June 23 - June 27, 2010 in Quebec City our workshop will focus on "*Show Me the Money: the Clinical Impact of the \$ Crisis.*"

All of us, whether in private or agency based practice, have had to cope with the effects of the financial downturn with our clients and with our own financial survival as clinicians. In depressed economic times, when families undergo increased stress psychotherapy is often one of the first things to go. Even the insured who have to make a small co-payment may decide to end or postpone therapy worried that like a small leak weekly expenditures on "non-essentials" would accelerate depletion of their resources. How this phenomenon has affected the clinical process, our clients, our own approaches and how we have managed it will be the subject our conference explores.

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We welcome proposals from our members and friends in the professional community. Visit our website www.icapp-csw.com for comments on the success of last year's conference.

In addition to what promises to be an exciting educational experience, we are pleased to invite you all to come to Quebec, which has been called the most charmingly European city in North America. Our conference will be held at the Fairmont Le Chateau Frontenac, a world-class luxury hotel in the heart of Old Quebec and overlooking the St. Lawrence River. Visit our website www.icapp-csw.com for a link to magnificent views of this wonderful hotel and location. We have been able to negotiate a special reduced rate of \$209 Canadian which at the date of this writing is \$195.92 U.S. making a stay there comparable in price to moderate accommodations. Le Chateau is within easy walking distance of historic sites, quaint shops and charming restaurants with that Quebecois flair. Included in the conference fee are both a President's Reception on Wednesday night before the conference serving hors d'oeuvres and a Saturday evening banquet with a specially chosen menu with wine. Optional group tours and group dinners are planned as well as hospitality hours serving wine and cheese at designated times.

ICAPP is mindful of the financial challenges we are all facing. Accordingly we have done our best to keep our rates affordable. With all that is included our conference has all the ingredients for a unique and rewarding experience. Perhaps one you will not forget!

We urge all our members and friends to show support for ICAPP and its remarkable contributions through the years by letting your colleagues know of this coming event and asking them to join you in June 2010 in Quebec.



International Conference for the Advanced Professional Practice of Clinical Social Work

49th Annual ICAPP Clinical Conference

QUÉBEC CITY, CANADA — JUNE 23-27, 2010

at the historic **FAIRMONT LE CHATEAU FRONTENAC HOTEL**

"SHOW ME THE MONEY: IMPACT OF THE \$ CRISIS ON THE CLINICAL PROCESS"

"Your Interests vs. the Patient's Interests: A Panel Exploration"

"Turning a Money Resistance into a Transference Strengthening Tool"

"Conflicts Resulting When the Payer is Not the Patient"

"Sliding on a Slippery Slope in the Effort to Survive"

"The Economic Impact on Clinical Social Work Services in Urban Western Massachusetts"

"Ethics and Psychotherapy Economics in a Century of Economic Decline"

"Impact of Budget Cuts on School Social Work Clinical Services"

"Hard Economic Times and Work with Elders"

"Narcissistic and Relationship Fall-Out in the Wall Street Work Force"

REGISTRATION: Members & Speakers: \$425 Non-Members \$475
After April 15, 2010 Members: \$475 Speakers: \$425 Non-Members: \$525
(includes President's Welcome Reception 6/23 and Cocktails & Banquet 6/26) 12 CEUs

CHATEAU FRONTENAC Special Group Rate: **C\$209/night** (single or double)

FOR MORE INFORMATION VISIT OUR WEBSITE: www.icapp-csw.com
or contact Marilyn Paschel at MPaschel@aol.com 718-961-8332

In Memoriam Betty Jean Synar

Audrey Ferber,
a friend through ICAPP

I first met Betty Jean in the early 1980's when she joined ICAPP. In ICAPP we knew we were very fortunate to have her not only join our organization but become a Board Member. She was a very active Board Member for nearly thirty years and made numerous valuable contributions, including a term as President. To know Betty was a special treat. She was always a lady and yet such a down-to-earth woman. She was well grounded, reliable, intelligent, and approachable. I particularly enjoyed our personal time together, sharing a cabin at Eilene Crosier's home north of San Antonio, receiving her support through various professional and personal stresses, sharing a laugh at some of her husband Joe's antics, and delighting in her style both in fashion and personality.

