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Clients' Perspectives on Cultural Competence in Counselling

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Clients' Perspectives on Cultural Competence in Counselling

by

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A THESIS

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Abstract

In a nation like Canada, attention to the diversity of clientele is essential for counsellors to practice ethically. Multicultural considerations have become a fourth force in counselling practice, with a multitude of models and frameworks suggesting how to enact cultural competence in counselling. Research on cultural competence has typically focused on the counsellor perspective. A limited number of studies have solicited client perspectives on their counsellor's competence, and no current studies examining client self-reflections of their contributions to the counselling experience. My research contributed to the literature by taking a social constructivist, qualitative approach to investigating what clients find beneficial and not beneficial in navigating culture in the counselling context. The research included exploration of both their counsellors' beliefs, attitudes, sayings, actions and other ways of being, and an introduction to clients' self-reflection on their contributions to the counselling experience. Through the Enhanced Critical Incident Technique (ECIT), 10 university students identified incidents that helped, hindered, or were desired in order to navigate culture in the counselling context. Data analysis resulted in 12 categories that encapsulated the 162 incidents about counsellor factors: (a) creating safety, (b) empathy, (c) genuineness, (d) communication skills, (e) engagement, (f) counsellor-client bond, (g) cultural identities, (h) flexibility, (i) impacts of categorization, (j) general counselling competence, (k) professionalism, (l) contributions to client outcomes. The 9 incidents related to client contributions fit within one category: style of engagement. I synthesized the findings with existing literature to offer recommendations for counselling practice and education.

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Table of Contents

Abstract	ii
Acknowledgements	iii
Dedication.....	iv
Table of Contents.....	v
List of Tables.....	viii
CHAPTER ONE: INTRODUCTION.....	1
Canada and Diversity.....	1
Ethical Need for Focus on Cultural Considerations.....	2
Definitions.....	4
Definition of Culture and Cultural Identity.....	5
Definition of Cultural Competence.....	6
Existing Counsellor and Lack of Client Perspective.....	6
The Present Study.....	7
Rationale and Aims of the Study.....	7
Qualitative Method: ECIT.....	7
Significance of the Study.....	8
Myself as a Cultural Competence Researcher.....	9
Organization of the Thesis.....	10
CHAPTER TWO: LITERATURE REVIEW.....	11
Definitions Relevant to the Present Study.....	11
Choosing the Definition of Culture.....	11
Choosing the Definition of Cultural Competence.....	15
Lack of Cultural Competence Impacts Clients.....	17
Counselling Psychology and the Shift Toward Cultural Awareness.....	19
Models of Cultural Competence.....	21
What is Culture-Infused Counselling?	25
Theoretical Standpoint on Culture in Counselling.....	30
The Current Literature on Cultural Competence in Counselling.....	32
Counsellor Self-Report Studies.....	33
The Client Perspective on Cultural Competence in Counselling.....	35
Qualitative Studies	36
The Potential of the Present Study.....	38
Summary.....	38
CHAPTER THREE: METHODOLOGY.....	40
Philosophical Underpinnings of Research.....	40
Social Constructivism.....	42
Study Design: Quantitative and Qualitative Methods.....	44

The Enhanced Critical Incident Technique (ECIT).....	45
History of CIT and ECIT.....	45
Aligning with the ECIT Method.....	47
Step 1: Determining the Aim of the Activity.....	48
Step 2: Plans, Specifications, and Criteria.....	48
Step 3: Collecting the Data	49
Step 4: Analyzing the Data.....	52
Step 5: Interpreting and Reporting the Data.....	56
Ethical Considerations.....	57
Informed Consent.....	58
Confidentiality.....	58
Benefit and Risk Assessment.....	59
Funding.....	60
Conflicts of Interest.....	60
Establishing Rigor.....	60
Researcher Assumptions and Biases.....	61
CIC and Data Collection.....	61
Personal Assumptions.....	62
Choice of Method.....	63
Summary.....	64
 CHAPTER FOUR: RESULTS.....	 65
Participant Demographics.....	65
Critical Incident Findings.....	66
Category 1: Creating Safety.....	69
Category 2: Empathy.....	71
Category 3: Genuineness.....	72
Category 4: Communication Skills.....	74
Category 5: Engagement.....	75
Category 6: Counsellor-Client Bond.....	76
Category 7: Cultural Identities.....	78
Category 8: Flexibility.....	81
Category 9: Impacts of Categorization.....	84
Category 10: General Counselling Competence.....	85
Category 11: Professionalism.....	87
Category 12: Contributions to Client Outcomes.....	89
Clients' Self-Identified Helping and Hindering Factors.....	90
Category: Style of Engagement.....	90
Summary.....	92
 CHAPTER FIVE: DISCUSSION	 94
Return to Philosophy and Theory.....	94
Discussion of Categories and Incidents.....	95
Familiar Friends: Competencies in General Counselling Training and Practice.....	95
Creating Safety.....	96
Empathy	97

Genuineness.....	98
Communication Skills.....	98
Engagement.....	99
Counsellor-client Bond.....	100
Cultural Identities.....	101
Flexibility.....	102
Impacts of Categorization.....	102
General Counselling Competence.....	103
Professionalism.....	104
Contributions to Client Outcomes.....	105
The Client Contributions Category.....	106
Style of Engagement.....	106
Implications of Findings.....	107
The Magnitude of General Counselling Proficiency.....	108
The Impacts of Cultural Identities and Use of Culture and Labels.....	109
Recommendations for Counsellor Education and Practice.....	110
Recommendations to Improve General Proficiency.....	111
Recommendations to Invite Culture into Counselling.....	113
Recommendations for Research Directions.....	118
Strengths and Delimitations of the Study.....	120
Strengths of the Study.....	120
Delimitations of the Study.....	121
Personal Reflection.....	123
Summary.....	124
References.....	126
Appendix A: Ethics Certificate.....	153
Appendix B: Recruitment Advertisement.....	154
Appendix C: Initial Contact to Agency Letter.....	155
Appendix D: Initial Letter to Participant.....	156
Appendix E: Participant Consent Form.....	157
Appendix F: Interview Guide.....	160
Appendix G: Resource List.....	163

List of Tables

Table 1: Number of Incidents and Participation Rates per Category.....	68
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CHAPTER ONE: INTRODUCTION

Canada and Diversity

Canada is a diverse nation, with multiple facets of identity among its citizens. In the national population of Canada, 19.1% considered themselves among visible minorities (Demography Division, 2016). Approximately 4.3% of Canada's people identify as Indigenous; this group is one of the fastest growing populations in Canada, with a 20% growth rate between 2006 and 2011, compared to 5% for non-Indigenous populations (Statistics Canada, 2015). Immigration is a major source of ethnic diversity in Canada, accounting for nearly two-thirds of growth between 2001 and 2011. This number increased between 2011 and 2016, amounting to 1.2 million individuals (Statistics Canada, 2017). Diversity is reflected in the linguistics of the country, with nearly 7 million (20.6%) people speaking a language other than English or French at home. Religious diversity is prevalent, with two-thirds of those who identified as religious reporting a Christian affiliation, with the next largest group being no religious affiliation (23.9%) and then Muslim affiliation (3.2%). Age demographics are changing, with seniors, defined as individuals age 65 or older, accounting for 15.3% of the population in 2013, the highest ever proportion of the population. The shape of Canadian families has changed, with married couples accounting for 67% of families, common-law families making up 16.7% and single-parent families making up 16.3%. Rural dwellers make up slightly less than 20% of the nation. These examples of current statistics illustrate the basis of Canada's reputation as a diverse country.

Given the diversity of the population of Canada, there has been a call for a focus on cultural influences in the counselling process, which includes the cultural competence of counsellors (Arthur & Collins, 2010; Canadian Psychological Association, 2017; Sinclair, 2017). However, the emphasis on counselling practitioners needs to be matched with research that gives

voice to the consumers of counselling services. This type of research will help practitioners determine whether the changes that have been made in training and counselling processes are actually making a difference to client experiences. In addition, it will help to compare existing models of cultural competence to the client experience.

Ethical Need for Focus on Cultural Considerations

Codes of ethics have been developed to guide many professional fields. In counselling and psychotherapy, the need for ethical guidance is notable because of the intimate nature of the work as well as the power-differential that exists between counsellor and client (Vasquez, 2013). Cultural considerations in ethics are needed to protect clients, whose values and beliefs may or may not align with those of counselling professionals (Arthur & Collins, 2015).

Canadian counsellors have professional imperatives to work with awareness of culture and diversity. In the current edition of the Canadian Code of Ethics for psychologists, diversity is acknowledged in multiple ways (Canadian Psychological Association, 2017). The development of these considerations comes as a response to criticisms of earlier versions of the Code where references to broad aspects of culture were relegated to after-thoughts and less centralized (Gallardo, Johnson, Parham, & Carter, 2009). Steps were taken to improve the Code to ensure that culture is considered broadly in all aspects of ethics in psychology (Sinclair, 2017). In addition, considerations such as those regarding boundaries in Principle III, Integrity in Relationships, were updated with multiple cultural viewpoints in mind.

For example, the CPA recommended that psychologists consider diversity in ethical decision-making process, including the culture of the psychologist. In each Ethical Standard, consideration is given to diversity and diverse perspectives. In Standard I, psychologists are guided to respect the knowledge, experience and perspectives of others, including those that

differs from their own, to avoid degrading comments and jokes based on diverse characteristics, to use respectful language, and to avoid harassment. Psychologists are also charged to avoid discrimination and to correct discriminations when enacted. In Standard II, psychologists are asked to evaluate how their experiences, attitudes, culture, beliefs, values, individual preferences, external pressures, and context influence their interactions with others with regard to providing beneficence and avoiding harm. They are also required to be sensitive to and knowledgeable about group characteristics and vulnerabilities to make evaluations of what can harm or benefit individuals in those groups when it pertains to their work. The CPA code has undergone several revisions to bring culture to the forefront of psychological practice.

The American Psychological Association (2017) also published updated guidelines for multicultural considerations in psychological practice. The guidelines call for psychologists to (a) recognize fluidity of identity across varying social contexts, and how developmental stages and life transitions evolve identity; (b) maintain awareness of their own attitudes and beliefs impacting clinical and empirical conceptualizations, and to strive to move beyond categorical assumptions; (c) to understand the role of language, communication, environment, and power dynamics in individuals' lives; and (d) to promote strengths-based, culturally adaptive interventions, assessment, research approaches, supervision, and advocacy.

Similarly, the Code of Ethics for Canadian counsellors (Canadian Counselling and Psychotherapy Association, 2007) refers to a need for counsellors to have sensitivity to diversity, to understand and respect the diversity of their clients, to avoid discrimination based on cultural factors, and to take these factors into account in assessment. For example, Section A10 of the code calls for understanding and respect for diversity of clientele, which includes age, ethnicity, culture, gender, disability, religion, sexual orientation, and socioeconomic status. Additionally,

Section B9 discusses the need to refrain from discrimination based on any of the above characteristics, plus colour and marital status. The Code of Ethics for counsellors emphasizes regard for culture in the counselling profession.

In the province of Alberta, where my research took place, the College of Alberta Psychologists has published a few standards and guidelines pertaining to culture in particular. In the practice guideline entitled "Informed Consent for Services", Standard 3.4 states that psychologists must provide information for informed consent in a language that the client understands, and the psychologists must make sure that the client does understand the information, which may be fulfilled by the services of a translator, if needed (College of Alberta Psychologists, 2014). My belief is that more specific references to cultural awareness in counselling will help counselling psychologists to behold it as an ethical need for their profession, and to take part in activities to reflect consideration of culture in their work.

Arthur and Collins (2015) cautioned that counsellors should consider (a) who the codes are written by, and (b) for whom are they written. Given that codes are written by professionals, who represent the organizations where they are employed, the codes may not include perspectives by the consumers of the service. Frequently, references to cultural competence are ambiguous and provide minimal standards (Arthur & Collins, 2015). Pettifor (2001) argued that meeting minimal standards of practice with regard to cultural diversity fails the consumers. Rather than aiming to do no harm, counsellors should aspire to demonstrate beneficence. Better consideration of cultural diversity continues to be a primary discussion in counselling practice.

Definitions

For the purpose of brevity, in this manuscript, "counselling" shall refer to practices of counselling and psychotherapy, and a "counsellor" shall refer to someone who provides the

service, such as a counsellor, therapist, psychologist, and in some cases social workers and psychiatrists. A "client" is an individual who receives the counselling service. I chose these terms because they were the most common terms used to describe the individuals taking part and process of talk therapy, especially pertaining to cultural competence.

In order to discuss how counsellors should incorporate cultural competency into their practice, it is pertinent to clearly define culture and cultural competence. The definitions of culture and cultural competence that guided the execution of the present study are described next, to orient the reader. A deeper discussion of the decision-making process to arrive at these terms and definitions follows in Chapter Two.

Definition of Culture and Cultural Identity

In the present study, culture refers to shared clusters of (a) worldviews, beliefs, and values; (b) rituals, practices, customs, or norms; (c) social, religious, or spiritual traditions; (d) language, history, ties to geographic locations; and (e) social, economic, or political structure (American Psychological Association, 2003b; Arthur & Collins, 2010; Atkinson, 2004; Harper & McFadden, 2003; Helms & Cook, 1999). Multiple influences in the cultural context shape a person's identity, including ethnicity, gender, sexual orientation, mental and physical ability, socio-economic status, religion, and age. A sense of cultural identity arises by noting both similarities and differences with other people and groups of people (Pedersen & Ivey, 1993).

Cultural identity refers to how an individual relates to a cultural group, and may include individual representations of those shared clusters. An assumption of this work is that individuals may, and almost invariably do, have multiple cultural identities, as they take part in multiple cultural groups. Further discussion of multiple identities is discussed in Chapter Two.

Definition of Cultural Competence

Cultural competence refers to a counsellor's ability to work with individuals who have cultural identities which differ from one's own, which may consist of specific knowledge, attitudes and skills (Collins & Arthur, 2007; Sue, Arredondo, & McDavis, 1992). Cultural competence may involve attending to points of similarity and difference with the client on worldviews and values, or understanding of the client's perspective, as research suggested that a shared worldview is necessary for counselling to be successful (Fisher, Jones, & Atkinson, 1998).

Existing Counsellor and Lack of Client Perspective

Counsellors are increasingly attending to development of cultural competence in their work, and this is reflected in a growing body of research on cultural competence in counselling. Existing work has focused primarily on self-reports from counsellors about how well they believe they address cultural issues in the counselling setting. Some work has been directed towards obtaining the client's view. This is essential to determining the effectiveness of counselling, as counsellors and clients can have significantly differing opinions on the counselling relationship (Bachelor, 1991). These differences of opinion have been shown to relate to ratings of symptom change and session evaluation (Marmarosh & Kivlighan, 2012).

A small collection of studies has focused on obtaining the client perspective (Pope-Davis et al., 2002). For example, Pope-Davis and colleagues explored the client perspective of counsellor cultural competence. However, with the passage of time, counsellor attitudes and training in cultural competence have changed, which warrants a new look at client data. In addition, more recent studies have worked from a definition of culture and cultural competence that is different from those I have chosen for this study, or included different client populations.

My intention in conducting the present study was to give voice to community-based clients who could share their experience of counselling and then compare the results of this exploratory research to existing models of cultural competence. This allowed me to examine how well models fit real-world experience, and to indicate where adjustments can be made to better reflect client experience.

In addition, this study pioneered a new line of inquiry, which, to my knowledge, has not been examined thus far in cultural competence literature. I asked participants to self-assess what role they had in bridging culture within the counselling context. I posited that adding this new piece of information would help to understand how clients believe they are contributing to their counselling experience, in consideration of the interactional nature of the counselling process.

The Present Study

Rationale and Aims of the Study

The purpose of this study was to learn how former counselling clients viewed their counsellor's cultural competence and the relationship with their counsellor with regard to cultural understanding. In conducting this research, I aimed to identify critical incidents that clients consider as relevant to their experience of counselling, especially interactions that occur between counsellors and clients who hold differing cultural identities. I intended to identify counsellors' actions, sayings, attitudes, behaviours, or other ways of being that clients interpreted as culturally competent or not competent. I make comparisons between my results and cultural competency models to determine how effective or ineffective aspects of competency are related to theory.

Qualitative Method: ECIT

To date, no studies have used the Enhanced Critical Incident Technique (ECIT) (Butterfield, Borgen, Maglio, & Amundson, 2009) to examine the client experience of

counselling. This is surprising as the ECIT method is designed to answer questions about what helps and hinders performance development of some type of activity. This makes the method an ideal lens through which to view counsellor performance. While learning about ECIT and other qualitative methods, I thought I had found an excellent fit for my study in ECIT. The focus on successful and unsuccessful behaviours lent itself to my expectation for my study to produce a practice-focused set of results. My intent with this work is to disseminate the results of the study to practitioners and learners who transform the findings into action in their own work.

Significance of the Study

The results of the present study can inform education for students in counselling psychology programs, as well as professional development for practicing professionals. The study will contribute to an identified gap in the body of knowledge about the client experience of cultural competence in counselling. It is original, to the best of my knowledge, in the additional focus on how clients think they contribute to their own cultural counselling experience.

Previous studies of counsellor perspectives of effective counselling have shown that the working alliance is one of the greatest predictors of success in counselling (Horvath, Del Re, Fluckiger, & Symonds, 2011). Indicators of a strong working alliance (Bordin, 1979) may affect client perceptions of their counselling experiences. Within the literature, researchers have attempted to explain how cultural identities of both clients and counsellors are influential for the working alliance. Additional qualitative studies focusing on multicultural counselling have also suggested that clients' individual characteristics, clients' internal processes and appraisals of counsellors, and their relationships with counsellors contribute to their experience of counselling (Pope-Davis et al., 2002). My findings were compared to these existing ideas in literature. However, as this is an exploratory study, I also received unique perspectives from my

participants that introduced new ideas about cultural competence in counselling, and about the important aspects of counselling in general.

My Stance as a Cultural Competence Researcher

I take the perspective that researchers cannot be objectively separated from their work. I recognize that my biases, assumptions, and expectations were instrumental in bringing my study into being. A detailed exploration of my biases, assumptions, and expectations, and their impact on my study methods, occurs in Chapter Three.

My interest in the topic of cultural competence in counselling arose from a number of factors pertaining to my personal experiences as a student, a mental health worker, and growing up as a person exposed to cultural ideas and lifestyles that differed from my local context. I experienced privilege to be born into a family that valued travel and exploration. Through my youth, I had opportunities to meet and learn from people with a multitude of cultural identities and intersections therein. I took interest in Japanese culture in particular. Through my undergraduate degree and translation certificate in Japanese language and literature I learned to appreciate a lifestyle and way of thinking that was different from the Western individualistic, self-oriented culture of my earlier socialization (Oyserman, Coon, & Kemmelmeier, 2002). I also had an opportunity to learn about cultures closer to home during my undergraduate internship at an urban school where 95% of the student body had Indigenous heritage. The school reflected the needs of its students by staffing with Indigenous teachers and support staff, and including cultural activities. Experiencing life in Western Canada in large city also helped me learn about different types of cultural identities, which I consider to include age, religion, sexual orientation, ability, ethnicity, language, socioeconomic status, gender, geography, and even subcultures that play a significant role in a person's life.