Some of the special times were our ICAPP trips such as to Yugoslavia in 1985 when she gave my niece such wonderful attention, our trip to Brazil in 1987 when we all were impacted with the shock of the numerous street children and the beauty of the country, watching her in her very special relationship with her husband Joe, she was so supportive, loving and caring. Seeing her strength as she dealt with the loss of Joe, the loss of her dear brother, and the ups and downs of the health issues she experienced over the years. She had some of the worst luck with injuries. Exercising on a tread mill and getting injured, trying to catch her runaway little puppy and having the car roll on her foot, completing a wonderful trip with tripping over a suitcase which caused a lot of leg difficulty. She always bounced back until the last couple of years. Somehow I expected her to keep bouncing back in "Betty style". This time she didn't. How sad to think of her not there. Texas and Dallas will always speak "Betty Jean" to me and bring a warm smile to my face.

Betty Jean Synar was a gem. I will remember her with affection and appreciation for the person she was and I know many, many people will be doing the same.

A Tribute and Memory Betty Jean Synar August 2, 1923-August 1, 2009 Florence Liebermann

Betty Jean Synar died on August 1, one day before her 86th birthday. Though she had suffered with poor health in the last few years, she continued many of her activities connected with her profession. While she had many varied interests social work was both her vocation and avocation. NAP was one of the organizations to which she had strong ties.

Memories are part of the mourning process; they include sorrow about the loss and yet the pleasure of what had been. Betty Jean had a strong respect for history and I believe she would like me start this tribute with the history of the National Academy of Practice and her connection with it.

The History of NAP

About 1980, Nick Cummings addressed the National Federation of Clinical Social Work as it was then known, when its board of directors met in Washington. He explained his plan of establishing a national academy of practice, patterned after the National Academy of Science with the object of honoring outstanding practitioners in the health professions. Each profession would establish its own academy according to a set procedure; each would then become part of the larger society. The goal was to encourage communication and inter-professional relationships and to obtain a charter from Congress that would establish NAP as an advisory group to the government. At the time of this address Dr. Cummings had established the first academy in his profession, psychology.

Because of my work on the executive committee of the Federation, I was at that meeting. My enthusiasm for the plan led me to volunteer to establish this academy in social work. As a clinical social worker and also a social work professor, I was interested in enhancing and improving the stature of clinical practice. Well aware that direct service such as clinical social work was paid less and honored least than other groups in our field, I wanted to ensure that practicing clinicians and clinical practice itself would be appropriately recognized.

The first requirement in the formation of a new academy was the establishment of a panel of ten founders. This group would then begin the progress of recognizing and electing the first forty members of the academy. Because of their status and contribution to the education and practice of clinical social workers, Florence Hollis and Helen Harris Perlman were asked to become part of the ten.

Their inclusion was of vital importance. The others were chosen because of varied contributions to the profession: Mary Gottesfeld, founder and first editor of the Clinical Social Work Journal, Jean Sanville, founder of the first free standing clinical social work academy for the pursuit of a clinical doctorate in social work and for her theoretical writings, Betty Jean Synar, director of a child guidance clinic active in many organizations, Ruth Fizedale clinician and founder of the first independent group of private practitioners in clinical social work, Joseph Palumbo, clinician, theoretician and one of the founders of the Chicago Institute of Clinical Social Work and Shirley Cooper, clinician and theoretician.

This group then selected and reviewed the credentials of the larger group that would be elected as distinguished practitioners. As first founder I chose Betty Jean Synar as first co-chair, aware of her experience and expertise in organizations and having worked with her before, knew we would do well.

The initial ceremonies were magnificent. The National Association of Social Workers feted us at a cocktail party; the local society of clinical social work also did so; the installation banquet was held at the National Press Club. The second academy of NAP was now established!

The social work academy was involved in the beginning first forums that dealt with problems of aging and one was devoted to the health of children. The papers from the forum on children were printed in the Child and Adolescent Social Work Journal. A book entitled Aging in Good Health, edited by Florence Lieberman (social work) and Morris Collins (medicine) was published by Plenum Press in 1983. Contributions were made by medicine, psychology, optometry, social work, nursing and veterinary medicine.

The early years were full of many trips to congress in efforts to obtain a charter. This activity ceased when charters were no longer being issued and the focus of work shifted to its current concerns. Social work has always been active in NAP. When Betty Jean assumed the chair, she improved many of our academy's procedures and began the regular communication to members through a newsletter for distinguished practitioners in social work.

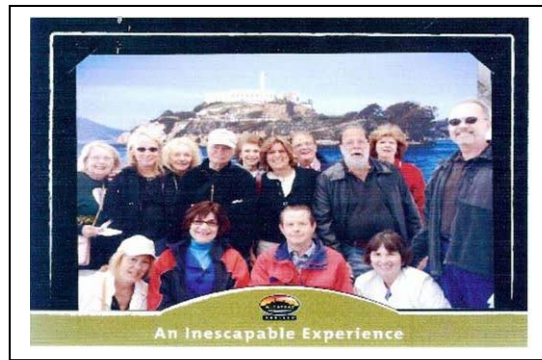
Betty Jean Synar

Betty Jean had a master's degree in education before she entered Smith College School for Social Work. She began as a clinical social worker at the Family and Children's Service in Schenectady, New York. She returned to Texas, her birthplace, joining the staff of the Child and Family Guidance Center in Dallas. In 1957, she became Chief Psychiatric Social Worker, a position she occupied for over 30 years. She maintained a private practice, and as community service, she was on the board of the Jewish Family Service and of the Autism Treatment Center. She was also an active member of many organizations. She helped develop and maintain the Clinical Social Work Society in Texas and served in many positions, including president. She was an active member of the National Registry of Clinical Social Workers, which developed standards for clinical social work education and established a register for those who were qualified. This later became a register of diplomates in social work and led to the formation of the American Board of Examiners. This was later replicated by NASW. Betty Jean was an active member of ICAPP and at one time its president. At the time of her death, she was a member-at-large of its board. She was extremely active in the alumni society of Smith College School for Social Work and often an advisor and a mentor to many students

She was a source of organizational procedure and practice wisdom; she was an experienced parliamentarian, and made many contributions to successfully run organizations.

Betty Jean had a dignity and calmness that engendered respect. She was also the epitome of the perfect lady in the best sense of the phrase. She was also a good friend to many people. It was my pleasure to be one of them.

Betty Jean Synar will be deeply missed.



*A trip to Alcatraz
An afternoon break at the 2009 ICAPP Conference
San Francisco, CA*

*The 48th Annual ICAPP Clinical Conference in San Francisco, July, 2009
"The Therapeutic Crucible: How Clients Help Us Grow"*

Everyone is a Presenter The uniqueness of the ICAPP Conference format

James Donnelly, DSW, LCSW, DPNAP

Each year papers from all over the country are submitted and selected for presentation at our annual ICAPP conference. Having had that privilege a number of times, I know the excitement and challenge of being selected to present to my peers. One may feel the burden of that privilege in being the "presenter" at a major clinical conference. However, it quickly becomes apparent in the experience of the ICAPP conference format that in every conference session, there is a room full of presenters! Discussion and exchange of views and ideas, focused around the topic and stimulated by the initial remarks of the 'presenter' are the heart of the ICAPP experience. Everyone comes prepared to give as well as receive. All papers to be presented are printed and distributed to the conference attendees prior to the conference. Before each session, the papers are read in advance of the meeting. At the session, the author of the paper opens the session with 10 or 15 minutes of introduction of the theme and ideas of the work and then, for the following hour everyone participates in analysis, discussion and sharing of clinical experience and insight. Everyone is significantly enhanced. ICAPP conferences are highly affective experiences where professional bonds are formed in the appreciation of genuine sharing of one's life's work.