In studying psychology and preparing to take part in a graduate program in counselling psychology, I had the fortune of learning about multicultural counselling models. I am an action-oriented person, and aspired for my thesis to contribute knowledge that could change practice for the better. I began to formulate ideas about exploring the current attitudes and experiences of people in counselling relationships with regard to culture. At the start of my program I was introduced to qualitative methods, and as I learned about them, the greater fit I thought I had found for my thesis. The ECIT method in particular offers structure and an emphasis on collecting behaviours, with the ability to modify the method for the needs of the study.

Organization of the Thesis

This thesis manuscript will outline the research I undertook as part of my Master of Science degree in counselling psychology. I chose to investigate the client perspective of how counsellors, who differed from clients in cultural identities, incorporated culture in the counselling context. This manuscript reviews the literature around multiculturalism in counselling, provides a rationale for the study, outlines my methods, summarizes my findings, and addresses implications of the results. The paper has five chapters. In the following Chapter Two, I provide a thorough analysis of the literature on multiculturalism in counselling, and focus on the theoretical foundations that helped me shape my ideas about culture in counselling. I provide rationale for the methods I chose for my work, and describe how I reconciled my method with theory. Chapter Three details my method, and I walk the reader through my procedures. In Chapter Four, I present the results of my work. Chapter Five includes a comparison of the findings with the current literature, and I discuss the implications of my results. I acknowledge the strengths and limitations of my study and offer recommendations for future research.

CHAPTER TWO: LITERATURE REVIEW

The content of this chapter includes a selected review of multiculturalism in counselling and cultural competence literature, and a rationale for the present study. I begin by explaining how I arrived at definitions of culture, cultural identity, and cultural competence, as these are still contested concepts in the literature. I then provide a historical overview of models of cultural competence and related research. I establish my position within this literature and offer my rationale for conducting the present study in light of existing research. Summary points conclude the chapter.

Definitions Relevant to the Present Study

As mentioned in Chapter One, the presentation of definitions used in the present study is intended to orient the reader to the overarching frames of reference. I described definitions of culture, cultural identity, and cultural competence in Chapter One. However, because each theorist has defined concepts differently, it is pertinent to explain the rationale for the definitions that I have chosen. Therefore, the following sections elaborate on some debate around the definitions, and I elaborate my decision making process in choosing my definitions.

Choosing the Definition of Culture

The first attempts at inclusive counselling focused on becoming more competent in working with clients who differed from the counsellor based on ethnicity. For example, Sue, Arredondo and McDavis (1992) wrote about growing support for a "culturally different model" (Sue, 1981) which supported the equality of different ethnicities and acknowledgement of bicultural contexts in which minority groups function. However, criticisms of early definitions of culture emerged, arguing for an account of group memberships that have other dimensions of

cultural identities, such as gender, age, ability, religion, socio-economic status, sexual orientation (Gallardo, Johnson, Parham, & Carter, 2009).

Etic and emic debate. In deciding how to define cultural groups, theorists were quickly divided on how to view culture as a whole. The conversation between emic and etic conceptualizations began. Emic theorists see culture as defined between groups, and aim to determine the different characteristics of particular cultural groups (Arthur & Collins, 2010). For example, an emic theorist may study the group differences between Canadians and Japanese individuals in regard to perception (Masuda, Russell, Chen, Hioki, & Caplan, 2014). An advantage of an emic approach is that cultural groups can be clearly defined. In addition, practitioners can develop specific techniques catered to the cultural group with which they are working. A disadvantage of the emic perspective is that it does not take into account multiple group memberships, and does not account for the ways that cultural phenomena occur on a spectrum. For example, gender is increasingly being seen as a spectrum phenomenon, where individuals may see themselves as having feminine traits and masculine traits, and choose to identify based on which traits they want to emphasize (Monro, 2008).

Conversely, etic theorists see culture as a universal part of human nature, and are interested in determining the dimensions that are common across different cultural groups (Arthur & Collins, 2010). For example, an etic researcher might examine what makes a counsellor culturally competent in working with various diverse individuals. In the present study, I took an etic view of culture. This approach better served to explore common factors of cultural competence that can be utilized in multiple counselling situations, and to honour the space for spectrums of culture. The etic approach allowed me to speak with my participants about a

number of cultural groups in which they consider themselves, and to examine how these emerged in the counselling setting, or not.

Therefore, a definition of culture that better reflects the multiplicity of cultural groups within a single individual is one which takes into account multiple aspects of culture. According to Arthur and Collins (2010), culture includes “ shared clusters of:

- worldview, beliefs, and values;
- rituals, practices, customs, or norms;
- social, religious, or spiritual traditions;
- language, history, ties to geographic locations, and;
- social, economic, or political structures” (p. 14)

This definition is not as specific as other definitions, but attempts to avoid prioritizing one identity over others. Using this definition supported my examination of the interactions between these multiple clusters or dimensions of culture to various groups (Parent, DeBlaere, & Moradi, 2013). This definition assumes that "(a) each individual is a cultural being, (b) culture is learned and transmitted through social interactions and from generation to generation, and (c) culture is dynamic and mutable" (Arthur & Collins, 2010, p. 14)

If culture is defined as any of the above clusters, then cultural identity is self-identified membership in any one of those groups. One individual can have multiple cultural identities. A term used to describe the interaction of multiple cultural identities within one individual is intersectionality, which is defined next.

Intersectionality. The early definitions of culture also did not account for the intersectionality of individual clients’ identities, instead choosing to focus solely on racial or ethnic diversity (Arthur & Collins, 2010; Grzanka, Santos, & Moradi, 2017; Parent, DeBlaere, &

Moradi, 2013). Intersectionality refers to the idea that individuals are affected by multiple cultures, and the influences of these cultures interact to create a unique experience for that individual which differs from others who may belong to the same cultural groups. Consideration of intersectionality in culture is essential, as various cultural identities can interact within one person, and produce different experiences or privilege or oppression. For example, the worldview of a woman with low-income might be different from the worldview of a man with low-income, ascribing different views, values, attitudes, and actions to each unique individual.

Cole (2009) suggested that there are three questions researchers might ask in order to bring intersectionality into the limelight of research: First, who is included within this category? Second, what role does inequality play? Third, where are there similarities? The questions are designed to meaningfully address concerns which were previously not considered thoughtfully in psychology research. The first question aims to solicit thought about which social groups are considered, to determine the parameters of each group and their relation to one another. The second question addresses underlying hierarchies of power and privilege across groups. The third question is intended to refocus attention on to commonalities between groups that are often seen as more different than similar. Part of the focus on intersectionality is to reveal relative dynamics power differences across individuals, due to membership in multiply subjugated groups. I speak to this again in the next section on the definition of cultural competence.

If culture and cultural identity are so diverse, and each individual is unique, how can culture be accounted for in counselling practice? Further to this discussion, I evaluate multiple viewpoints and arrive at a definition of cultural competence in counselling practice.

Choosing the Definition of Cultural Competence

Multiple perspectives exist about what cultural competence in psychology practice can entail (Arthur & Collins, 2007; Pedersen & Pope, 2010; Sue & Sue, 1990). As the background for the discussion of cultural competence, a clear definition of competency and cultural competency is needed. Competency can be thought of as “habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served” (Epstein & Hundert, 2002, p. 277). Cultural competence has been described in a number of ways by different theorists. Sue and Sue’s (2008) definition of cultural competence remains foundational to many of those developed later. They define competency as consisting of knowledge, attitudes, and skills that help counsellors develop self-awareness, understand cultural diversity among their clients’ worldviews, and applying appropriate interventions and techniques.

Cultural competence refers to the ability of counsellors to work ethically with diverse clients, which may consist of specific knowledge, attitudes and skills (Collins & Arthur, 2007; Sue, Arredondo, & McDavis, 1992). Part of this is reflective practice, considered one of the benchmarks of competency in psychology (Fouad et al., 2009). Because counsellors working with diverse individuals will inevitably encounter differing worldviews and values in their clients, it is essential for counsellors to consider how their worldviews create the lens for viewing their clients, client concerns, and appropriate interventions (Arthur & Collins, 2015). When counsellors are aware of different viewpoints, they can avoid inadvertent oppression of clients. Although ethical guidelines such as the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2017) implore psychologists to avoid prejudice and discrimination, some attitudes and actions of a discriminatory nature persist because they are expressed in more

subtle ways than others. The impacts of discriminatory practice will be discussed further in a following section.

Privilege. Privilege has been considered a key concept in cultural competence (Arthur & Collins, 2015). Privilege refers to the overt and covert advantages that are taken for granted by those within dominant social groups. Those who are in non-dominant groups experience pressures and scrutiny simply by virtue of being part of diverse groups. Individuals in groups of power, then, have benefitted from historical and current forms of racism, and hold such unearned advantages because of the subjugation of others (Torino, 2015). Arthur and Collins (2015) implored counsellors to keep in mind how privilege may play a role in their work with clients, as the role of counsellor incites privilege from a position of power over clients. Additionally, classroom exercises in self-assessment of privilege can help to increase counsellor awareness of privilege (Torino, 2015). I discuss the impact of privilege on the present study in Chapter Three.

Therapy methods. Cultural competence may also involve consideration of how well particular counselling theories and interventions fit with a clients' worldview, or the cultural validity of the theory. Some researchers have argued that counselling style should match the values of the client population (Carr-Stewart, 2006; McCormick & Gerlitz, 2009). There is debate exists about whether counselling theories can be significantly modified for clients in non-dominant groups (Sue, Ivey, & Pedersen, 1996; Young, Marshall, & Valach, 2007), with some groups arguing for modification, and others calling for new methods altogether. In the present study I expected my participants' perspectives to speak for themselves about whether methods should be aligned with cultural groups or not. The implications are discussed in Chapter Five.

Criticism of cultural competence. In recent work, it has been contested that "cultural competence" is the best way to describe the characteristics that make a counsellor successful in

working with clients who differ from them. This criticism stems from the traditional focus on development of knowledge in content areas that allow a person to better understand and work with others who differ from them. Multicultural orientation has been used to describe a counsellor's disposition towards valuing culture in both their client's life and their own life (Owen, Tao, Leach, & Rodolfa, 2011).

Cultural humility is another proposed alternative (Hook, Davis, Owen, Worthington Jr, & Utsey, 2013). Cultural humility recognizes a counsellor's ability to be open to the client's beliefs, values, and worldview. According to Hook and colleagues, utilizing the construct of competence may lead to overconfidence or assumptions of within-group similarity, whereas cultural humility maintains respectful openness towards the individual client. The focus is on lifelong self-reflection and self-critique, which contrast with criticisms of traditional cultural competence seeking knowledge and skills development (Tervalon & Murray-Garcia, 1998). As a result, this alternative focuses more on the personal traits of the counsellor, and less on what they can do to better able to work with different others.

Lack of Cultural Competence Impacts Clients

Many researchers have focused on the positive impacts of considering culture in counselling, and resulted in the myriad of viewpoints on what constitutes cultural competence. Researchers have also examined the impacts of a lack of cultural competence in counselling. For example, professionals may maintain harmful attitudes toward clients with non-dominant cultural identities and promote ineffective counselling strategies (Lingiardi, Nardelli, & Tripodi, 2015). These attitudes can also lead to instances of unwitting microaggressions against clients (Smith, Shin, & Officer, 2012).

As mentioned in Chapter One, microaggressions refer to the intentional and unintentional indignities that communicate negative messages to people in cultural groups based on their membership in those groups (Davis et al., 2016; Pierce, Carew, Pierce-Gonzalez, & Willis, 1978). Microaggressions may be perpetrated inadvertently by counsellors who lack training in multicultural competence, leading to negative consequences. One study with Black college students showed that microaggressions were correlated with viewing a counsellor as less competent, both culturally and in general, and decreased ratings of counselling satisfaction (Constantine, 2007). Microaggressions appeared to disrupt safety of the counselling context, which led to worse appraisals of the counsellor, in a study on cultural humility and microaggressions in counselling (Davis et al., 2016).

Both microaggressions and more blatant forms of discrimination have been implicated in negative outcome for therapy. Both intentional and unintentional racism have negative effects on clients (Ridley, 2005). Notestine, Murray, Borders and Ackerman (2017) demonstrated that sexist counsellor attitudes with increased victim blame in cases of intimate partner violence against women. Ableism is prejudice against peoples with different cognitive abilities (Hodge, 2013). Like other types of prejudice and discrimination, it has been linked to disruptions in empathy and negative therapeutic experience, in a study of a counselling dyad of a child with an autism label and a psychotherapist. Ignorance of culture also has an impact on peer relationships among counsellors, and may leads to barriers in career development (Bradley & Holcomb-McCoy, 2004). Evidently, the need to prevent prejudice and discrimination remains imperative in counselling.

Counselling Psychology and the Shift Toward Cultural Awareness

While psychologists have been concerned with supporting and learning about people for more than 100 years, historically, cultural factors were not positioned as having a large part in the therapy process. This began to change, notably in the multicultural counselling movement in the 1970s, especially in the United States of America. Ponterotto (2008) described five "moments" in the birth and youth of multiculturalism in counselling, focused on the United States of America.

Ponterotto (2008) wrote that in the first moment, prior to the 1960s, almost no attention was paid to cultural issues or counselling process. During this time, only a few articles focusing on cultural issues (Jackson, 1995), typically related to cultural differences of African American groups from White American groups. This era was characterized by a significant lack of information or research on culture in counselling or therapy.

In the second moment, during the 1960s and 1970s, after the Civil Rights Act was passed, the psychology began to inquire about issues for non-White populations, and literature notably increased to reflect this. Typically, race and ethnicity were the subjects of multicultural study, and were studied in terms of comparing groups differences. This meant that studies largely took an emic approach to culture, as discussed above.

Ponterotto (2008) summarized the 1980s as the third moment, which began signaling major leaps in theory and research methods. This time was characterized by a shift from between-group difference models to within-group differences models, or etic models. At this time, the American Psychological Association published multicultural imperatives, which directed psychologists to include cultural competence in their practices. The greatest emphasis in cultural competence was given to the ability to work with ethnic minorities, with brief mention

of other identity factors like gender, sexual orientation, socioeconomic factors, religion and age (Sue et al., 1982). During this time, Sue, Arredondo and McDavis (1992) published their hallmark model of cultural competence, which separates areas of competency into knowledge, skills, and attitudes. Each of the areas also contained three different domains of competency, which included awareness of the counsellor's own cultural self, knowledge of the client's cultural influences, and the use of culturally relevant interventions and strategies. This model formed a matrix of cultural competency, which remained one of the fore-front conceptualizations of cultural competency for twenty years. It also spawned several variations of frameworks, which be explored in upcoming sections.

The fourth moment, according to Ponterotto (2008), represented massive growth in the quantity of research devoted to multiculturalism. In the 1990s, counselling research saw racial identity, acculturation, and worldview constructs become integral areas of study, with expertise in defining and scrutinizing each area. Cultural identities, such as sexual orientation, age, and ability, began to come into the limelight as well (Atkinson & Hackett, 1998). Additionally, numerous measures of cultural competency were developed. Some of these will be discussed in later sections in this chapter. The fourth moment was characterized by the establishment of multiculturalism as a specialty area in counselling psychology.

Ponterotto (2008) concluded that the 2000s and onward can be considered the fifth moment of multicultural counselling. Some of the shifts in this moment included connections between multiculturalism and other specific approaches to psychology like positive psychology, personnel psychology, and personality psychology. It also includes further growth in research methods, including qualitative methods (Kassan & Sinacore, 2016; Pope-Davis, et al., 2002). Additionally, a number of scholars have made attempts to adapt existing counselling theories by

integrating cultural considerations (Allan, Campros, & Wimberlery, 2016; Wenzel, Dobson, & Hays, 2016; Wilk, 2014). However, debate exists about whether existing counselling theories should be adapted or whether new theories should be developed with culture at the centre of the theory (Arthur & Collins, 2015).

This fifth moment has included criticisms of earlier models of multicultural counselling and cultural competence in counselling, and development of new models. These models may be based on other areas of counselling psychology or may be branches of existing models. In the next section, I explore models and frameworks of multiculturalism in counselling, and pinpoint the model that underlies my beliefs in the profession.

Models of Cultural Competence

The understanding of cultural competence, as originally theorized by Sue and colleagues, has increased over the last thirty years of research (Gallardo, Johnson, Parham, & Carter, 2009). Several revisions of earlier models have occurred (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016) and new frameworks have been developed. Criticism of the earlier models, which focused on developing competency with different ethnicities alone, have been addressed. Consideration of intersections of multiple cultural identities has become much more prominent. I will review several of the models developed and briefly discuss advantages and disadvantages of each.

The American Psychological Association's *APA Handbook of Multicultural Psychology* (Leong, Comas-Diaz, Nagayama Hall, McLoyd, & Trimble, 2014) cites a conceptualization of cultural competence based on knowledge of culture, ability to relate to clients from different backgrounds, understanding inter-group differences in worldview, and effective performance in the counselling relationship (Ridley & Kleiner, 2003). This view demarcated a number of areas

touched on by other models, and builds upon the traditional framework (Sue, Arredondo, & McDavis, 1992) with the inclusion of knowledge as a competence area. However, the model appears to be grounded in training suggestions, rather than exemplifying a developed framework of cultural competence.

In this fifth moment of multiculturalism in psychology, cultural competence formulations have also followed the developing trend towards nonlinear model of conceptualization. The Ecological Model of Multicultural Counseling Processes (EMMCP; Neville & Mobley, 2001) was based on Bronfenbrenner's (1989) ecological theory. Fully encapsulating a systemic approach to culture, it focuses on the interactions between sociocultural factors and personal characteristics. The model is made up of five systems:

1. The individual/personal system, consisting of sex role and reference group identities, acculturation, multicultural counselling competencies, personality, age, and interpersonal competence;
2. The microsystem, which includes cultural experiences in proximal systems, and cultural competence within the local organization that counsellors and clients interact;
3. The mesosystem involves interactions between educational systems, mental health institutions, and sociocultural groups;
4. The exosystem is made up of societal policies; and,
5. The macrosystem relates to social identity structures, sociocultural values, and group responses to institutional oppression.

The strength of this model is that it takes into account the numerous systems that people live within and makes an attempt at describing interactions between those systems. It also acknowledges the role that power in systems play in shaping an individual. Neville and Mobley

invoked acculturation and self-efficacy to describe how cultural competence is evolved in counsellor trainees. They describe the competence learning process as being similar to acculturation processes (Berry, 1994) and involving the simultaneous growth of self-efficacy. However, this model appears to be lacking an in-depth explanation of how the systems interact. Readers may also wonder how to enact the acculturation process or how to develop self-efficacy in an effective way to improve their competence.

Research on the Multicultural Personality Questionnaire MPQ (Van der Zee & Van Oudenhoven, 2001) sought to determine the personality of a counsellor who represents cultural competence. The authors suggested that five factors underlie a culturally competent personality: (a) cultural empathy, (b) open-mindedness, (c) emotional stability, (d) social initiative, and (e) flexibility. This research may be useful in directing which faculties to improve in counsellor development and training. However, it fails to take into account what aspects outside of counsellor personality may be beneficial toward cultural competence.