At an ICAPP conference, everyone is a presenter!

Reflections On The "Fatal" Countertransference, or the therapist and the triangle

By Clara Weeks-Boutilier, LICSW

At the 2009 ICAPP Conference, Carolyn Bersak, CSW, DSW presented a scholarly and thought provoking paper on infidelity in marriage, an issue that many practicing couples therapists feel is the most difficult to treat. Her paper discusses the pitfalls and growth potential for a therapist working with couples, both individually and together, when a secret affair is ongoing.

Much research has been devoted to the myriad ways of treating infidelity. Some therapists decline to treat couples until the affair has ended; some will only treat one member of the couple; some treat the individual partners separately. Dr. Bersak presented three cases illustrating the dilemmas in treating both partners with the secret unrevealed. A significant point is that therapeutic neutrality is very difficult when one client is dealing with the issues involved in the affair and the other spouse is unaware of the affair and invested in saving the marriage. The paper raises additional difficult questions: Is the therapist colluding with the partner with the secret? How does the therapist deal with personal morality and guilt? How does the therapist feel when she hears both sides of the marital story? How does each member of the couple feel about sharing the therapist?

Dr. Bersak emphasized the responsibility of therapists to understand their counter-transference feelings and to use them in the therapeutic process. She reminded us that each client needs to feel that he or she has a special relationship with the therapist and have confidence that the clinician does not favor either member of the couple. This is difficult work in the face of the multitude of counter-transference issues which arise. In presenting the three cases from her own practice, Dr. Bersak shared her own counter-transference as the treatment progresses. Her experience pointed to the therapeutic advantage of working with both spouses individually as long as the therapist can tolerate the uneasiness, juggle counter-transference, and maintain neutrality without moral judgment.

Lively and powerful discussion followed Dr. Bersak's presentation. There was general acknowledgment that all therapists struggle with this issue that is so damaging to couples and so difficult to treat. As always, this ICAPP session provided support, ideas, recognition and treatment techniques to the attendees. It ably provided a forum in which clinicians can reveal their own dilemmas and be supported by other therapists who have experienced the same concerns.

Book Reviews

James Donnelly, DSW, LCSW, DPNAP

Coasting in the Countertransference: Conflict of self interest between analyst and patient.

Irwin Hirsch.

Psychoanalysis in a New Key Book Series. Volume 7.

New York The Analytic Press, 2008. Pp.220

\$31.45

In this refreshing and candid presentation of an issue as old as the profession ... but remarkably unattended, Irwin Hirsch takes us through several layers of possibilities regarding a therapist's choice between his or her self interest and that of a client.

A central theme around which he builds his argument is that of the quite human tendency on any therapist's part to avoid discomfort in the relationship with a client. Clinically, the necessity to challenge the comfortable equilibrium in the transference relationship is at the heart of a transference analysis that leads to therapeutic change ... for both the client and the therapist. Mutuality of risk and growth are, in Hirsch's presentation, the bedrock of clinical and ethical truth.

Self interest of the therapist, broadly defined by Hirsch, is the avoidance of discomfort in the relationship. The majority of the book is on the elaboration of the various roots of potential discomfort for the therapist. In the subsequent chapters he examines those roots in remarkably candid detail using his own therapeutic experience and instances in treatment he felt failed to meet the standard he sets for himself and the profession. His clinical examples are detailed and, along with the theme of the book, very productively thought provoking. If it was his intention to move us to 'examine our conscience' as he does his own in this book, he has achieved his goal.

Reviewing factors such as personality, theoretical preference, life and economic circumstances, cherished configurations of relationship and the unacknowledged emotional needs of the therapist, economic dependence for practitioners in private practice is for Hirsch *the* major determining factor for therapists avoidance of the challenges of therapeutic discomfort. It is a remarkably frank exploration of this dependence that both provokes us to face the real dilemmas of this reality; dilemmas of which, he contends, are quite conscious and responded to with deliberate choices of treatment style.

At times, Hirsch's presentation approaches a feeling of confession but this is not a guilt expiating presentation. Rather, it is a frank acknowledgment of the human condition ... shared by therapist and client alike. Candor and authentic mutuality in the therapeutic relationship is the consistently presented redeeming element ... despite our unavoidable failures around this issue. We do act out of self interest with our clients; no surprise. Acknowledgment, redirection and the willingness to endure the discomfort of honest transference analysis are the means of therapeutic change for both therapist and client.

There are, among his insightful and stimulating topics, chapters that deserve special attention. The chapter on Psychoanalytic Theory and its Unexamined Comforts is extremely clear and useful. It provokes one to examine assumptions of treatment and a variety therapeutic of blind spots. The last two chapters on the role and power of money and its influence on the therapeutic process, as well as issues such as client selection and competition among therapists for clients, highlight the dark side of mental health provision in our current health care climate.

Coasting in the Countertransference is a rewarding, provocative read that keeps our therapeutic feet to the fire of the ethical foundations of all healing relationships.

Justice: What's the right thing to do?

Michael J. Sandel

New York: Farrar, Straus and Giroux, 2009. Pp.308

\$25.00

In what initially may seem like an unlikely companion to *Coasting in the Countertransference*, Michael Sandel's work *Justice: What's the right thing to do?* takes considering the dilemmas and conflicts of self interest to a broader and more profound level. This compressed presentation of Sandel's very popular course at Harvard, guides us through his explorations of two major approaches to ethics (Utilitarianism and Libertarianism) and three major philosophers (Kant, Rawls and Aristotle). He believes Kant and Rawls, as well as these two approaches to ethics, are having a significant influence on the ethical and political debates in our society today. What is remarkable in this work is that he keeps readers, who may not be particularly versed in these philosophies, engaged and involved - right to the end. Incidentally, the chapters on Kant, Rawls and Aristotle are excellent and inviting introductions to anyone drawn to pursue them in more depth. The work certainly magnifies their relevance to the political and moral issues we and our clients experience on a daily basis.

It is clear throughout, as he pursues confronting the dilemmas we all face, Sandel is presenting a view of his own; but what that view is doesn't become clear until the last chapter.

He draws out for us the basic assumptive ground for each approach and for each philosopher; the building block upon which each raises its approach to ethical issues. For the Utilitarians, it is what brings the most pleasure to the most people; for the Libertarians, it is the absolute value of the free choice of the individual. Kant looks for his foundation in what he considers the unique absolute for all men: the capacity for reason. Rawls, who builds upon and attempts to apply Kant to contemporary American society, uses a "thought experiment" (the veil of ignorance) to build an assumption of universal equality from which we could conceive the basic grounding values of ethics. Through each of these approaches, and by attempting to apply them to contemporary issues such as affirmative action, gay rights to marry and stem cell research, he bumps into what he considers their fundamental limitation: their attempt to anchor ethics in an abstraction of non contextual and neutral value.

In Sandel's view, the foundations of ethics cannot be established outside the concrete realities of our differences and our being communal beings. He brings this point to the fore by highlighting the absence, in these prior approaches, of our dilemmas of loyalty and solidarity; dilemmas that are obviously important in our family and community lives. To address this lack and to reach for a more adequate formulation, Sandel turns to the political philosophy of Aristotle.

Introducing Aristotle to address these limitations brings into the discussion the validity of *purpose* or *teleological thinking* in ethics. Ideas such as the theory of natural law or that goodness and value of our actions are measured by conformity to their ends or purpose, have long been discarded by the dominance of scientific thinking and an evolutionary view of reality today. It is Sandel's contention, however, that considerations of the science of the physical world, and our relationships with each other are of completely different orders. In a profound insight into that difference, he posits the uniqueness of our human reality. not in each individual person's capacity for reason or free choice, but in our intrinsically communal capacity and need to create narrative. The unique value of each and every person is anchored in our capacity for speech and our need for meaning; a capacity and need that is intrinsically communal.