Updates to the Three Original Competencies

Some theorists have continued to place credence in the ideas introduced by Sue and Sue (1990). For example, Constantine and Ladany (2001) offered a model that expands on traditional multicultural counselling competencies to include common factors. Common factors refer to those processes considered to be helpful across different cultures and populations. In this model, six dimensions are present:

1. Counsellor self-awareness, similar to previous models, emphasizes the important of counsellors' understanding their own biases and assumptions based on their cultural identities;

2. General knowledge of multicultural issues refers to counsellor familiarity with psychosocial issues related to membership in cultural groups;
3. Multicultural counseling self-efficacy describes the counsellor's belief in their ability to use multiculturally competent skills;
4. An understanding of unique client variables speaks to counsellors' understanding of their clients' personal and contextual factors;.
5. An effective counseling working alliance expresses the importance of the agreement between counsellor and client on goals, tasks, and the strength of their emotional bond, with relation to cultural issues; and,
6. Multicultural counselling skills include the counsellor's ability to be sensitive to and address cultural content in counselling.

Researchers have noted the importance of common factors in counselling. However, this framework is theoretically based on a combination of Sue and Sue's (1990) work and Fischer, Jome and Atkinson (1998). To my knowledge, it has not provided substantive evidence of support through application or comparison to real world counselling conditions. Further study could include testing of the model with real counselling dyads.

Pedersen, Draguns, Lonner and Trimble (2008) maintained that attention to one's own cultural identities and the cultural identities of the client were important. However, they shifted the third competency to focus on the interaction between those differing worldviews, instead of technique, and have added a fourth competency area to include culture of the counselling environment. This model highlighted the importance of the multiple interacting factors between client and counsellor as well as between the dyad of counsellor-client and the context in which counselling takes place. Pedersen also offered an alternative approach to culture in counselling,

which focused more on examining influences called cultural teachers, that produce a complex interaction of attitudes in each counselling relationship. This stance called for achieving awareness, knowledge, and skills in order to 'balance' influences, and is known as Inclusive Cultural Empathy (ICE; Pedersen, 2008).

Existing cultural competency frameworks and models have been criticized for being too abstract and providing only conceptual definitions instead of operationalizing concepts (Jones, Sander, & Booker, 2013). In addition, while some frameworks have built upon traditional competencies and included common factors, which have been operationalized, there appears to be a lack of recommendations for counsellors to enact cultural competence. Next I describe the Culture-Infused Counselling (CIC) framework (Collins & Arthur, 2007), which has a number of benefits including its specificity on how to improve competencies. In the next section, I introduce the CIC model, which was the framework that first enticed my interest in cultural competence in counselling.

What is Culture-Infused Counselling?

The Culture-Infused Counselling model is built upon the foundation framework by Sue and Sue (1990). The authors of the CIC model call for counsellors to consider four domains of competence: (a) cultural awareness of self, (b) cultural awareness of the client, (c) culturally sensitive working alliance, and (d) social justice imperatives (Arthur & Collins, 2010). Within each of the four domains, counsellors are asked to contemplate and develop knowledge, attitudes, and skills that forward cultural competence. Initially, CIC had three domains, and the fourth regarding social justice was developed after the notion that social justice plays an essential part in working with clients of multiple non-dominant cultural identities (Collins & Arthur, 2018). Arthur and Collins (2010) elaborated that while cultural competence literature has helped

counsellors to learn about similarities and differences with their clients, it has not adequately addressed how social inequities affect clients with non-dominant cultural identities. Thus, attending to social structures that “perpetuate power differences” (p. 142) and making efforts to relieve inequities is pertinent to work with clients.

One of the advantages of CIC is that unlike a number of other cultural competence, cultural sensitivity, and cultural humility frameworks, it provides specific actions that counsellors can take toward developing competencies in each of the domains. A comprehensive list of competencies, matched with the domains of the model, can be found in Arthur and Collins’ (2010) textbook, *Culture-Infused Counselling*.

Additionally, because of its focus on the working alliance between counsellor and client, the CIC framework highlights the connection between humanistic psychology and cultural considerations. I will outline the connection between these two paradigms next.

Humanism and multiculturalism in counselling. CIC takes a humanistic stance toward counselling, centralizing the relationship between counsellor and client. This makes sense given that humanism and the multicultural movement in psychology share a number of underlying principles. These include integrity, self-actualization, holism, nonreductionism, and irreducibility.

Integrity reflects the importance of understanding how one’s beliefs and worldview impact their work and how their values impact clients. Multicultural movement advocates emphasize the importance of considering the impact that their worldviews, preferences, values and biases have in counselling, and acknowledging the limited Western traditions of many counselling perspectives. Remaining critical of these individual and professional biases helps to ensure respect for client perspectives is upheld.

According to humanistic perspectives, people have a universal tendency to actualize their human potential (Scholl, McGowan, & Hansen, 2012). Culturally competent counsellors recognize that individuals' beliefs, values, worldviews, and constructions of behaviour shape their actualization. Seeing individuals as being multifaceted also speaks to the humanistic concept of holism.

Holism is an approach to viewing individuals as "whole" beings, made up of biological, psychological-mental, and social-emotional aspects. Similarly, irreducibility is the belief that individuals cannot be further reduced into these parts, rather that they must be considered together. These ideas parallel thoughts about intersectionality, the belief that multiple cultural identities are present within one person and interact to produce the unique individual. Both humanism and multiculturalism view the individual as made up of interacting parts that influence each other to produce the unique whole.

The working alliance is a construct within psychology that upholds a number of the humanistic principles discussed above. Thus, considering the working alliance from a multicultural perspective is a natural step (D'Andrea & Daniels, 2012). Further explanation of the working alliance concept will solidify a conceptual picture of the CIC model.

The working alliance construct. The working alliance, also called the therapeutic alliance or helping alliance, has become a widely studied subject across multiple disciplines of therapeutic care. Many researchers have provided unique characterizations of the working alliance in a therapeutic counselling relationship. In 1967, Greenson was the first to define the term working alliance. It was one of the three components of the therapeutic relationship, along with transference, and the real relationship (Greenson, 1967). At the time, this idea was limited

to psychoanalytic therapy. However, Gelso and Carter (1994) proposed that these components exist across all types of counselling psychotherapy, not only psychoanalysis.

Bordin (1979) provided one of the longest standing and well-researched conceptions of the working alliance. According to Bordin, the working alliance is the collaborative agreement of the therapist and client to work together for the purpose of therapy. It consists of three parts: (a) the agreement on goals of therapy, or what the therapy outcomes should be; (b) the agreement on tasks of therapy, or how the therapy should play out; (c) the emotional bond between therapist and client. Bordin also posed that the alliance is applicable not only in psychoanalysis, but in multiple types of psychotherapy, especially humanistic psychology.

Research on the importance of the working alliance. Further research has demonstrated that the working alliance fulfills an important role in the success or failure of therapy. In 1991, Horvath and Symonds conducted a meta-analysis of studies on the working alliance and success in psychotherapy. They found an effect size of 0.26 for the relationship between working alliance and therapy outcome (Horvath & Symonds, 1991). An additional meta-analysis of the working alliance measured by multiple rating scales showed that the working alliance was moderately correlated with therapy outcome, regardless of severity of condition or disorder. Ten years later the authors collaborated again to conduct a meta-analysis of 190 studies. The work yielded similar results, with an effect size of 0.28 (Horvath, Del Re, Fluckiger, & Symonds, 2011). This analysis also produced evidence that counsellors who are skilled at building alliances tended to have better alliances. Therefore, it appears to be beneficial for therapists to explicitly train in developing working alliances with their clients.

Critics argue that alliance ratings could be influenced by confounding variables that may enact a reverse causation or mediating relationship between the two variables (Crits-Christoph,

Gibbons, & Hearon, 2006). In a study on cognitive therapy for depressive clients, Strunk, Cooper, Ryan, DeRubeis, and Hollon (2012) found that the effect of the working alliance on improvements in depressive clients disappeared when they accounted for a third variable of prior symptom improvements. However, this argument was rebuked by Falkenstrom, Granstrom and Holmqvist (2013), who demonstrated that working alliance changes and symptom changes appeared to have a reciprocal effect on each other, with improvements in one increasing the other, and deterioration in one decreasing the other on a session by session basis.

The above evidence for the impact of the working alliance on counselling outcome supports lending attention to how this major common factor may play a part in navigating multiple cultural identities in the counselling relationship.

The ACA framework. It is pertinent to draw attention to another framework which has also centralized awareness, the relationship between counsellor and client, and steps to take to improve competence. The American Counseling Association (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015) published a framework in which the main components are comprised of (a) counsellor self-awareness; (b) client worldview; (c) counselling relationship; and (d) counselling and advocacy interventions. The ACA framework is also similar to CIC in that the awareness aspect of both people in the counselling dyad and the relationship are centralized. Because of this, it shares the advantage of emphasizing humanistic qualities of counselling. The authors of this framework have also thoughtfully addressed the concerns around a lack of actions to take to improve cultural competence, by including a list of suggestions within the framework. However, a number of these suggestions are at an abstract level e.g. "Acquire culturally responsive cross-cultural communication skills to interact with privileged and marginalized clients" (p. 8). More specific examples of how to achieve each of the suggestions,

and in this case, how to acquire responsive communication skills, would be helpful to counsellors in undertaking competence-building. CIC, in contrast, maintains a comprehensive list of specified actions that can be carried out to develop knowledge, attitudes, and skills to enhance competence. Next, I situate myself among the many models of cultural competence and explain how my view related to the research undertaken in the present study.

Theoretical Standpoint on Culture in Counselling

While conceptualizing the present study, I found myself most interested in learning how clients view cultural competence in counselling, and what stood out to them to be further developed. As my research was intended to be bottom-up, in that it would most strongly emphasize the experiences and incidents reported by participants, I desired not to adhere strictly to any one particular model of cultural competence, sensitivity, or humility.

However, researchers all have a theoretical standpoint. According to a social constructivist paradigm (Cottone, 2007), we exist in the world, where our own cultural identities and experiences have raised us to attend to certain things and not to others. I strove to be open to hear my participants' responses, but I recognize that even in asking a question, I was directing them in certain way. Thus, I have chosen to be explicit about the framework that oriented my conceptualization of cultural competence in my developing professional practice. I was drawn to the CIC framework. Even before I attended graduate school, I agreed with the emphasis on awareness, common factors, and advocacy. My personal perspective is that counsellors can become more competent in working with others by developing the knowledge, attitudes and skills outlined by Collins and Arthur (2007). I think that explanation of the framework I have provided above demonstrated the advantages of the model from a practical, service-provider

perspective. As a developing counsellor, I also believe I needed a theoretical framework on which to rest my growing professional capacities.

During my learning in this research, I was also drawn to the concept of cultural humility (Hook, Davis, Owen, Worthington, & Utsey, 2013), and found myself reconsidering my initial perspective. Through reflection and analysis of multiple cultural competence models, I now believe that the components of cultural humility are actually present within the CIC model (Arthur & Collins, 2010). Cultural humility describes a perspective that the counsellor takes in relation to the client, and in CIC, two domains of cultural competence are the counsellors awareness of their own cultural biases as well as awareness of the client's perspective. In my view, working between these two domains creates the perspective that is described by cultural humility. Thus, in my view, CIC has the aspect of cultural humility within it, although it is explained in a different way.

Therefore, I still believe that the CIC model of cultural competence is the most appropriate stance on multicultural counselling for me to take in my professional work. However, as stated above, my intention was to understand the client perspective, regardless of which theories fit well. It was not to search for aspects of CIC during the data collection or analysis process. I did intend to work from a social constructivist perspective, which will be further described in Chapter Three. To this end, I acknowledged that the way I view culture and cultural competence in counselling is a construction of my internalizations of dialogues with others in my life, and may not be similar to those constructions among the participants in my study. Therefore, throughout the study, I continuously assessed the impact of my personal and professional beliefs on my research plan and process. I include further commentary on this process in Chapter Three and Five.

Following, I will continue the exploration of literature by outlining what types of research have been conducted on cultural competence in counselling, with particular attention to the usefulness of cultural competence and what has been considered important in developing competence.

The Current Literature on Cultural Competence in Counselling

Cultural considerations have been studied in a variety of cultural groups. For example, research has been conducted on Latino/as, (Arredondo, Gallardo-Cooper, Delgado-Romero, & Zapata, 2014), African American girls (Bankhead, 2015), Asian and Pacific Islanders (Grey & Hall-Clark, 2015), American Indians and Alaskan natives (Harper, 2011), digitally sophisticated youth (Hoffman, 2013), polyamorous couples (Kolmes & Witherspoon, 2017), military (Laurence & Matthews, 2012), and Muslims (Qasqas & Jerry, 2014).

Multiple non-dominant groups have also been studied in tandem. Counsellor sensitivity and awareness contributed to better overall functioning in African American and Latino American populations (Gamst G. , Dana, Meyers, Der-Karabetian, & Guarino, 2009). See Cornish, Schreier, Nadkarni, Metzger and Rodolfa (2010) for a collection of suggested practices in a number of diverse groups, including older adults, those with disabilities, diverse ethnic groups, immigrants, linguistically diverse, men and women, those with mixed ancestry, individuals with diverse sexual orientations, sizes, social classes, spiritual groups, and transgender groups.

Much of the existing literature about cultural competence, and pertaining to the importance of cultural competence in counselling, has been done through counsellor self-report study. Further to this discussion, in the next section I will speak to the breadth of self-report perspective in the current literature.

Counsellor Self-Report Studies

It is beyond the scope of this chapter to describe the exponentially growing number of cultural competence models that have evolved through factor analysis, and have resulted in self-report measures of cultural competence in counselling. What follows is only a brief list of some of the quantitative research on the subject. Many of these models have an advantage of using factor analysis to learn, from a bottom-up perspective, what was important for counsellors in their work with diversity.

Types of self-report measures. As discussed previously, self-report measures have been the mainstay of measuring cultural competence in counselling for decades. Often research has inquired into what improves cultural competence, as measured by any number of existing scales of cultural competence, of which there were many produced throughout the late 1990s and 2000s. Some of these include: the prominent Multicultural Counseling Inventory (Sodowsky, Taffe, Gutkin, & Wise, 1994), the California Brief Multicultural Competence (Gamst et al., 2004), the Multicultural Mental Health Awareness Scale (Khawaja, Gomez, & Turner, 2009), the Multicultural Counseling Knowledge and Awareness Scale (Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002), and the Cultural Competence Assessment Instrument (Doorenbos, Schim, Benkert, & Borse, 2005). These instruments and others have been the most prominent form of self-report measurement for counsellor cultural competence. Studies on how to development cultural competence, and outcomes associated with cultural competence in counselling, are described next.

The results from self-report studies. Two meta-analyses assessing multicultural education effectiveness are notable. Conducted by Smith, Constantine, Dunn, Dinehart, and Montoya (2006), the first of these analyses included 45 studies that suggested taking even one

multicultural counselling course helped students to rate themselves higher on measures of cultural competence. The second included 37 studies that indicated, through pre-and post-coursework self and observer ratings, that training helped improve cultural competence. Similarly, Smith and Trimble (2016) conducted a meta-analysis of 68 retrospective and 47 outcome studies detailing counsellors' self-report evaluations about their cultural competence in counselling. In this analysis, personal characteristics did not appear to impact on perceived cultural competence. Multicultural education appeared to improve self-report abilities, attitudes, and clinical performance. The authors also acknowledged that publication bias could have had an effect on the results of the study. Research has also demonstrated the relation of cultural competence to better intervention outcomes (Owen, Tao, Leach, & Rodolfa, 2011). Other investigations have explored self-reports of cultural competencies by counsellors in Canada as well (Arthur & Januszkowski, 2001).

Self-report studies dominate cultural competence literature. However, as discussed in Chapter One, counsellors and clients can often have differing experiences of counselling (Bachelor, 1991). Since such differences can be related to ratings of symptom change and session evaluation (Marmarosh & Kivlighan, 2012), it is essential to uphold best practice by taking client perspectives into account. Furthermore, a review of the literature by Larson and Bradshaw (2017) indicated that there was a mild to moderate correlation between counsellor cultural competence self-reports and social desirability. The implication was that while self-report methods have been an extensively developed area for measuring cultural competence, some interference of social desirability could be skewing the results. The need for research on client perspectives is crucial to understanding and improving the way culture is incorporated into counselling.

The Client Perspective on Cultural Competence in Counselling

Few studies have incorporated the client's perspective on cultural competency. Thus, "the field... desperately needs research on clients' experiences, improvement, and retention" (Smith & Trimble, 2016, p. 40). An examination of how clients view the cultural competence of their counsellors offers an alternative reflection of the practitioner's competence, bypassing the social desirability bias of self-report. Examples of studies focused on client perspectives will be discussed next, and I will justify the need for a more diversified study using my chosen research method, which evoked and centralized the client perspective.

A recent meta-analysis by Tao, Owen, Pace and Imel (2015) demonstrated that client perception of therapist cultural competence was related to measures of therapeutic process and outcome. These included (a) working alliance, (b), client satisfaction, (c) general counseling competence, and (d) session impact. In addition, the development of cultural competence was linked with better reports of bond and projected prognosis, in a study of counsellors working with Black clients (Katz & Hoyt, 2014). Support for cultural competence has been voiced by clients in specific modalities of therapy such as music therapy (Hadley & Morris, 2016) in online supervision (Baltrinic, O'Hara, & Jencius, 2016), and academic advisory contexts (Archambault, 2015) and rehabilitation counselling (Cartwright & Fleming, 2010).

Another recent meta-analysis extracted 16 studies reporting on over 2000 clients' experiences with cultural counselling competence (Smith & Trimble, 2016). The authors found that client perceptions of counsellor characteristics ($r = 0.50$), client participation ($r = 0.26$), and client outcomes ($r = 0.16$) were related to perceived cultural counselling competence. Interestingly, therapist ratings of their own competence were related less than 1% to outcome measures, but client ratings explained 61% of variance in perceptions of the therapist, 44% of

variance in participation in treatment, and 16% of variance in client outcomes. Smith and Trimble posed that this could mean judgments of cultural competence by clients are critical for understanding the results in each of these outcome measures.

Similarly, a meta-analytic study by Smith, Constantine, Dunn, Dinehart, and Montoya (2006) demonstrated that training on cultural competence in applied psychology programs was related to higher cultural competence ratings, racial identity, client-counsellor relationship, and reduced racial prejudice. However, as Constantine, Miville, and Kindaichi (2008) pointed out, the authors did not make predictions about how training leads to these outcomes. Indeed, much of the existing research on cultural competence has relied on meta-analyses of self-report scales. Meta-analyses have been useful in describing the relationships between two variables, often which has been an assessment of cultural competence as the independent variable and client outcome as the dependent variable. This has helped researchers to determine the existence of a link between cultural competence and client success in therapy.

What is limited by the meta-analytic methods of quantitative studies so far, as Miller and Sheu (2008) argued, is the estimation of mediation relationships, or a way for participants to express how or why the relationship between cultural competence and outcome exists. Qualitative studies can help to address this gap by providing feedback on what parts of cultural competence are found to be helpful by clients, which may explain what was useful in training and what leads to particular outcomes.

Qualitative Studies

Qualitative studies focus on providing a rich, in-context understanding of the phenomena being studied (Guba & Lincoln, 1994). Typically utilizing analysis of spoken and written word, these types of studies use stories and quotes to derive meaning for abstract concepts. A much

smaller number of studies have utilized qualitative methods to explore client perspectives of cultural competence in counselling. One qualitative study focusing on the client perspective of multicultural counselling suggested that client characteristics, their internal processes and appraisals of counsellors, and relationships with counsellors contribute to their experience of counselling (Pope-Davis et al., 2002). This study invoked grounded theory, wherein researchers attempt to formulate a theory using the data acquired from the client's experiences.

Furthermore, a 2016 study explored female adolescent experiences with counselling, focusing on cultural competence (Kassan & Sinacore, 2016). Clients identified counsellor self-awareness, knowledge (general, cultural, and contextual), counselling skills and the counselling relationship (importance, type, and counsellor self-disclosure) as major areas of importance. Cultural sensitivity, which was related to counsellor appreciation of client cultural contexts, was also pertinent, as was agency in family interventions and other external factors.

A 2015 study (Rogers-Sirin, Melendez, Refano, & Zegarra, 2015) examined immigrant undergraduate students' views of their counsellors' cultural competence. With a modified Consensual Qualitative Research (CQR) method, participants related that incompetence included: lack of clarity about what therapy entails, discrimination and microaggressions, assuming cultural knowledge, and pathologizing cultural differences. Competence included: openness to learning about clients' culture, using culture in an appropriate way, knowing when culture was not related to presenting concern, displaying patience and empathy.

Summary. The above sections have summarized the definitions, frameworks, and research supporting development of cultural competence in counselling. In the following section I speak to the potential contributions of the present study, highlighting what additional knowledge it could bring to the cultural competence in counselling literature.

The Potential of the Present Study

To my knowledge, my thesis work is the first study that examined the client perspective using ECIT analysis. The method targeted those behaviours, expressions, and attitudes by counsellors, as well as client contributions to the counselling experience, that were helpful, hindering, and still desired by counselling clients. This meant that my study provided clients with a setting to give feedback about the counselling process and perceptions about the role of culture role in counselling. My study was tailored toward providing clinicians with practical, actionable considerations for their own practices.

I intended to determine how clients interpret effective cultural competence by their counsellors from a bottom-up lens. Rather than projecting from theoretical frameworks, I asked participants to draw from their experience to reveal what may be helpful or hindering for counsellors to incorporate. I also hoped to determine what clients believe they are doing that contributes to their positive and negative experiences in counselling. This focus has, to my knowledge, has also never been examined by another study of client experiences in a multicultural counselling context. Therefore, the central research question in the study follows: What do clients perceive as helpful and hindering in navigating culture in the counselling context?

Summary

A review of the literature on cultural competence in counselling was presented in Chapter Two. Beginning with the growth toward multicultural considerations in the counselling field, I offered an overview of existing cultural competency frameworks, and highlighted CIC, which was part of my personal perspective on including culture in counselling prior to undertaking this research. I situated myself amongst the theories and made my assumptions from theory

transparent. I reviewed the existing research on culture in counselling, noting the breadth of quantitative studies on counsellor reports, but remaining need for client-centred, and particularly qualitative, inquiries. I concluded by stating the knowledge that the present study could offer to literature, by utilizing a client driven, practically focused method of investigation. The philosophy and methodology of the present study, and the procedures used for data collection and analysis will be outlined in Chapter Three.

CHAPTER THREE: METHODOLOGY

In this chapter, I explore the methodological approach I took in creating and executing the present study. I begin by outlining philosophical paradigms and focus explicitly on the paradigm underlying this research, which is social constructivist in nature, offering a rationale for orienting the present study in qualitative research. I explain my method, the Enhanced Critical Incident Technique (ECIT), which aims to solicit helping, hindering, and desired factors from former client participants regarding the practice of counselling. I offer a brief summary of the history of the method, and elaborate on the steps taken to adhere to the method in data collection and analysis. Finally, I detail the ethical considerations of the present study.

Philosophical Underpinnings of Research

Outlining a history of philosophical stances in research helps to situate the present study and to illuminate my values as a researcher. Scientific inquiry began to take hold as a trusted way to understand the world and reality in the 17th and 18th centuries (Ponterotto, 2005), with development of scientific theories that could be verified through experimentation, and the technology to carry out such work. The nature of scientific inquiry propelled positivist inquiry into the spotlight through the next 400 years. The positivism paradigm refers to a way of knowing that focuses on verifying hypotheses through logical or mathematical means. It was a reaction to the prior dominant assertion that theism or metaphysical beliefs best explained reality. In positivism, the world is driven by natural laws, and sensory experiences are quantified to determine the true nature of those laws (Avramidis & Smith, 1999). The researchers or inquirers must use objective means to separate themselves from the object of study in order to observe the phenomenon naturally, without bias from being part of the study itself. Empirical methods including statistical and other mathematical measurements are the hallmark of positivist science.

During the 20th century, positivism began to come under criticism. Postpositivist proponents suggested that instead of a knowable truth verified by perfect study, the world can only be comprehended through flawed human mechanisms (Ponterotto, 2005). Despite the differences between these two viewpoints, both positivism and postpositivism share some similarities through positioning the inquirer as detached from the observed phenomenon, and emphasizing cause-effect relationships.

Further criticisms of the common aspects of positivism and postpositivism were made pertaining to psychological research, which was seen as having differing characteristics from the physical world (Avramidis & Smith, 1999). This led to the emergence of the interpretive-constructive paradigm. In this view, multiple realities exist, which are socially constructed through history and culture. Because of the multitudinous nature of reality, the answers to inquiries about the nature of phenomena are up for interpretation. Thus, interpretive researchers must accept that truth is relative. The methods used to interpret reality involve representations of individual constructions and comparison to other, equally valid constructions.

Constructivism and constructionism. In order to understand approach that I have taken in my research, two terms must first be defined. Constructivism and constructionism are facets of the interpretive, constructive view. These terms have often been used interchangeably, however, they refer to different aspects of an interpretive view of meaning (Raskin, 2002). Constructivism speaks to how individuals independently create their view of the world through interpreting personal experiences, while constructionism has a focus on social practices building meaning and knowledge of the world. Proponents of a more moderate view of constructivism acknowledge the contribution of context and social interaction to an individual's self-formed

experience (Cottone, 2007). This is called social constructivism, which was the foundation of my approach to the present study.

Social Constructivism

Like constructivism, social constructivism centralizes the individual's development of knowledge through interpreting the world around them (Cottone, 2007). However, in social constructivism, it is believed that individuals understand the world by absorbing and interpreting social constructs. These social constructs are formed through social interactions influenced by historical context.

Within the domain of social constructivism, there has been some debate about how much of a role the individual's cognitions play in the construction of meaning. Radical social constructivism (RSC), which poses that everything is understood relationally, does not hold a place for individual cognition (Cottone, 2013). This view has been criticized for failing to uphold logic, and denying components of morality and a conscious mind (North, 2016). In response, Cottone (2017) argued that RSC is meant to encourage counsellors to view problems as socially defined, rather than pathological. Distinctions were made between terms used in RSC (i.e. absolute) and other paradigms of philosophy. Cottone furthered argued that RSC does not deny logic or free will, but centralizes instead the beliefs of communities and situates moral constructs as such.

RSC may be viewed as a more extreme point on a continuum of constructivist orientations. Nevertheless, RSC does maintain that individual cognition has no place in learning and understanding. In my view of reality, underlying the belief that ideas are constructed on a social level, is the notion that even individual interpretations of social constructions may differ from person to person. Historical and environmental factors influence this process of

construction. However, being able to truly know the exact construction of others is impossible, due to the inability to escape one's own singular experience of reality. This makes my view existentialist, in that I believe each individual is alone in their experience of the universe and in awareness of impending death (Solomon & Lawlor, 2011). However, this awareness drives our will to live, to choose our paths, and to support others towards these ends as well (van Deurzen, 2002). I reconcile my existentialist beliefs with social constructivism by taking a moderate view of social constructivism. I agree that at a societal level, ideas are determined by agreement among communities. However, at a metaphysical and spiritual level, those constructions of ideas and existence are singular, modified by internal personal experiences, and not entirely knowable by anyone else.

Since research and counselling are enacted on a societal level, a social constructivist approach makes sense for inquiry. Taking a social constructivist perspective, understanding experiences in context becomes a primary method of investigating psychological and social constructs. Thus, social constructivism lays the groundwork to conduct studies that delve into unique and rich human experience. The present study was oriented by social constructivism, seeking to elevate and examine the unique experiences of former counselling clients and their experience of how they navigated within the counselling relationship context.

Social constructivism is also compatible with the CIC framework. According to the authors, in CIC, an individual's worldview is created through interpretation of personal, cultural, contextual, universal, and ideological factors (Arthur & Collins, 2010). This means that the interpretations that I made as a researcher with social constructivist values could be used to map onto CIC and help me to better compare the data I gathered with the framework and suggested counselling competencies therein.

Study Design: Quantitative and Qualitative Methods

From the two different paradigms discussed above come different methods of scientific inquiry. These may be divided into two main streams: (a) quantitative designs and (b) qualitative designs. Historically, quantitative methods have dominated scientific inquiry (Guba & Lincoln, 1994). Quantitative designs involve turning research questions and data collection into mathematical or statistically measureable formats. Positivism or postpositivism, and the focus on obtaining measures of reality, often underlie these research designs. Quantitative methods have also been considerably developed, resulting in powerful statistical procedures.

However, there have been criticisms of quantitative methods, often aligning with criticisms of positivist values. Two main critiques were discussed by Guba and Lincoln (1994), which come from internal and external sources respectively. The internal arguments focus on the differences between human and non-human behaviours, the role of the research as an human participant in executing research, and the generalization of information not applying to any one real case. External arguments include concerns about the role of theory and the roles of values in determining facts, and the interactive nature of inquirers and phenomena under investigation.

Qualitative methods provide an alternative way to inquire, which address some of the aforementioned criticisms of quantitative methods. Qualitative methods focus on gaining a rich, in-context understanding of the phenomena being studied, and include appreciation of reflexivity, which acknowledges the inquirer's role in developing and executing research study. Qualitative methods are often driven by interpretive-constructive philosophy. With a social constructivist philosophy, it makes sense to utilize a qualitative methodology. In addition, qualitative methods are effective for answering research questions about the world of the participant, from their perspective.

Within the diverse arena of qualitative methods, a researcher often looks to the research question to select the most suitable method of inquiry (Creswell, Hanson, Plano Clark, & Morales, 2007). Since my research question sought the participant perspective on cultural competence in counselling, it made sense to utilize a method that would emphasize their personal experiences. Next, I will describe the method I chose for the present study, beginning with a short discussion of the history and influences on the current approach.

The Enhanced Critical Incident Technique (ECIT)

My study, which explored the beneficial and non-beneficial elements of navigating cultural differences within the counselling relationship, was conceived through the Enhanced Critical Incident Technique. This method is most often used to extract helpful and non-helpful behaviours in achieving a particular activity. A short history of the method follows, which will give context to the method and how it was adapted to fit my particular research question.

History of CIT and ECIT

John C. Flanagan, a researcher working in the United States in the 1950s, was credited with developing the Critical Incident Technique (CIT). The Critical Incident Technique was developed initially in research on selection of flight training students for pilot candidacy, and was then utilized in a series of investigations about pilot performance (Flanagan, 1954). In these studies, researchers analyzed interviews with pilots to determine "critical requirements" for effective performance.

The CIT method was developed during a time when positivist methods dominated scientific research, and qualitative methods lacked popularity or acknowledgement. Thus, Flanagan developed his method with the positivist paradigm in mind. CIT has a reductionist approach reminiscent of quantitative approaches to research, in that it seeks to categorize and

compare sections of participant experiences, in order to describe overall patterns of experience. Bedi, Davis and Williams (2005) described the method as incorporating both quantitative and qualitative elements.

Woolsey (1986) provided a historical account of the CIT method. Over the years, the CIT has evolved and undergone a number of changes. For example, the CIT was first used for observable behaviours, but began to be used for studying abstract concepts by researchers like Eilbert (1953), who examined emotional immaturity, Herzberg, Mausner, and Snyderman (1959), who studied motivation to work, and Weiner, Russell, and Lerman (1979), who inquired about cognitive and emotions process of achievement. Initially, CIT was often used with expert observers providing information on behaviours (Flanagan, 1954). More recently, it has been used often in a self-report format, with the subjects of study being the participants in the interviews with researchers.

CIT has 5 major steps:

- 1) determining the general aims of the activity in question;
- 2) making plans;
- 3) collecting the data;
- 4) analyzing the data; and
- 5) interpreting and reporting on data (Flanagan, 1954).

These five steps have typically been retained, and in updated versions of method, have been expanded to provide more detail on how to carry out each step (Butterfield, Borgen, Maglio, & Amundson, 2009). A number of studies using CIT or derivatives have been developed by researchers in the Canadian context (Arthur, 2001; Borgen & Amundson, 1984; Butterfield et al., 2009; Woolsey, 1986).

The Enhanced Critical Incident Technique, as mentioned in Chapter Two, is an expanded version of the CIT, which preserves the original style of asking interview questions about what positively and negatively influences the performance of an activity. The ECIT method includes an additional questioning line which probes for what people think could positively affect the performance, but is something they have not had access to yet (Butterfield et al., 2009). These are called *wishlist items*. ECIT also includes more credibility checks, which attempt to validate the method while aligning with theoretical underpinnings.

ECIT does incorporate aspects of both quantitative and qualitative methodology, and similarly both positivist and constructivist ideals. The decision to align fully with the method described by Butterfield and colleagues (2009), including the use of quantitative credibility checks, which force findings to adhere to positivist ideals of numerical validation, means that the fit with a social-constructivist paradigm is imperfect. However, researchers have argued that despite the limitations, it is suitable for working within an interpretive paradigm (Butterfield, Borgen, Amundson, & Maglio, 2005). In this case, ECIT is utilized as an investigative tool rather than a scientific tool. Chell (1998) advised that researchers must examine their own assumptions and be intentional about how to use the method for their investigation. Although ECIT is known for being a flexible method of inquiry (Flanagan, 1954), a set of guidelines on implementation of the method by Butterfield and colleagues (2005) have served to streamline and enhance credibility of the use of ECIT in the last 10 years.

Aligning with the ECIT Method

Next, I describe the steps I took to develop my study in line with the ECIT method described by Butterfield and colleagues (2009). I describe each of the steps I carried out to develop and conduct the study.

Step 1: Determining the Aim of the Activity

As mentioned in earlier chapters, the aim of my study was to demonstrate cultural competence in counselling, from the client's perspective. Based on the discussion of cultural competence found in Chapter Two, I sought to understand, from the client perspective, what beneficial and non-beneficial behaviours, attitudes, contexts, and aspects contributed to a positive counselling experience. On a broader scope, this study sought to provide insights on how to improve the counselling experience for individuals, in consideration of the multiple cultural identities interacting between counsellor and client.

Step 2: Plans, Specifications, and Criteria

The second step in ECIT is to decide who will be making observations, who will be observed, and what behaviours or experiences will be observed (Butterfield et al., 2005). As mentioned above, my research was a retrospective study from the client's point of view. The clients were the observers, both counsellor and client were observed, and the interactions in counselling were the observed experience. In particular, I focused on what helpful, hindering and desired aspects were notable for clients. I chose to broadly ask for clients' experiences of both the counsellor and their own actions in counselling because counselling can largely be thought of as a relationship, and from a social constructivist point of view, both clients and counsellors are actors in the creation of the relationship.

In preparation for data collection, I developed documentation. First I created participant consent forms, designed to elaborate on the purpose, expectations, benefits, risks, confidentiality, and use of participant information for the study. I also generated an interview guide to evoke participant recollections of helpful, unhelpful, and desired aspects of counselling, particularly in relation to cultural interactions. The interview guide is used in ECIT to ensure that content is

explored in depth consistently from participant to participant (Butterfield et al., 2009). It also provided a record of the interviews, which I referred to as I analyzed the data, in addition to audio-recordings and transcripts. In order to give myself the best opportunity to become acquainted with the data in a short amount of time, as well as to standardize interviews, I decided to conduct all interviews and transcription myself. I had previous experience in conducting ECIT interviews and data analysis, which contributed to my decisions on how to proceed with the interviews for the present study. I also consulted with my supervisor when developing my documentation.

Step 3: Collecting the Data

Recruitment. Ten participants from local counselling centres in Calgary took part. Each participant had at least one previous counselling session with a counsellor who had at least one different cultural identity from them, as identified by the participants. Participants were recruited from counselling agencies in the city of Calgary. This area was economically accessible to the researcher and allowed for face-to-face interviews, which are the ideal type of interview for the ECIT method.

To recruit participants, I made connections with personnel at counselling agencies and multi-cultural groups. I reached out to university clinics, community clinics, and private practices through phone calls and email. I was also referred to the international student group through the University of Calgary. Participants were given the opportunity to self-refer, by providing my study and contact information on posters and newsletter advertisements. The recruitment materials contained information about the purpose of the study, eligibility criteria, benefits to participant and community, and contact details.

I chose this method of recruitment to ensure that participants were able to self-identify that a cultural identity difference existed between them and their counsellors, rather than having counselling staff or administrative staff select individuals. I sought to explore the participants' self-identified cultural identities and counselling relationships, so ensuring the referral process was client-driven was key to avoid placing judgement about which cultural identities would be included.

Participants contacted me by email or phone to discuss their eligibility for the study and to arrange interview dates. My interviews were conducted in-person, as recommended by Butterfield and colleagues (2009). The interviews took place at the University of Calgary, in semi-private bookable library rooms or bookable rooms in my home department building. I chose these locations because they were both public in that the rooms can be seen publicly in order to maintain the safety of both myself and my participants, but private in that the space was largely sound-proof and quiet, making it an ideal location for face-to-face interviews that must be audio-recorded.

Credibility check: Audio-taping interviews. Audio-recording interviews is a credibility check of the ECIT method, which serves to improve rigour. I audio-recorded each interview using a digital voice recorder and a backup recorder on my password-secured phone device. Recording interviews is advantageous in that it provides the researcher with a verbatim account of the participant's words, which improves the ability to communicate their perspectives. It also allowed me to take part in the process of transcription, which increased my familiarity with the data as I moved through analysis.

Interview method. Participants were told that the interview length would be one hour, and in practice this tended to be the norm, with some slightly shorter interviews. Questions

probed for participants to discuss positive and negative aspects of their experience in working with counsellors who differ from them culturally. I employed active listening techniques to elevate understanding of my participants' stories, and engaged in follow-up questioning to deepen responses.

It is important to note that although I discussed the CIC model as my basic framework for culture in counselling, I chose to remain closer to the qualitative ECIT style of questioning in my interviews. Using open-ended questions that did not probe explicitly for aspects of the model allow me to gather data that participants self-selected as being important, as opposed to reacting to my assumptions. See Appendix F for a copy of the interview guide.

At the end of the interview, I asked a question about debriefing anything that the participants feel needs to be discussed at that point. I also followed up via phone or email with each participant to verify the categories and incidents I extracted from the interview recordings, which gave another opportunity to debrief. Participants received a \$20 gift card for a coffee shop chain for their participation in the initial interview.

Qualifiers regarding the participant group. Two concerns arose, due to the choice to have participants self-select their interest in participating in the study. First, the participant sample included individuals who were mostly international students attending at the University of Calgary, who heard about the study through a newsletter sent out by International Student Services. Due to the time-limited nature of this research, I was unable to encourage more advertising in other community clinics. The implications of my study sample will be discussed in Chapter Five. Second, time and resource considerations were also factors in determining the scope of this study. In consultation with my supervisor, it was decided that 10 participant interviews would be satisfactory to explore the topic.