Sandel's consideration of Justice posed by the original question: *what's the right thing to do?* brings us, at the end of this journey, to an unanticipated twist: before we can know what's the right thing to do, we must first confront the issue of what things mean. Why? Because we are speaking beings of the word and we can only truly mean something to ourselves in the context of what we mean to each other. If I understand him correctly, the ultimate purpose or end of our behaviors, individually and in attempting to structure our society, abides in our continuous attempts to create more inclusive narratives within which we conduct our lives together.

That is the ultimate meaning and purpose of our reach for what is just.

**Bereavement Counseling
and
First Nations Blackfoot People
A Workshop Presented by Barry Hall, PhD, RSW**

By Janet R. Faust, PhD, LCSW, DPNAP

*The 48th Annual ICAPP Clinical Conference in San Francisco, July, 2009
“The Therapeutic Crucible: How Clients Help Us Grow”*

Barry Hall informed us about his learning process in offering grief counseling to First Nations Blackfoot People: first, practitioners often find that values of those they serve may be in conflict with Western cultural values, while cultural sensitivity allows one to engage the client. But perhaps most important, Dr. Hall had been invited by Blackfoot professional persons living in the Reserve to counsel them, so that they could feel better able to serve their people. From those contacts came other non-professional persons living on the Blood Reserve through word-of-mouth. While knowledge of the Blackfoot culture is important, respect for the belief systems of the bereaved being counseled is essential, as is the ability to separate one's own belief systems from that of the client.

In the First Nations Blackfoot culture dying is considered “part of a natural rhythm within one's life” (while in Western culture we tend to deny death until it hits us in the face), and normalizing death as a part of life is very helpful. First Nations Blackfoot People can find comfort in Kubler-Ross's five stages of grief and Worden's four tasks (Worden, J.W., *Grief Counseling and Grief Therapy*, New York: Springer, 1991).

Dr. Hall learned that rituals meaningful to the client can be important in containing feelings, and that coping with one's grief can assist the deceased on to “crossover and join with the Creator”. He has encouraged his clients to attend “sweats” (sweat lodges are ceremonial purification saunas) where they believe they are visited by deceased relatives, primarily grandfathers, who would be involved in caring for the person the client has just lost. They also are supportive of the living. The bereaved believe they will be healed by their contacts with the deceased, yet they fear Western-oriented counselors will view this belief as pathology. First Nations Blackfoot People's view of themselves as part of a community can come in conflict with individualistic Western-oriented therapists.

There are other ways some clients might feel they are communing with the dead: they may think a loved one has come back to visit them in the form of an animal. Or there might be some other symbol indicating to them that the deceased is at peace. One of Dr. Hall's clients felt her deceased husband revisited her and watched over her.

Open expression of grief is natural and need not be feared as a negative emotion: Blood Tribe Elder Wolftail said families may need to “become hysterical, scream, rant and rave and throw things as well as thrashing about”. He also warns that anger, while normal, must be suppressed because it can trap one in a “prison of grief”. While we may want to encourage clients to express anger, we should be careful in exploring this emotion and understand that it may be more helpful to the client to use traditional ceremonies as a safer way to express their feelings. They also might not profit from being encouraged to cry or prolong their grief as they may believe these emotions could bring harm to the deceased or the living.

Dr. Hall recommends asking the client if those they have lost visit them in their dreams: the fact that these experiences are normalized is helpful to the client who may fear the counselor thinks they are mentally ill. There is also the possibility that the client might fear that a deceased person might want to harm them. The dead are closely linked to the living. The counselor may want to refer the client to a medicine man or healer who might use herbal medicines to help them deal with their grief. One must be able to “share one's client with healers”.

Lastly, Dr. Hall advises that grief and loss are universal: “Being open to another culture's interpretation of death, dying and grief could even assist in the counselor's personal journey of understanding his own existence.” In the workshop his personal appreciation of the First Nations Blackfoot People's culture was evident: he stated they “opened my eyes to alternate forms of healing”.