Credibility check: Exhaustiveness. Flanagan (1954) recommended that participant interviews continue until exhaustiveness is reached. Exhaustiveness is the point at which data begins to repeat and incidents all fit within categories already established. It was difficult for me to determine exhaustiveness due to creating categories from almost all of my transcripts at once. However, I did have two sets of incidents from the last two interviews that were entered into the analysis after categories were created. At that point, all incidents could be categorized into existing categories, which indicated that exhaustiveness was reached at least by the eighth interview.

Credibility check: Interview fidelity. Another credibility check is interview fidelity. Butterfield and colleagues recommended having an expert in the method, such as a thesis supervisor, check over every third or fourth interview to ensure that fidelity to the CIT is retained. My research supervisor had access to transcripts and audio files to conduct this fidelity check, and no discussion of alterations to interview method were discussed.

Step 4: Analyzing the Data

The fourth step in ECIT is analysis of the data (Butterfield et al., 2005). In stage four, I determined a frame of reference, formulated categories by grouping incidents together, and decided on the level of specificity versus generality.

Determining the frame of reference. There are many ways that data can be grouped together to form categories. In order to choose the most appropriate way, a frame of reference must be set to guide categorization. Frame of reference arises from the purpose that data will play. For the present study, the purpose of data was to disseminate the stories of my participants, and to inform counsellor education and knowledge in order to better serve diverse individuals. This purpose guided my categorization of data.

Formulating categories by grouping incidents together. Flanagan (1954) commented that this task requires "insight, experience, and judgement", and added that it is quite subjective. Butterfield and colleagues broke this process into three steps: (a) organizing the raw data, (b) identifying the CIs and WL items, and (c) creating the categories.

Organizing the raw data. Organization of data was done using audio files and digital transcripts and spreadsheets. I typed transcripts for each of the audio-recorded interviews, at the same time taking note of preliminary CIs and WL items.

Identifying the CIs and WL items. In chronological order of interview date, I returned to the transcripts for a dedicated read-through with the intent of searching for CIs and WL items, and made notes on the transcripts to demarcate the usable data. I also consulted my interview guide notes to review potential CIs and WL items I had identified during the interview. Once listed in the digital document, I copied the incidents, items, and blocks of texts indicating importance and examples of each, and transferred them into Excel spreadsheets organized by helping, hindering, and wishlist items. In the spreadsheet I listed each participant number and placed the incident code, incident text, importance text, and example text alongside the number.

According to Flanagan (1954), incidents with at least one instance of importance or example text can be included in analysis. I maintained this method of inclusion and exclusion in my analysis. A small number of incidents with no stated importance or examples were dropped from analysis prior to categorization.

Credibility check: Independent extraction of CIs. Butterfield and colleagues (2009) recommended that 25% of transcripts are reviewed by an independent individual, with the goal of identifying CI and WL items. This is done so that the incidents found by the researcher can be verified by comparison to those found by the independent extractor. I compared my incidents to

those found by one independent reviewer, who was a graduate student in my academic program, who held substantial experience using the ECIT. After discussion about discrepancies between our codes, we came to 100% agreement on incidents, which fulfilled the credibility check for incident coding.

Creating the categories. Inductive reasoning was used to search for similarities and differences between incidents. It was an intuitive process, with several iterations of category development. Butterfield and colleagues (2009) suggested working through the incidents of three interviews at a time to form categories, and then merge the categories once formed in sets of three. Due to time limitations, as well as due to accumulating data in a very short amount of time, I chose to search all the data at once to form initial categories. Looking over all the data allowed me to quickly see connections that had almost identical wording in several cases, and to double check my process. When CI or WL items did not appear to group with other incidents, I referred back to importance and example information to ensure underlying meaning was significantly similar enough to belong in one category. In some instances, after referring to importance and examples, incident codes were changed to better reflect the intended meaning from the participants' language use.

Credibility check: Participation rates. Identifying the number of participants that contributed to a category provides information about the strength of the category relative to other categories found. After all incidents and items were categorized, I calculated a minimum threshold of 25% participation rate for each category, which was the standard established by Borgen and Amundson (1984). All categories met this threshold and in most cases, so did sub-categories, which meant that at least three individuals had critical incidents or wishlist items in a

given category. See Chapter Four for a summary of the incident placement within the categories. Next, I decided whether to further break these categories into the sub-categories.

Deciding on the level of specificity or generality. In cases where larger categories could be separated into more specific sub-categories, I used my existing knowledge of cultural competence and counselling literature to choose the level of specificity that would be accessible in reporting data. For some categories, I chose to keep the category level and have large sub-categories because I saw the sub-categories as too conceptually similar to separate, compared to the differences from other categories. I strove to ensure the best utility for categories to fulfill my purpose of disseminating participant stories and informing counsellor education.

Credibility check: Placing incidents into categories by an independent judge. Another credibility check that aids in establishing validity of the study is having an independent individual blindly place 25% of randomly chosen incidents and items into the most appropriate category. This was done by providing the incidents in a list to another student in my program who had familiarity with ECIT, and the categories and operational definitions of each. There was 90% inter-rater reliability between myself and the independent judge. This meant that of all of the incidents and items that were categorized independently, only four were placed in different categories. This was well above the suggested 80% by Andersson and Nilsson (1964), noted in Butterfield and colleague's guiding article (2009). In addition, my supervisor also provided feedback on the categories. The data was presented anonymously to others. An in-depth exploration of data analysis can be found in Chapter Four.

Credibility check: Cross-checking by participants. To help ensure that data was consistent with participant experience, I sent each participant a list of the incidents I had extracted from the transcript and audio-recording of the interview in which the participant took

part. I also attached the categories that each of their incidents was placed into. This credibility check served to ensure the data is supported by the participants involved in the study. This check is not only a part of the ECIT method, but also a prerogative of many qualitative methods as whole, which seek to earnestly represent the experiences of the participants who partake in the study. Of the ten participants who took part in the initial interview, only three were available to provide feedback about the categories and incidents. Two agreed that all incidents fit their experience and all categories made sense for their contexts. One agreed that the categories made sense but suggested that one of her incidents belonged in a different category. After discussion, I moved her incident to the other category, and retained all categories as this did not affect the threshold for category maintenance.

Step 5: Interpreting and Reporting the Data

The fifth step in the ECIT is to interpret and report on data. Flanagan (1954) suggested that attention to biases must be paid, that limitations be discussed, and that decision-making and judgments be explicit in the final report (Butterfield et al., 2005). Results and interpretations follow in Chapter Four and Chapter Five, respectively.

In addition to the independent process of data collection and analysis, the nine credibility checks were considered in the present study to enhance the validity of the work. The above seven credibility checks have described the efforts to ensure rigour in carrying out data collection and analysis. The remaining two credibility checks give credence to the interpretation of data.

Credibility check: Expert opinion. In a similar vein to other independent checks, an expert in the ECIT method was asked to confirm fit between the categories of the study and existing research in the field. Butterfield and colleagues suggest enlisting two experts. I consulted a senior colleague in the department who had taught a course on culture in counselling.

I also consulted a colleague with a Master's degree in counselling psychology who had extensive research experience and completed a course about culture in counselling. Both experts agreed that the categories made sense and are useful for cultural competence literature. They also offered suggestions on how categories related to literature, which were included in the Chapter Five discussion.

Credibility check: Theoretical agreement. This check involves comparing the categories from the study with existing literature in the field. I extensively reviewed literature related to cultural competence in counselling and found evidence to support each of the categories I found in my data. Please see Chapter Five for an in-depth discussion of the comparisons to the literature.

The above system of data collection, analysis and interpretation recommendations aided my alignment of the present study with the ECIT method described by Butterfield and colleagues (2009). Next, I review the ethical considerations of the present study, and I describe how ethics were upheld throughout the conduction of the study.

Ethical Considerations

Before I endeavoured to seek out and make contact with participants, my study underwent review by the University of Calgary's Conjoint Faculties Research Ethics Board (see Appendix A). In preparation for this review, I compiled a number of relevant considerations for my study in order to uphold ethical research practice. First, I describe the process of informed consent used in the present study. Specific issues of confidentiality, benefits and risks of participation, funding, and establishing rigour, are discussed in the following sections.

Informed Consent

When individual participants met with me, I explained the consent form to ensure that the individual understood the aim of the study, the risk and benefits of participation, and what was being asked of them. This included informing them that they were taking part in a voluntary process that could be stopped at any time. If a participant wanted to end participation during the interview, I was prepared to stop the recording and debrief quickly about the reasons why, if the situation arose. I explained to participants that the recording would be destroyed if they decided to terminate, and how they could disallow their data to be used after the interview. The limit to this was that, once the data were included in analysis and contributed to a created category, they could not be extracted from the category. I could ensure that no direct quotes were used in any reports on the study if the participant chooses to remove their data at that point. However, the created category would be retained, as it contains the contributions of other participants, and is completely anonymous. After this discussion, the participants signed the consent form to indicate they understood and consented to participation. No participant asked to terminate participation.

Participants were offered a \$20 gift card to a coffee shop for their participation in the study. This amount was deemed large enough to act as an incentive and small enough to preserve the natural incentive to participate.

Confidentiality

No real names were used in any reports on the study. Numbers were used to refer to participant data. I chose to do this to better protect confidentiality. In my previous research experience I had seen participants select pseudonyms that still allowed identification in tandem with other information. Since these interviews involved directly divulging multiple pieces of personal information, including cultural identities and mental health, I chose to keep the domain

of names as confidential as possible by using numbers instead. Some direct quotes from participants can be found in Chapter Four, which serve to enrich understanding of the data and to demonstrate categories. They may also be used in poster presentations or oral reports, however, these will not be linked to any identifying information. Any information foreseen as potentially identifying, such as a place, date, or counsellor name, was removed from direct quotes.

The interviews were audio-recorded by a digital voice recorder and one backup phone recorder that was password protected. In order to protect confidentiality after the interview, the recordings were immediately transferred to a password secured laptop and were deleted from the recording devices. Data will kept in a password secured USB in storage in a locked cabinet for five years. After five years, the data will be destroyed by deletion.

Benefit and Risk Assessment

Risks. This study was considered to be low risk to participants. The only risks associated with the study were psychological or emotional discomfort from relating potentially negative aspects of experience in counselling. This risk was not greater than that which could be encountered in everyday life. I also took steps to manage the discomfort that could have been experienced. I structured the interview to explore both positive and negative aspects of counselling, to ensure that a well-rounded data set was received. This gave participants a chance to discuss problem solving to reduce negative interactions in counselling, which I believed could be empowering for them. The questions of the interview were ordered to allow the participants to leave the interview on a positive note. At the end of the interview, I also gave them an opportunity to debrief any negative feelings from the discussion and will provide resources for the to follow up on their feelings further, if needed. One individual did ask me by email for a list of resources for counselling services. The participant stated that she was not in distress at the

time, but was interested in exploring feelings and thoughts that had come up during our discussion.

Benefits. The benefits of the study for participants included the opportunity to debrief negative aspects of counselling and the opportunity to reflect on positive aspects of counselling. The participants were informed that the purpose of the study is to improve counsellor education, and that they will be contributing to helping future counsellors by providing input. This research also gave clients a voice about their counselling experiences. As discussed in Chapter Two, this contrasts much of the previous research that focuses on the counsellor's perspective. In consultation with my supervisor, it was determined that the benefits of this study vastly outweighed the risk of participation.

Funding

This project was funded by the Queen Elizabeth II Masters Scholarship. It was not funded through an industry, organization, or institution.

Conflicts of Interest

To my knowledge, there are no conflicts of interest in financial areas or relationships among researchers and participants or pertaining to the study in any way.

Establishing Rigour

As discussed earlier in the chapter, nine credibility checks are used in ECIT to establish rigour. The checks were (a) audiotaping interviews, (b) interview fidelity, (c) independent extraction of critical incidents (CIs), (d) exhaustiveness, (e) including participation rates for each CI, (f) categorizing incidents by an independent judge, (g) cross checking with participants, (h) acquiring expert opinions, and (i) ensuring theoretical agreement.

Researcher Assumptions and Biases

In Chapter Two, I described my attraction to the Culture-Infused Counselling (Arthur & Collins, 2010) model in order to provide an understanding for how I conceptualize culture in the counselling relationship. However, reflexivity is one of the hallmarks of qualitative inquiry. This focalized mindfulness of my biases and expectations as I embarked on this research journey. I will briefly describe some of the assumptions and decisions I made in this study to ensure transparency of my thought-process and the impact of my values on the project.

CIC and Data Collection

One of the issues that I encountered was the difficulty of reconciling my theoretical beliefs with the need for open exploration, which is the orientation of an ECIT approach. As I was developing the project, I wrestled with how much of the CIC model to include in the data collection. For example, I asked myself if I should explicitly inquire about how my participants believed counsellors may have, intentionally or not, incorporated different aspects of the model into their work.

As I learned more about qualitative methods and in particular how ECIT and CIT as methods were envisioned with flexibility to fit the specific needs of research (Flanagan, 1954), I decided that I would take an open-minded approach. The aim was to allow the participants to lead the exploration. This fit well with my inclinations from a person-centred practitioners' standpoint, which centralizes individuals' unique experience and honours their expertise on their own lives (Corey, 2013). Although I intended to draft exploratory questions that would not box in the participants' responses, I needed to be mindful of my expectations from the work and the biases that I brought with me.

Personal Assumptions

I will briefly discuss my cultural identities in order to provide indications of my possible assumptions as a researcher. I identify as a White Canadian woman in my late twenties, heteroflexible, and an urban dweller with neurotypical and physically typical capabilities. English is my native language and Japanese is a second language learned in adulthood. I affiliate with atheist spirituality. I have completed education at the post-secondary level and am currently taking part in a graduate level program at a large urban university. I see myself as a counsellor in early stages of career, and somewhat bound by my local training programs and registration organizations in terms of how I can progress in my career. I have had a lifelong engagement with Japanese animation, fantasy, and science fiction arts and literature which I see as best described by "fandom" culture. At this point in my life, I see academia as an important cultural identity as well.

I contemplated the impact of a number of my personal assumptions as I was developing my proposal and my implementation of my research. I acknowledge that my interpretation of participant data is likely oriented by my perceptions of the values shared within the counselling psychology community. For example, I used active listening techniques to elicit responses from my participants in the same way that I would do in a counselling session. There is some possibility that the way I asked follow up questions could have oriented participants to respond in particular ways, or to remember certain aspects of counselling. Though this was a concern, I will highlight the notion that the ECIT method explicitly calls for use of active listening techniques (Butterfield et al., 2009). More discussion of the impact of interviewing style will be discussed in Chapter Four.

I also became concerned that preconceptions of helpful or unhelpful behaviours could influence the way I reflected participant responses. I noticed myself becoming uncomfortable as I began to read more research on what is considered “helpful” and “unhelpful” personality traits for multicultural counselling relationships. I worried that as I perused research, I would begin to absorb those ideas and look for them in my interviews with participants. I made notes in my work so that I could remind myself that one purpose of my study was to offer an open space for participants to speak, and part of my interpretation would be to compare their ideas to research after the analysis of data.

Power dynamics. I considered how power dynamics, between the participants and myself, may have affected the study. A number of my cultural identities afford me more dominant status within Canada, and my role as a researcher placed me in a role that has academic power. I considered that the participants of this study, many of whom have intersecting identities that are non-dominant in our context, may have responded to me in particular ways. I thought it possible that participants may have had more polarized interactions with me. For example, they may have chosen to provide personal and sometimes sensitive information due to being asked by someone with power. It is also possible that individuals may have felt less trust in me because of differences, and therefore felt less comfortable providing personal stories, or information about their counselling experience. During our interactions, I utilized my training as a counsellor and my knowledge of power dynamics to offer as much space to my participants as possible to tell their stories, and took a participant-centred approach in empowering their part in the study.

Choice of Method

I chose my method through consultation with faculty in my department. Before I entered the program, I was prepared to undertake this study from a quantitative perspective. When I

entered the program and met faculty, I found a focus on qualitative research. My supervisor also had often worked in qualitative methods. I was open to learning about qualitative methods and so I began considering a mixed methods project. After completing a proposal for the CGS Master's Award through SSHRC, I created a poster, which I showed within my department. Feedback from this presentation was that a mixed methods project that tried to develop a scale was too large a scale for a Master's thesis. I also took part in a qualitative studies course. The course was structured to create momentum for thesis work. In consultation on how to produce a pilot study for the class that would forward my thesis, my instructor suggested ECIT as an approach to use. I began to do reading on the method and realized there were multiple benefits to taking this approach. Reflecting on my process, I believe I came to make the best decision for my study by choosing a social constructivist basis and ECIT to explore helping, hindering, and desired behaviours.

Summary

In Chapter Three, I have outlined the philosophical and methodological approaches undertaken in the present study. I offered a rationale for working within a social constructivist paradigm, utilizing the qualitatively slanted ECIT method to seek incidents from my participants that spoke to helpful, unhelpful, and desired aspects for navigating culture in counselling. I explained how my method aligned with the five steps of ECIT, including my data collection and analysis processes. I noted the ethical considerations taken into account as I embarked into this work. Transparency was emphasized through discussing how my personal biases and assumptions and how they oriented my decision making in the method of the study. The findings of the study will be presented in Chapter Four.

CHAPTER FOUR: RESULTS

In Chapter Four, details of the findings of the present study are presented. The chapter begins with a brief account of participant demographics to contextualize the findings. An overview follows, detailing critical incidents, wishlist items, and broad descriptions of the overarching categories that are seen to overlay this data. Each of the categories is explained and examples are illustrated with participant quotes. A table summarizing participation rates in each category is included.

Participant Demographics

Ten individuals took part in the present study. Participant demographic information was collected informally through conversation, rather than providing a specific questionnaire. This was done to avoid priming participants to speak about specific aspects of cultural identity. Instead, the participants self-selected what they wished to share.

Each of the 10 participants was a student at the University of Calgary, with eight of those stated that they were international students. Programs of study were varied, and included social sciences, natural sciences, and engineering. Seven individuals expressed level of study. Four were in undergraduate programs and three were in graduate programs. Five participants disclosed age, ranging between 18 and 34. Eight participants disclosed gender, of those, one identified as a man, and seven identified as women. Two participants identified sexual orientation: one participant identified as heterosexual and one identified as "not straight". A variety of ethnic/national identities were included: one participant identified as Indian, one identified as Assamese Canadian, one identified as Asian, one identified as Sri Lankan, one identified as Lebanese, one identified as Chinese, one identified as Iranian, one identified as Pakistani, one identified as Emirati, and one identified as Brazilian. Ethnicity and nationality

were grouped together because participants spoke about nationality and ethnicity in the same way. Two participants explicitly stated that they spoke languages other than English: one spoke Cantonese and was learning Mandarin, and one spoke Farsi. Five participants described religious affiliation, they were: Buddhist, Catholic, Muslim, agnostic, and one individual stated that she grew up in a Muslim country and did not consider herself Muslim, but did acknowledge it had an influence on her. Five participants had comments about socioeconomic status. Two participants stated they had low socioeconomic status due to being a student here, and of those, one indicated that this was a change from high socioeconomic status in the home country. Two also indicated that their families had low-middle class status, and one indicated her family had "pretty good" socioeconomic status. Six participants spoke about rural or urban lifestyle. Two participants recalled they had lived in both rural and urban settings, and four participants stated they grew up and lived in urban settings throughout their lives. One participant included being a poet and one included being an academic in their descriptions of cultural identities as well. Two participants spoke about the intersection between their educational/career culture and their gender. One noted that acculturation to Canada was changing her concept of womanhood.

Critical Incident Findings

From the 10 participants who took part in interviews for this study, 162 critical incidents and wish list items related to cultural competence were identified. Each was an example of something that helped, hindered, or could have been helpful in the counselling process. Specifically, 72 critical incidents were helping (44%), 42 critical incidents were hindering (26%), and 48 critical incidents were wishlist items (30%). On average, each participant produced about 16 incidents.

After examining the incidents and items for similarities, I pooled the data into 12 categories, seven of which had two subcategories. All of the categories except two contained at least one helping, hindering, and wishlist item, in addition to 25% participation, explained below. The two categories that did not have each type of incident were Empathy and Contribution to Client Outcomes. Empathy contained only helping and wishlist incidents, and Contributions to Client Outcomes contained only helping incidents. As mentioned previously, 25% participation meant that each category contained incidents from at least three participants. All categories exceeded this mark. Table 1, on the next page, shows the number of incidents in each category, and participation rates in each category, as well as totals for helping, hindering, and wishlist incidents and participation.

Table 1.
Number of Incidents and Participation Rates per Category

Category	Helping Incidents			Hindering Incidents			Wishlist Items			P% Total*
	IN	PN	P%	IN	PN	P%	IN	PN	P%	
Creating Safety	9	7	70	5	4	40	4	2	20	90
Empathy	4	3	30	0	0	0	1	1	10	40
Genuineness	7	4	40	1	1	10	5	4	40	60
Communication Skills	12	7	70	1	1	10	3	3	30	70
Engagement	3	3	30	2	1	10	1	1	10	40
Counsellor-Client Bond	5	4	40	5	4	40	2	2	20	60
Cultural Identities	14	8	80	5	3	30	16	8	80	100
Counsellor's Flexibility	2	1	10	10	6	60	4	3	30	70
Impacts of Categorization	2	2	20	5	4	40	1	1	10	40
General Counselling Competence	6	4	40	4	4	40	6	5	50	90
Professionalism	1	1	10	4	3	30	5	4	40	60
Contribution to Client Outcomes	7	4	40	0	0	0	0	0	0	40
INTotal		72			42			48		
PNTotal		10			9			10		

Note. IN = Number of incidents (N = 162); PN = Number of participants; P% = percentage of participants.

As shown in the above table, one category, Cultural Identities, had 100% participation. This meant that all ten participants contributed incidents to the category. Eight categories had more than half participation and four categories had 40% participation. An elaboration of each category will serve to explain the definitions, inclusion and exclusion criteria, and provide examples of the incidents within.

Category 1: Creating Safety

This category of Creating Safety included incidents and items that related to the comfort and sense of safety created by the counsellor or counselling space, or lack thereof. Creating Safety focused on the impact that the counsellor's nurturing, caring, warm attitude or the space had on the client, or when that was perceived to be missing. Creating safety was differentiated from mechanisms used to create the warmth, such as counsellor's use of empathy, listening style, or connection with client. This category had two sub-categories. These were Comforting and Physical environment.

Sub-category: Comforting. This sub-category referred specifically to counsellor attitudinal factors noted by the client. Participants described the caring, warm, nurturing, compassionate safety created by the counsellor. Participant 10 offered an example of how her counsellor helped to sooth her:

Even I remember like an example that I was like crying, and she talked to make me like, go back to the place where I was at the beginning, to the peace, and she got me breathing and everything too.

Participants frequently spoke about how the comfort and care of the counsellor helped them to open up. Participant 1 described this feeling in his interview:

I guess she made me feel comfortable I guess, because I was a little hesitant at first. But she made me feel welcome and she settled me down and then I started talking to her, yeah... It helped me open up, I guess. Yeah I was very hesitant with the information, but I realized I had to talk to her because that's pretty much what I'm there for, and once she gave this vibes of being this friendly person, and I think as someone who is willing to listen I guess, and like I said, it helped me.

Participants also illustrated the consequences of failing to provide comfort. Participant 2 reflected that when her counsellor seemed uncompassionate, it affected her desire to take part in counselling:

And after that I still had a few sessions with her and I completely shut down. ... And I felt that so I didn't want to talk more or speak more, I was just agreeing with what she said, because I didn't really want to deal with her. Because it felt more like a transaction business, because like even though I was recommended in the program, I should have been respected, as someone who was in the program, rather than like, "oh there's other people waiting who could be in the program".

Participants also spoke about their desire for greater comfort to be provided in counselling.

Participant 9 commented:

I think, yeah actually, if the counsellor can offer some comfort, obviously in an appropriate way. Especially if the person, seeking counselling, when they kind of open up about their feelings- yeah if they open with their feelings, and just so they can have that kind of added comfort, would be nice.

A number of participants described how the counsellor's comfort and warmth helped them to feel safe and open up about their problems. Conversely, when counsellors seemed cold and indifferent, participants experienced difficulty speaking about their problems, and became disengaged with counselling.

Sub-category: Physical environment. The sub-category of Physical environment include incidents and items that spoke to the comfort and safety of the counselling space, or lack thereof. It was differentiated from effective use of items as well as items that were judged by clients to be more related to understanding of client needs. Participant 9 recalled her experience of being in a warm counselling office:

It was a small office, but at the same time there were comfortable chairs. So it wasn't like you had wooden chairs or desk anything like that, so it wasn't a rigid structure. It was more comfortable, I remember feeling comfortable just being in her office. Was there a humidifier, I can't remember, or something. But yeah there was a nice kind of aroma in her office, like it was just a nice ambience.

Participant 9 also noted the benefit of the office structure, which had an effect on her mood:

Yeah it made me feel relaxed, and didn't make me feel like I was in an office or anything like that.

Participants noted how the structure of the office led to feelings of comfort and relaxation. There appeared to be a relationship between the office structure, feelings of repose, and the client's ease of communication with the counsellor. Overall, comfort and office structure were most often spoken about in terms of the safety it created for clients.

Category 2: Empathy

The second category highlighted the importance of the counsellor's ability to empathize, by demonstrating understanding of the client and their needs, or failure to do so. Demonstrations of empathy included moments when the counsellor showed they understood the client's thoughts and feelings. This was different from trying to linguistically understand the client, which is covered in another category. This category also contained instances of counsellors showing their understanding of "where the client is at" by providing helpful items like toiletries or beverages. Note that understanding of cultural needs was included in a different category because of the magnitude of responses. Participant 4 related an example of her counsellor showing empathy:

But now I understand she was trying to be in my shoes, and you know, figure me out, and showing the options that I had at that time which I never knew. ...At that moment she was just a human talking to another human rather than a social worker trying to talk to a client, I guess.

She also recalled that having the counsellor empathize had an effect on herself:

I realized I'm not alone at that moment, that the touch, not physical touch, but touch in a metaphorical sense. I realized that this person is there, you know there's somebody's there who understands what I'm going through.

There were no hindering items included in this category. Wishlist items focused on validation of the client. Participant 6 stated:

Seriously it's all about validating the person. ...And like, give some feedback to show interest... you have to let another person talk about her interest as well.

Participants recalled the counsellors' demonstrated of their understanding of the client perspective. Participants spoke about how counsellor empathy alleviated pressure from the power differential between counsellor and client, and made clients feel validated. Participants reflected that counsellors showed empathy by taking the client perspective and working to understand the client's worldview.

Category 3: Genuineness

Category 3 spoke to the counsellor's expression of their personality outside of the counsellor role, and their self-disclosure, or failure to do so. Clients highlight the importance of counsellors having a sense of humour, being human, divulging personal information and stories related to the client problem. There were two sub-categories: Expressing Personality and Share Personal Stories.

Sub-category: Expressing personality. This sub-category included those aspects of a counsellor's personality that were woven into their counselling work, including sense of humour. It also spoke to instances when counsellors did not seem to include aspects of their humanity outside of the counselling role. Note that cultural identities were included in another category. Instances of personal story-telling were reserved for the next sub-category. Participant 5 related how sense of humour made her conversation feel more real:

She was very nice and she made some jokes... We talked about the case and what should happen, and then we talked about my husband, and then we talked about feminism, and then we talked about her mom and my mom, and it was these small things that made it sounds like a conversation.

Participants also desired more of their counsellor's personality to come through. Participant 8 wished that her counsellor had been more genuine so that she could feel supported:

I guess it would be different from like a regular doctor's appointment. It would feel like talking to a friend or family member. So like, feeling like there is an extra set of support

outside of my circle. So someone who doesn't know me and has no sort of tie to me is also there.

Participants took note of how the counsellor's personality and personal interests made the counselling sessions feel authentic and increase intimacy. When the counsellor failed to express personality, the sessions did not seem as supportive. Similar effects were noted for self-disclosure.

Sub-category: Share personal stories. This sub-category included incidents and items mentioning self-disclosure or personal story-telling related to the client's problem. This sub-category was separate from other personality traits on the basis that personal stories were directly related to the client's problems, whereas other genuineness aspects may not have been.

Participant 4 recalled how her counsellor told a personal story that normalized her experience.

Because I realized that it was not only me that would do this, it's a process that every immigrant goes through. And um, this is a universal thing I guess. ... So I realize when I come here it's not only me it's every person who goes through this.It was a start. I mean it didn't like, cure my pain, but it was a start.

Participant 8 echoed the sentiment by wishing for a similar experience.

So it makes you feel like "Hey, no one has it figured out", and if they are able to manage then it's a normal thing.... I think you feel more connected to the counsellor and like, "oh this person is willing to open up to me too. Like they won't just take all my secrets and do something with it, they're just trying to help"... Yeah cuz I think the vulnerability factor, because you would feel less vulnerable, like "hey I know something about you too".

Participant 8 also gave an example of what the counsellor might say to move from story-telling to application to the client's problem:

"Hey when I am going through something like this, this is what I do, and I have studied this profession and try to help, but I have these days too, and you know, like, this is what I do".

Participants expressed that counsellor self-disclosure helped to normalize their problems and increased intimacy with the counsellor. They noted that hearing the counsellor's story also gave them hope for change and examples of how another person dealt with a similar concern.

Category 4: Communication Skills

This category broadly spoke to how well the counsellor used listening skills, both verbal and non-verbal to enhance the client's counseling experience. Two sub-categories were included in this category: Listening and body language.

Sub-category: Listening. Specifically, asking questions, appearing curious, making space for the client to speak, and linguistic understanding of the client's words were highlighted aspects in the first sub-category, Listening. Responses describing the counsellor's explicit use of empathy were not included in this sub-category. Participant 6 described how her counsellor asked clarifying questions to help understand her perspective:

He just gave some examples to make sure that like my, what I mean. "Is that actually what I meant?" Something like that. Even something that was strange to him or culturally, or an emotion that he didn't recognize, he tried to clarify.

Participant 2 explained how the counsellor's attentive listening helped to give the conversation flow and offered her a place to tell her story:

Which really reinforced the flow of the conversation. ...That was helpful because it didn't feel like as much of a constrained relationship, like she was a counsellor and I was a student, it was much more of me just telling someone my life story. So it was just, um, a conversation rather than like a strict session. ...I guess it helped encourage me because we can talk easily with me and "oh I wanna know about your family", like if those memories were really solid in my upbringing and stuff, then it would be easier to talk to, it can be like a focal point that she can ask question about other things and diverge from. But yeah it helped centre the conversation, so.

Participants described how the counsellor's use of listening skills, such as asking questions, expressing curiosity, and attending to the client were helpful. They recalled that this helped to build momentum in the conversation, and to encourage the client to open up.

Sub-category: Body language. Non-verbal communication was covered in the second sub-category, Body language. I chose to use this title instead of "Non-verbal communication", to remain as close to the participant's language as possible. Thus, Body language included incidents and items that described the way the counsellor looked, physically attended, and moved during interactions with the client. Any aspect that was specifically described as cultural was included in a different category.

Participant 9 offered an example of how her counsellor used body language effectively:

She was open, the way she was sitting, her arms weren't crossed, anything like that. ...Umm, I think I mentioned this before, but every time I mentioned something that I couldn't voice, like to other people, my stress, anxiety whatever, when she nodded she gave this very heavy like, she would blink her eyes like, "I get you", so it was like "oh she understands me". So it was a really simple gesture but that was nice. It was helpful.

Participant 5, conversely, spoke to how body language and poise were used ineffectively:

Like even I remember her perfect hair. ...I feel so bad saying this, but the hair was perfect, the clothes were perfect, and she was just sitting there and taking notes. ...like sitting on the TV like a model, like a robot or something....Yeah like a robot would just sit there perfect and just say the questions, and hear the answers.

Participants remembered that open body language consisted of uncrossed arms and legs, eye contact, and nodding as the client spoke. They seemed to connect body language with the counsellor's attention, understanding, and in some cases care for clients. Both body language and verbal attention, which was expressed by asking questions, seemed to relay the counsellor's attention and had an effect on their divulgence of information.

Category 5: Engagement

The Engagement category described the effort and investment demonstrated by the counsellor in the counselling work, or lack thereof. Attending to the client, taking part in demonstrations of techniques, or expending effort to problem solve with client, or failing to do any of the above, were aspects covered by this category. Any explicit mention of empathy or

communication skills landed incidents in different categories. Participant 3 recalled that her counsellor showed her engagement by taking part in one step of an exposure hierarchy technique:

Uh so our last step, one of our last steps for the model was, she was get a blood- she would donate blood, just cuz I can't, cuz I'm way too little... So it was really nice of her to step up and do that for me... So I could actually see [the exposure hierarchy model] applied in a real life context, which was actually really helpful for me, cuz I'm like, does this really work?... You could actually see she was very dedicated, which is what I admire.

Participant 1 recalled a time when his counsellor appeared disengaged:

There were two actions of her that made me think that, because we sat beside a large windows right, a very big one, and every time I talked, she would look out the window- and I wondered "is she even listening?" And if she did - mean one, other thing, I mean it's a human thing, you cannot really judge people on that, but sometimes she would yawn and close her eyes.

He further described how it affected him:

It would only just make me think that she's doing it for her um, like I said, she was under supervision, she's doing it because she has to do it, "there is no way out" kind of thing, and she wasn't very serious about it? Like if she was a psychologist and I am paying her for by the hour, she would have definitely did more than what she did. That's what my understanding was.

Participants spoke to their counsellor's investment and dedication to the work. In some cases this was exemplified through physical actions. The common connection seemed to be that participants evaluated their counsellor's effort, and this had an effect on the participant's overall opinion of the counsellor's competence and fitness for the position.

Category 6: Counsellor-Client Bond

This category highlighted the impact of the bond, connection, or relationship between counsellor and client as a whole. Incidents were centralized around the counsellor getting to know and trust the client as a person, the counsellor and client relating to each other, or failing to do any of the above. Typically the bond or connection was stated explicitly. Mechanisms that

strengthened or weakened the counsellor-client bond were included in other categories, such as Cultural Identity or Empathy.

Participant 3 described how her counsellor related to her using pop culture in their work together:

Uh so my phobia was blood needles, so I told her like in terms of movie trailers I can't watch, like, Deadpool, cuz the first one was just so bloody, I watched like 10 seconds of it, and like, I'm done ok. So we were able to watch it together, so we were able to relate over a movie.

Participant 5 described what happened when her counsellor attempted to related to her ineffectively:

I was talking about homesickness, I was really sick, really sad. And the first one said "oh I know how you feel". Like urgh! "You don't how I feel, stop saying that". ..."I know what you're going through", like no. Even if she had said "I know what you're going through because I had this kind of experience", that would have made it much easier, but just saying that "mmm, I know how you feel", like "nooo".

She spoke about the impact that it had on her as well:

So it made me really uncomfortable. I just couldn't go back to her. So I never went back, yes. ... I found I did not want to talk, it's useless basically.

Participant 8 desired a stronger connection between herself and her counsellor:

When you go see someone, I think you can tell how they are just from your initial meeting, just from saying hello, looking at their facial expressions, and sort of studying that and trying your best to break the ice. And like, "you're my patient but you're more than that to me". But like, "I genuinely believe from my experience in this and your background, this would be the best course of action". And how you're able to convince that person as well.

She further discussed how the connection would improve a client's outlook and mood:

So there's that sense of friendliness, and I can rely on this person and I can seek good advice from them. ...I guess it would sort of make you not overanalyze things in life. You know, you be a bit calmer and stressed less. You'd be able to think clearly I guess. ...So like having that fresh perspective that's coming from somebody who's sort of your well-wisher, um, makes you feel supported, makes you feel at ease somewhat.

Participants described how they related to counsellors. When this connection was strong, it seemed to increase trust in the counsellor, and when this connection was poorly developed, it made clients feel frustrated and disengaged from counselling. Multiple clients commented that if a counsellor wanted to relate over a problem, it was best for them to provide specific evidence, which reinforces the use of appropriate self-disclosure.

Category 7: Cultural Identities

This category centralized the impact of cultural identities in the relationship and how culture was handled in treatment. Cultural similarities and differences, and the impacts of those on the counselling relationship were included here. Incidents speaking to whether culture was acknowledged in the treatment plan or not were also included here. Evaluations of counsellor knowledge of cultural factors were also placed in this category. If the participant described a distinct flexibility or lack of flexibility in treatment, that incident was included in a different category. This was decided because treatment plan flexibility did not appear to be related to culture or not in most incidents; participants did not describe cultural reasons or concerns related to the role of flexibility in counselling. Rather, they spoke about wanting to have individualized input. Similarly, when the participants mentioned counsellor's judgement, categorization, or diagnosis of client, or not, these were placed in a different category. Categorization was described as having different, specific impacts on clients apart from cultural impacts. In this category, there were two sub-categories: Impact of Cultural Identities on Relationship and Acknowledgement of Cultural Identities.

Sub-category: Impact of cultural identities on the relationship. Incidents in this sub-category focused on the interaction of cultural identities in the counselling relationship. They were included if they spoke to similarities or differences in cultural identities between counsellor

and client and the impacts of those on the relationship, or not. Incidents related to counsellor knowledge, or use of cultural knowledge in counselling, were placed in the next sub-category.

Participant 4 gave an example of how she connected to her counsellor through cultural similarity:

She and me like clicked from the first, like. I think just because the Asian society, I was so happy to see someone from Asian society, India person, hers and mine, cultures are not the same, but more or less some similarities. For instance uh, I was asking how to make chicken curry. Because you know like, my mother would make it. And she was like, how to do this and this, and that's like so personal like, that's not something you'd ask from your counsellor like second meeting, so very personal like, yeah.

Participant 7 described how her counsellor effectively used her cultural similarity to bypass needing to explain the problem:

She was able to give an insight I guess, into where my parents were coming from. ...just gave me ease of mind, of just feeling, more, that it's easier to communicate about those issues. ...Again, I didn't feel like I need to fully explain like why this is happening, like, we delved kind of like straight into what do I do, at this point, with these issues that I'm feeling. ...Yeah. Like it felt like, the experience felt a lot more suited for me.

Participants also gave examples of when cultural identity factors negatively impacted the relationship. Participant 2 described her counsellor's different socioeconomic status as "looming in the background", and seemed to affect the counsellor's ability to plan treatment that the client could agree to:

She was like, "couldn't you do that", or, saying why I was having problems, she was saying it was because of that, and she was saying "oh, you shouldn't be doing that, you should just focus on your studies" or something like that. ...Like "oh you should just focus on your studies and forget about that, and like, money" and things like that, so. And yeah like "you should ignore this person" or whatever, I was like "ok that's not how the culture" – um, yeah, there were some things there.

Participants expressed desires for more diverse counsellors and counsellors who spoke their language. Participant 6 wished for more counsellors speaking her first language:

In terms of speaking the same language, I told you it deepens emotions, like deep emotional connections, you can connect better and save time and energy as a client. Because when you go there, there is some issues, I guess every minute can be saved.

Participants related how similarities and differences in cultural identities impact their counselling relationship. They were favourable toward effective use of similarity, describing how this increased the relationship bond, deepened emotional connection, and made counselling more efficient. Participants expressed distrust and disengagement when cultural similarities were used ineffectively, and when cultural differences were rampant without acknowledgement in the relationship.

Sub-category: Acknowledgement of cultural identities. This sub-category included those responses that discussed counsellor awareness, knowledge, or use of culture in treatment, or lack thereof. Statements about culture in treatment plan, or lack thereof, were included here. Incidents or items that related to similarities or differences in cultural identity in the counselling relationship were placed in the first sub-category.

Participant 7 recalled her counsellor using cultural knowledge to address her problem with her parents:

Yeah. Like a Westernized kind of education system. It's quite different from the Chinese, and she kind of picked out some simil- or differences between the two education systems as well. That might – would have justified the way that my parents saw things.

Participant 2 noted how her counsellor used her knowledge of client's medical background to relate to her:

She was like oh you'll probably understand this when she was mentioning a certain condition or some drug or something. And I was like ok, and so yeah she tried to do that to bridge the gap. ...or she would mention the disorder or like a response to stress or terms that were in the DSM 5, stuff like that. So it wasn't just like oh, layman's terms. ...Yeah. A bit technical, which I appreciated.

Participants also pointed out the impact of when their counsellor failed to incorporate cultural components into treatment. Participant 8 commented on the outcome of her counsellor not using cultural similarity to their advantage:

I think it just cemented in beliefs of what I thought counselling was. Or, because for some reason, it is promoted so much, like "take care of your mental health", and I feel like you buy into the idea of "oh like there has got be something that is helpful about this". I guess it just depends on what kind of person you are and what sort of help you're looking for....Yeah so you're like "oh it's just hype". ...Um it kind of pushed me to like, I don't want to see someone from the same cultural background. I want to speak to somebody who doesn't have that bias... Somebody with a fresh pair of eyes, or a mindset, somebody who has no idea about your childhood or what it might look like.

Participant 6 mused about how talking about culture would improve counselling for the client:

I guess you feel important, you feel like you are not banished actually, like part of your identity is not banished in a new country. Yeah because like um, I don't want to devalue my whole identity right. Like because even if I am coming to Canada, I have to follow all the things, I am Canadian, blah, blah, blah, but, still I am taking that baggage with me right. Still I want to validate it.

Participants spoke about how explicit acknowledgement of cultural factors was helpful to developing the counselling relationship by validating the client, and in some cases was also helpful in working on their treatment concerns. Similar to the above sub-category, counsellor knowledge of culture helped to bypass need to explain extensively. Participants also noticed when culture went un-mentioned, which discredited the counselling process in some cases.

Category 8: Flexibility

Category 8 emphasized the degree of flexibility of treatment or treatment process, which included time availability, or lack thereof. Incidents related to the counsellor's openness to include client ideas and values into tailoring treatment for the client. When culture was explicitly stated in an incident, it was included if the discussion of culture merely served as context for the flexibility. When culture was the main focus of the incident, example, and importance, it was placed in the Cultural Identity category. This category had two sub-categories, Flexibility in Treatment Method and Availability.

Sub-category: Flexibility in treatment method. The sub-category described the counsellor's flexibility or openness in tailoring treatment to the client. When participants

specifically mentioned availability or time, or lack thereof, or implications thereof, the incident was placed in the next sub-category.

For example, in this sub-category, Participant 10 recounted when she and her counsellor were able to discuss religion, despite differences in beliefs.

Like even when we talked about religion, that was like a difference than we had, because I don't believe in what they believe, and she was older, so she was-And it was never a problem because she was always talking like, to know what I had to say, and she was trying to figure out the best way... So, I talked to her like 5 times and she helped me to solve these problems. ...She would never said that I was wrong. She would always understand my side of what I was saying. She never went to like "oh you're not right because oh-" she never tried to make me believe in the same things she does. ...When someone talk about something that is different from you, you just say like, "even if it's not what I think, I actually, I agree with you because we should accept what the other thinks". Like even tell about your experience being different, it can helpful the other.

She recalled how this was important for her counselling:

They are there to help you, not to say things that will bother you. ...I think it's helpful because if he's there to help you, he should know that you can have a different belief. And even if it's this way, everything is all right, you can help him because you don't need to think the same thing to help another person. So I think it's very helpful when the person is open to different things that can show up.

A number of participants cited times when their counsellor was not flexible in treatment.

Participant 2 reflected:

And, she also recommended I get some medication, and I told her I don't have that much money to like get your super expensive medication. And I think after that she was like "oh ok, if you don't want to take control of your life, I guess it's up to you", so things like that. ...I wasn't really like, up for some of the things she suggested, like behavioural therapy.

She also spoke about how the inflexibility affected her counselling:

So she expected me to follow along with her plan. ...And so like if I had anything that was out of the plan, she couldn't really do anything with that. ...It wasn't working for me.

Participants also expressed their desire for more flexibility. Participant 4 expressed the need for more flexibility in light of cultural concerns:

Because they have these programs that are catered for everyone – African, Asian, Saudi Arabian, different cultures different identities. Like it's not tailor made for everyone. Different people. I would like a hug, some person would like a handshake. Depending on the culture, not everyone needs the same thing. ...No, I think, they should understand that Asia is not India or Sri Lanka. Asia is a big thing with a lot of countries. So Indian would not want what a Sri Lankan would want. Pakistani would not want some Chinese person's thing. Different people have different needs. ...So if there's a way of understanding, some process of knowing you know, Chinese people face something different from what Indians face.

Participants recalled that treatment flexibility by their counsellors was exemplified by taking the client values and worldview into account when planning treatment. Treatment flexibility also included being open to alterations when clients expressed a need to modify treatment. This pliancy helped clients meet their unique needs and ensured that both counsellor and client were engaged in counselling. Participants observed that inflexibility in treatment made them feel stuck and disengaged from counselling.

Sub-category: Availability. Incidents in this sub-category were highly specialized in describing availability of appointments or time, or lack thereof, or implications thereof. Incidents related to any other aspect of flexibility were included in the first sub-category.

Participant 8 recalled how being told her counsellor was away, without providing additional resources, affected her:

So even just that initial cold shoulder can make it seem like, "you don't understand that I'm going through a big thing here and I need help".

One participant voiced desire for better management of availability. Participant 2 wished that her counsellor had made more time in between sessions to remove the focus from the time limit:

And like, you don't make people feel like it's a time constraint. So like, she left a bit more time for buffer room. ...It's more one on one personal interactive, and like so they can have a wholesome experience, especially if their first time experience.

Participants spoke of the need for greater flexibility in treatment availability, especially in scheduling of appointments. When counsellors could not offer available timeslots that worked

for both, and when sessions were rushed due to tight appointment schedules, participants related that they felt their problems were minimized. Participants desired more buffer room to reduce the rushed feeling of sessions. Flexibility in treatment and in timing sessions appeared to be related to participants' self-assessment of their investment in counselling.

Category 9: Impacts of Categorization

Impacts of Categorization included incidents detailing the counsellor's categorization of the client in groups like diagnosis or cultural group, or lack thereof. This category was distinguished from Cultural Identities in that participants as a whole saw cultural identification and knowledge as helpful. Categorization seemed to better capture the connotation of judgement, and sometimes explicitly identified labelling, that participants collectively experienced negatively. In addition, the participants described instances of categorization as being explicit, whereas cultural identification appeared to take place through an implicit process. Both cultural and diagnostic labelling was described in this category. Participant 6 recounted what happened when her counsellor tried to force her to accept a diagnosis:

"Ok are you depressed, or are you obsessed". And I said no. "No like, the way that I'm describing to you is that I feel low but I'm not clinically depressed". She said "no, the symptoms that you are giving me shows that you are clinically depressed". So I said "ok, even if I am, I don't wanna hear it. Ok so, I'm not here for you to diagnose me. If you diagnose if for yourself, keep it for yourself."

She went on to speak about the impact the experience had on her:

I said like, "oh my gosh these are basic things of counselling. Like I don't even have experience and I know that". ...I guess um, it made me mad in a way, so I said "um actually you try to-", so I was thinking of myself as a unique person, "you try to categorize me as something that I don't necessarily identify with" first. And then "I'm not here to be labelled by you," like. Because I was not seeking for medication. I was there for talking and counselling. But again trying to go with that medical model. "Ok so like whatever you tell me shows this", it doesn't solve anything.

Participant 7 also raised a desire for counsellors to accept the client as a unique individual:

...Just not having the student feel like their problems are the exact same as anyone else. ...So, when they hear me bring up an emotion, really inquiring why it is, in that way, to explain the situation really kind of going in and asking me to talk about it rather than just on the surface level identify "oh this is why you're feeling overwhelmed, and this is what we can do". Not spending time to delve into the deeper issue.

Participants recalled that being diagnosed or placed into a group without their consent made them feel angry and lose investment in the counselling process. Conversely, they noted that nonjudgmental attitudes would help to better understand the specific client's context and meaning for the problem. Increased attention to the mutual agreement on categorization was considered to be the crux of this category.

Category 10: General Counselling Competence

The tenth category covered participant's recollections of the counsellor's knowledge and methods of counselling in general, or lack thereof. Incidents were included if they described knowledge or specific techniques that were helpful to counselling, or not. Speculations about the benefits and drawbacks of types of counselling were also included here. However, culture-specific knowledge or techniques, or lack thereof, were included in the Cultural Identities category. Incidents were excluded from this category if they explicitly mentioned flexibility in treatment methods, empathetic responses, or ethical or professional decision-making. There were two sub-categories in this category. The first spoke to methods of counselling.

Sub-category: Methods of counselling. Incidents were included in this sub-category if they contained descriptions of style, methods, techniques, or specific skills that impacted counselling, or could have done. Incidents that related the counsellor's general counselling knowledge, information, or referral to resources were included in the next sub-category. For example, Participant 2 described her enjoyment of the tracking method used by her counsellor:

No like, at the beginning of each session she made me fill out a form. I don't know what it's called, but it was just about like, "how are you feeling these days", "are you having

these kinds of thoughts", "how are you able to cope with stress", "are you able to concentrate", so it was a weekly thing, that she could check my progress over the months. ... I think it was helpful, to have a tracking, even on a weekly basis, to have some quantifiable results and stuff. ...So then she could refer back to the tracking form from a couple weeks ago, and say "oh you were feeling like this then". It helped to have some sort of results as to was I doing better, doing worse? If this week was really bad, why was it? So it helped to delve into the deeper, like, source of the problem.

Participant 10 referred to a wish to have other types of counselling available, such as family counselling. She commented:

My aunt, she is a psychologist, I think she explain to me, because my other aunt had a psychologist who talked with family before appointment with her. So I thought maybe if my psychologist did that it would help too. ...Because they ask your family like, about, what you could do better. And this help a lot, my other aunt, my grandma, everything. So maybe it is, I dunno.

Several participants had critiques of their counsellor's methods. Some were in favour of specific techniques employed by the counsellor, which fit with their style of learning, and in some cases allowed comparisons to previous states. Some participants suggested that there were other methods of counselling that could have potentially been beneficial by providing more information or aligning with their desired style of counselling. These incidents were differentiated from general knowledge imparted to clients.

Sub-category: General knowledge. When participants recalled counsellors' knowledge, information, or referral to resources, or failure to provide any of the above, the incident was placed in this sub-category. These incidents were differentiated from methods, techniques, or specific skills that impacted or could have impacted counselling. In addition, cultural knowledge was included in a different category.

Participants spoke about the counsellor ability to provide resources. Participant 4 noted:

So, she sort of helped me in finding resources and stuff like that.I have contact with them even now, so I email them if I need something....Like how to face life day to day.

Participants were also critical of the counsellor's lack of knowledge. Participant pointed out that her counsellor offered medication without knowledge of the effects or side effects:

But she gave me samples, and it didn't really help, and I wasn't sure what I was supposed to feel, and she wasn't sure, so, it was just really off putting. ...Um, she gave me medication every week, weekly basis, and I didn't really want to take it, sometimes, because I wasn't sure of the outcomes on it, and I didn't really feel like it did anything, so it was just putting random stuff into it ...I don't mind taking medication if it works, but just, like it didn't have any impact on me. And I told her that, and she like, increased the dose, but even that wasn't working, and I wasn't sure what was going on, yeah.

Participant 5 added that counsellors should pass on information about resources for specific problems like culture shock:

And also, by raising awareness, some people don't like to go but maybe if you let them know that there is this term called culture shock, maybe they would go and Google it. And find what this is and find their own way through it. ..."In case this happens you can do this or that. Or watch this movie, read this blog. Whatever you like, go to this meeting ,just something." Resources.

A number of participants related how knowledge of problems, treatment methods, and resources impacted their counselling. In some cases, the counsellors' knowledge of resources led to ongoing relationships even after counselling ended, indicating a strong investment in the counselling relationship by the client. Participants took note of instances when counsellors failed to provided relevant knowledge, and wished for better explanations so that they could be aware of concepts to investigate outside of counselling as well. Knowledge and skills in particular counselling methods indicated general proficiency in counselling, and increased the counsellor's credibility with clients.

Category 11: Professionalism

Category 11 included demonstrations of counsellors' general professional skills like trustworthiness, ethical decision-making, and accountability, or lack thereof. These incidents were differentiated on the basis that some faculties were general professional abilities and skills

that could be important across multiple professions, rather than counselling proficiencies. There were two sub-categories: Trustworthiness and Accountability.

Sub-category: Trustworthiness. Participants spoke about counsellor trustworthiness both explicitly, and in terms of ethical and professional decision-making. Incidents that spoke to the counsellor's accountability were included in the next sub-category. Particularly, Participant 9 recounted how her counsellor did a good job of safeguarding her information:

I remember I had a friend working in the wellness centre at the time and I liked how they were very confidential about the whole thing . My friend never came to know, I guess. ...That was important. Because where I come from there was not a big practice to- like not that I'm ashamed or anything, it's just the feeling of being exposed. And that was important to me. So, I liked how they maintained confidentiality. ...That made me want to go back then. So. And to take the process and the treatment a little further.

Conversely, Participant 5 remembered how her counsellor failed to protect her information:

The person did not respect the privacy. And was talking in front of other people, like "oh this person is going through something, and she's crying, oh". ...So at some point she called for someone else to find a room or some place, and pointing out like, "oh we have something here".

She added that it had an impact on her:

Like how important privacy is, and not talking about this thing... like ""no""! It made me think that this person is so like, so... I cannot find the word, but they get so passionate that they cannot control themselves. ...So you might not know what to expect. Like even in other settings, you might not trust that they're going to keep it confidential, or whatever. ...For the one with confidentiality breach, I complained. But in a constructive way. I went to someone and I was like "ok, like this what happened, and I think maybe, someone impulsive here, like maybe somebody should tell her that this is not good for next time". Because I know that she is coming from a good place and she has good intentions, but this really is not good".

Participant 2 wished her counsellor had been open with her about the process of counselling:

So the person understands what's going on, they're not confused, they're not scared, they're not disengaged from their treatment, when it's supposed to benefit them.

Participants reflected on their counsellor's ability to protect confidentiality, which they spoke about as a sign of trustworthiness and self-control. They also commented on their

counsellor's openness about the process of therapy, which some believed would help them stay engaged and feel secure in the treatment process.

Sub-category: Accountability. Incidents that described the counsellor's willingness to receive feedback or not were included in the sub-category of Accountability. It was differentiated from other aspects of professionalism. Participant 7 supported a need for a feedback system to evaluate counsellors:

A feedback system perhaps... And the U of C Wellness has a feedback box. And after the session I remember my counsellor gave me a sheet to fill ...I think that was only at the end, the last sessions. ...And maybe even after each sessions, like I can see how like, whether people go into see counsellors, they have trouble in the initial sessions to voice any concerns that they have, they don't have that level of comfort yet.

Participants called for consistent feedback systems to allow them to voice their opinions about the ongoing process of counselling, when it could be difficult to do so initially. All participants with incidents in this sub-category indicated that feedback was a sign of accountability in their counsellor, or would be if it had been in place. Both signs of trustworthiness and accountability were posited to increase client comfort and decrease anxiety and suspicion of the counsellor.

Category 12: Contributions to Client Outcomes

The 12th category, Contributions to Client Outcomes, outlined the impact of counselling on client's life outcomes, including goal achievement and career and personal growth, or lack thereof. Any incident that did not explicitly state a client outcome was included in another category. These incidents were distinct in that the importance was expressed as a part of the incident. For example, Participant 4 illustrated how her counsellor helped her choose a career path:

But I can remember these things, it's still in me because they helped me to figure things out and to explore resources and you know. ...When you have like a blank canvas and

you don't know what to draw, someone gives you an idea like in your head, if you are smart enough you can explore, you can have your own picture. So they sort of planted a seed in my head. So I guess my end goal is to be a writer, so I guess being a social worker and understanding people, I would be able to know more people and more connections to reach my goal someday.

In this category, participants attended centrally to their life outcomes from counselling. In the above example, the counsellor suggested the client explore a career in advocacy and helping people, which led to the participant's current education path. Participants identified that counsellors made significant impacts on their lives, which helped them to focus and aim toward achieving their dreams.

Client's Self-Identified Helping and Hindering Factors

Qualitative studies focusing on the client's evaluation of the counsellor are just beginning to blossom in the literature. To my knowledge there have been no studies thus far that have examined client's self-perceptions about their own role within a cultural interaction in counselling. In this study, I inquired about what clients thought they did to contribute to navigating cultural interactions in counselling, focusing on what was helpful and what was not. This was a smaller part of the study, which may serve open up the exploration of client factors for further future study. In this examination, participants identified 12 incidents, with nine helping incidents and three hindering incidents. The data fit into one category, Style of Engagement.

Category: Style of Engagement

This was the over-arching category that fit all incidents identified for client's self-assessments. This category captured the way that clients interacted with their counsellors. There were three sub-categories: Friendliness, Openness to Counsellor Input, and Vulnerability.

Sub-category: Friendliness. The sub-category contained four helping incidents from three participants who spoke about their general attitude while taking part in counselling. It was differentiated from what participants felt they took from their counsellor, and how willing they were to speak up in counselling, or not. Participant 1 explained why he decided to be friendly by making small talk with his counsellor:

Just to make things ok. You know, and you're starting a session, you know you're gonna meet her a couple of more times. It was to make things comfortable I guess. ...Stopped things getting awkward I guess.

Participants reflected that their friendliness helped to make counselling more comfortable and to build relationships with the counsellor. This sub-category was similar in some respects to the Creating Safety category above, in that the comfort of counselling was affected.

Sub-category: Openness to counsellor's input. Just as participants identified a need for counsellors to be open to the client's input, two participants also thought their openness was key. Two helping incidents discussed client openness to counsellor input. This sub-category was distinguished from the client's general attitude to the counsellor and counselling process. It was also separate from the client's effort to open up and be vulnerable with their stories. Participant 4 described how listening to the counsellor's input benefitted her:

Because I needed to hear things, to make assurances that I would be fine. It's sort of bridging the gap. And understanding each other. ...Because the more you talk and less you listen you don't get anything. So I listened to them and understood that there are a lot of resources and this is how I came home and wrote down in the book and stated planning things. Because otherwise I would forget a lot of things they said, so.

In this sub-category, emphasis was on the client's receptiveness to new ideas from the counsellor. It was like a mirror of the above Flexibility category, in which participants indicated that counsellor openness was also beneficial. Participants indicated that being open allowed them to receive helpful information and to problem solve.

Sub-category: Vulnerability. In the third sub-category, participants pointed out that being vulnerable and opening up, or lack thereof, impacted their work in counselling. Three helping incidents and three hindering incidents collected from four participants were included.

Participant 10 recalled how being open with the counsellor helped her:

I was always open to talk about my feelings and everything with her. So I would never say like, "oh, I cannot because she is different". No, I was always open to say what I thought, what I expect, what I want to happen in my life. ...I think it was helpful because then I told her my problems. Because the first month, you don't know the person, you don't know how it works, the first few times I got like 30 minutes looking to the ceiling like, and not talking, and then it starts going natural. So, I think it helped like after some time, it's getting better and better.

Participant 10 also talked about how shutting down and failing to open up impacted her counselling in the beginning:

I think in the beginning like not talking a lot, I think in the beginning like, she needed to ask everything to make me start talking. Because I stayed, like look at her, and she talk like, "if you don't talk anything then I can't help you, you need to tell what's bothering you in order to try and solve the problem"So I think the first time I made it harder, to like, get started. But yeah.

Participants described the impact of their vulnerability. They indicated that vulnerability helped the flow of counselling become more natural, and lack of vulnerability inhibited the problem solving process. All three sub-categories were described in terms of the client's engagement style, which, in their view, actively had an impact on the counselling process.

Summary

Chapter Four provided an overview of the data collected and analyzed in the present study. Participants offered incidents that fit into 12 categories describing helpful, non-helpful, and desired factors for bridging cultural interactions in counselling. The categories included: (a) Creating Safety, (b) Empathy, (c) Genuineness, (d) Communication Skills, (e) Engagement, (f) Counsellor-Client Bond, (g) Cultural Identities, (h) Flexibility, (i) Impacts of Categorization, (j)

General Counselling Competence, (k) Professionalism, and (l) Contribution to Client Outcomes.

In addition, a preliminary exploration of client factors self-identified by participants produced incidents that fit into one category, Style of Engagement. In Chapter Five, I discuss the implications of the data, noting the strengths and limitations of this study, and provide recommendations for practice and future research.

CHAPTER FIVE: DISCUSSION

I embarked on this exploration of client experience to learn what former counselling clients find beneficial and non-beneficial in navigating culture in the counselling relationship. This chapter begins with a brief return to philosophy, to orient the reader about how the interpretation of data was completed through the lens of social constructivism and what role theory played in delineating cultural competence. Next, I provide interpretation of the findings discussed in Chapter Four, and extend this interpretation into a comparison with existing literature on multiculturalism, cultural identity, and cultural competence in counselling. I offer implications for counsellor education and practice in light of my results. I highlight the strengths of the present study and demarcate the delimitations, offering suggestions for future research. This chapter concludes with my personal reflection on carrying out the study, personal learning, and a final summary.

Return to Philosophy and Theory

As discussed in Chapter Three, the present study was nested within a social constructivist approach to research. The guiding principle of the approach was that individual experience was constructed internally through social interaction with history, context, and personal learning. Within this paradigm, although many multiculturalism and cultural competence theories were possible choices to work from, I was drawn to the Culture-Infused Counselling framework (Arthur & Collins, 2010). The framework built upon a foundational matrix of knowledge, attitudes, and skills, and added in the common factor of the working alliance and social justice orientation. I commented previously about how my goal in conducting this study was not to verify the CIC model, but instead to work from a bottom-up perspective, to give voice to clients'

experiences. I intended to centralize each client's construction of reality, and then to make comparisons of the results to existing theory.

Discussion of Categories and Incidents

Utilizing the ECIT, I spoke with former counselling clients, gathering snapshots of information about what was helpful, not helpful, and still desired in their counselling experience, particularly in regard to cultural components arising in counselling. From 162 incidents provided by participants, I formulated 12 generalized categories that captured themes of experience. The findings from each of the categories will be reviewed in light of relevant professional literature.

Familiar Friends: Competencies in General Counselling Training and Practice

One of the more notable aspects of the data is how many of the categories reflected counselling competencies and aspects that are primary within general counselling literature. Especially from a humanistic, client-centred perspective, safety, empathy, genuineness, the bond between counsellor and client, and communication skills are all considered relevant and essential aspects of providing effective counselling (Corey, 2013; Lietaer & Lasuy, 2010; Martin, 2011; Rogers, 1957). Kirschenbaum and Jourdan (2005) analyzed the impact of client-centred approaches, in various ways, including history, number of publications and journals, and research findings, concluding , "although neither necessary nor sufficient for all clients, the core conditions are helpful to extremely helpful with virtually all clients" (p. 43). The results of this study provide evidence to support this statement.

At first glance, it appears that the results of the present study reflected more about general counselling knowledge, attitudes, skills, and overall competency, than about how to improve cultural competence. To a generation of counsellors and researchers who have worked to delineate the parameters of cultural competence, these results could be construed as

contradictory to existing work. The various models described in Chapter Two demonstrate the collective agreement that there are some factors that contribute to cultural competence above and beyond the general competencies of counselling which are already nurtured in counsellor training.

However, I see the results of the present study as better reflecting what stood out to these 10 particular individuals in their experience of counselling. For my participants, the aspects of counselling that were the most helpful, most un-helpful, and most desired, appeared to be drawn heavily from the realm of client-centred counselling training. The Cultural Identities category is also notable in capturing a breadth of incidents that did speak directly to cultural aspects of the relationship. It appeared that cultural factors played a role their relationships. However, considering the other categories leaned more toward counselling and especially humanistic traditions, it was not always a particular cultural mechanism that was the most impactful part of navigating the experience. In other words, counselling competence may be about culture, or may be about other conditions that lead to positive or negative experiences.

Creating Safety

This category referred to the comfort and sense of safety created by the counsellor or counselling space, or lack thereof. The idea that counsellors should provide comfort is by no means a new idea in the field. The Canadian Code of Ethics for Psychologists contains the principle "Responsible Caring" which calls for psychologists (and therefore, counsellors and clinicians in psychology) to "demonstrate an active concern for the well-being and best interests of the individuals and groups with whom they relate in their role as psychologists" (Canadian Psychological Association, 2017, p. 18). The principle speaks broadly to caring in the field. Bhola and Raguram (2016) agreed that from an ethical perspective, creating a safe space for

clients was essential to therapeutic practice, as well as giving thoughts to culture. Other researchers on multicultural considerations for counselling have also spoken to the need for safety, care, and comfort. For example, Hwang (2008) found that the role of caring was shown to be important in building trust and a bond between counsellor and client. Counsellors have an imperative to provide safety and comfort from both ethical and evidence-based perspectives.

Empathy

The second category highlighted the importance of the counsellor's ability to empathize, by demonstrating understanding of the client and their needs, or failure to do so. As mentioned in Chapter Two, some models of cultural competence or sensitivity have focused on empathy directly. Pedersen's ICE concept (2008) acknowledged the importance of empathy in counselling by centralizing the concept with some revisions to highlight aspects of cultural diversity. Other models have also included empathy as important aspects of a wider range of cultural competencies. Van der Zee and Van Oudenhoven (2001) also included cultural empathy as part of their model following factor analysis of the Multicultural Personality Questionnaire. Empathy has been linked to estimations of cultural competence. Affective empathy was predictive of multicultural counseling knowledge ($B = .31, p < .01$) when measured by both therapists (Constantine, 2000) and when measured by clients (Fuertes et al., 2006), where empathy was related to client views of therapist multicultural competence ($r = .81, p < .001$).

Curiously, participants in the present study often did not link the use of empathy directly to culture. Rather, the participants offered examples and thoughts about the importance of empathy and spoke more broadly to the overall experience of counselling. It appeared that clients were talking about the general concept of empathy, more so than an empathy aimed squarely at cultural bridging. Of course, empathy has been widely studied in counselling and therapy

literature, with indications that empathy was related to counsellor skills development (Ridgway & Sharpley, 1990) and client outcome (Miller, 2000; Watson, Steckley, & McMullen, 2014). Participants appeared to echo results from the literature indicating that empathy is important for counselling.

Genuineness

The category of Genuineness spoke to the counsellor's expression of their personality outside of the counsellor role, and their self-disclosure, or failure to do so. Genuineness is one of the classic concepts of client-centred therapy proposed by Carl Rogers (1957). Genuineness has also been discussed as an important aspect of cultural competence in counselling (Patterson, 1996). As a general counselling construct, genuineness has been related to client outcome in brief therapy (Lo Coco, Gullo, Prestano, & Gelso, 2011) and as a function of the therapeutic relationship, was related to better outcome in general (Patterson, 1984). According to both participants and research, genuineness has a place in effective counselling.

Communication Skills

The category of Communication Skills included how well the counsellor used both verbal and non-verbal listening skills to enhance the client's counselling experience. The importance of communication skills has been noted for surpassing cultural barriers in counselling (Herr & Fabian, 1999; Ivey, 1977). In this category, most participants provided stories about their counsellors' general communication skills, which appeared largely unrelated to specific aspects of cultural bridging. However, one individual did speak about her counsellor's efforts to linguistically understand her by checking in. This example demonstrated how the general counselling competency of communication skills, particularly active listening, was effective in surpassing language barriers.

Broadly, communication skills have been seen as essential to the practice of counselling and psychotherapy for decades. Brems (2001) and Martin (2011) classified communication skills as basic proficiencies necessary for counselling practice. Price (2015) reinforced the notion by implicating the development of communication skills for an improved counselling practice experience. It appears that both the prevailing research in counselling and the participants of the present study were witness to the importance of these skills.

Engagement

The fifth category described the effort and investment demonstrated by the counsellor in the counselling work, or lack thereof. Participants spoke about how their counsellors demonstrated dedication to their work, and engaged in the process of counselling. There is a distinct dearth of literature related to this topic. However, exploring the characteristics of counsellor burnout provides an approximation of what the lack of engagement may look like in counselling.

Building on early work by Maslach and Goldberg (1998), burnout refers to chronic stress that occurs as a result of prolonged stress, within the context of complex social relationships (Cieslak, 2016). Some of the symptoms of burnout include poor work performance, lack of concentration, and withdrawal from both coworkers and clients. These three components were similar to the observations made by participants in the present study, who noted the lack of effort, withdrawal, and sense of disengagement that hindered their counselling experience. Burnout was shown to relate to ethical impairment such as over-involvement with clients, dual roles, and utilizing therapy to meet therapist needs instead of the client (Everall & Paulson, 2004). Efforts to prevent burnout could help mitigate consequences and ensure counsellors' ethical engagement in counselling. The participants of this study pointed out how engagement

was helpful to their counselling experience, by improving their evaluation of the counsellor and their competence to practice.

Counsellor-client Bond

The sixth category highlighted the impact of the bond, connection, or relationship between counsellor and client as a whole. The bond has been implicated for over 40 years as a part of the working alliance construct, which included agreement on goals and tasks of counselling, and the bond between counsellor and client (Bordin, 1979). The findings reflected data found in much of the literature counselling and psychotherapy, which have echoed the benefit of the working alliance. For example, the therapeutic or working alliance was linked to a lower dropout rate dropout from therapy, in a meta-analysis of 11 studies on adult individual psychotherapy (Sharf, Primavera, & Diener, 2010). The alliance was also related to improved client outcome in another meta-analysis of 190 data sets of adult individual therapy (Horvath, Del Re, Fluckiger, & Symonds, 2011). There is significant literature suggesting that higher ratings of the working alliance are related to better retention of clients and better outcomes for those clients.

As mentioned in Chapter Two, multiple conceptualizations of cultural competence have included the working alliance in some way, with frameworks such as CIC (Arthur & Collins, 2010) and Constantine and Ladany's common factors approach (2001) centralizing the construct an essential foundation of cultural competence. Participants in the present study expressed the need for a strong bond with their counsellor by providing examples of how their counsellor related and explaining how the bond led to greater trust. The bond was distinguished from goals and tasks in a separate category because goals and tasks were referred to more so as a function of other important aspects of counselling experience. I note where agreement on goals and tasks has

appeared in other categories, particularly Flexibility, indicating the importance of the working alliance construct as a whole. It seemed that each part of the working alliance affected participants in separate ways in the present study.

Cultural Identities

This category centralized the impact of cultural identities in the relationship and how culture was handled in treatment. Participants described how use of cultural similarities, differences, and cultural knowledge affected their experiences. The cultural competencies, which were developed early in work on multiculturalism in counselling, emphasized the importance of awareness of cultural identities of both the counsellor and client (Sue, Arredondo, & McDavis, 1992). A number of researchers with prominent cultural competence models in the current literature echoed the notion by maintaining awareness of counsellor, client, and group culture as major facets of their models (e.g., Arthur & Collins, 2010; Constantine & Ladany, 2001; Pedersen, 2008; Pedersen, Draguns, Lonner, & Trimble, 2008).

The research regarding impacts of cultural similarities and differences between counsellors and clients is ever growing. An assumption from many theorists is that cultural differences could be a barrier to overcome, and cultural similarities could simplify the counselling process (Consoli, Kim, & Meyer, 2008). The participants in the present study offered thoughts aligning with this inclination, by providing examples of instant connection or explaining how it was easier to bypass lengthy explanations of culture through similarity. They also spoke of feeling an impenetrable disconnect when differences were salient. However, there were opposing thoughts. One participant recalled how the similarity between her and her counsellor was under-utilized, which distanced her from her counsellor, and made her orient towards seeking a counsellor of a different ethnic background. Indeed, theorists have also

speculated that cultural differences could provide a space for creative and personal growth through adapting to different perspectives (Consoli, Kim, & Meyer, 2008). It appeared that for the participants of the present study, cultural identities were salient and impacted the counselling process in multiple ways.

Flexibility

The findings in the eighth category reflect an emphasis on the degree of flexibility of treatment or treatment process, which included time availability, or lack thereof. Smith and Trimble (2016) called for those working with local communities to truly collaborate by understanding personal, situational, political and historical influences on those communities. They reflected that individuals successfully collaborating had "stretched their methodological, theoretical, and analytic skills to the point that they have acquired new perspectives and skills". This mirrored the experiences and desires of participants in the present study, who spoke about negative experiences of inflexibility, the need for greater flexibility, and appreciated when counsellors accepted their input into treatment. Previous research has also pointed to a need for greater flexibility in counselling where cultural differences are salient (Bowman & Roysircar, 2011) and that indicators of cultural competence included flexibility (Arthur & Collins, 2010; Constantine, Melincoff, Barakett, Torino, & Warren, 2004). Furthermore, researchers have asserted that flexibility is a requirement of counselling process in general (Henkelman & Paulson, 2006), which fits the universal view of culture as a part of every interpersonal interaction (Arthur & Collins, 2010).

Impacts of Categorization

The ninth category included incidents detailing the counsellor's explicit categorization of the client in groups like diagnosis or cultural group, or lack thereof. Participants shared stories of

being labelled, and their desire for freedom to be considered as an individual. Studies have explored the problematic nature of labelling when the client does not consent, with implications of internalizing low expectations and social damage (Carpenter-Song et al., 2010; Endo, 2017). One study also acknowledged the important role that labels play in establishing identity, when self-chosen (Malott, 2009). This differed from the experience of participants, who were distressed by having a label forced upon them by an authoritative counsellor, rather than offering their own way of expressing themselves. Part of being cultural competent, according to the CIC model, is to be aware of general trends among cultural groups, while recognizing that individuals often have many between-group similarities, and within-group differences, that make them a unique intersection of identity, outside of a cultural or diagnostic label (Arthur & Collins, 2010). The participants of the present appeared to support the idea that they need the option to choose how they see themselves fitting, or not fitting, among an array of group identities.

General Counselling Competence

The tenth category covered participant's recollections of the counsellor's knowledge and methods of counselling in general, or lack thereof. Although many of the categories discussed so far have been implicated in general counselling research, I saw the areas within this category as referring directly to general counselling competence, particularly counselling theory knowledge and technique. Of course, competency is constantly being striven for within the profession, with investigations such as the present study underlying the desire to improve the ability to serve a diverse population of clients. It is hardly surprising that participants identified hindering incidents that indicated a lack of competence, and appreciated or desired proficiency.

Previous studies have linked competence, particularly effective knowledge and use of certain therapy skill, to be related to better outcomes for college clients with major depression,

and to decreased substance use in cocaine users (Crits-Christoph, Gibbons, Ring-Kurtz, Gallop, & Present, 2009; McIndoo, Preddy, Clark, & Hopko, 2016). The participants of the present study appeared to notice the impact that general knowledge and skills had on their experience as well.

Professionalism

The category of Professionalism included demonstrations of counsellors' general professional skills like trustworthiness, ethical decision-making, and accountability, or lack thereof. These reached outside the realm of counselling, into skills that could be expected across helping professions and organizations. One aspect explored was trust. Trust may be seen as a function of the counselling relationship, but other helping professions have also investigated the role of trust in their work, which led me to view this sub-category as a function of professionalism rather than counselling work specifically. Trust has been implicated in patient expectations of patient-centred medical care (Zhou, Kankanhalli, Yang, & Lei, 2017) and medical patient wariness of medication (Pellowski, Price, Allen, Eaton, & Kalichman, 2017). Trust was also a central factor in one study on use of a school-level attendance and review board to address student behaviour problems in childhood (Morrison, Olivos, Dominguez, Gomez, et al., 1993). In the study, the system encouraged parents, teachers, and students to engage in collaborative, trusting relationships to problem solve, and results indicated that significant changes occurred for 67% of students over a 1-2 year period, with another 10% achieving partial progress. Trust is a factor in counselling, but also has also been implicated in the professional relationships of other helping professions.

Building trust in the therapeutic relationship has been seen as essential to better outcomes in therapy (Laughton-Brown, 2010). A study on counseling Sudanese youth in low-income areas indicated that higher trust was associated with better change (Jordans, Komproe,

Tol, Nsereko, & de Jong, 2013). Trust was also related to expectations for counselling within culturally diverse contexts. Lower trust was implicated in high dropout levels of Black clients' work with White counsellors (Watkins & Terrell, 1988). Trust has been implicated in outcomes of multiple helping services. In counselling, trust has been related to better change, and lower trust conversely was linked to higher dropout.

Another aspect prominent in the professionalism category was accountability, especially in the form of feedback. Providing feedback to counsellors may be an underutilized process due to barriers such as lack of language accessibility and not being invited to give feedback in every session (Ulaszek, Dunakin, Donahue, Felton, & Essock, 2005). Participants in the current study reflected similar concerns, and were pleased to be asked for feedback, like clients in other studies. Methods with a focus on client feedback have also been linked to improved outcomes for clients with low-income and for decreased in-patient readmittance (Reese, Duncan, Bohanske, & Owen, 2014; Reese et al., 2017). Providing a system for client feedback also helps achieve social justice initiatives of counselling (Minieri, Reese, Miserocchi, & Pascale-Hague, 2015). Minieri and colleagues (2015) posed that client feedback fits social justice imperatives by empowering clients to have a voice in what is meaningful in counselling. It also demystifies therapy by encouraging explicit discussions about the process. Feedback may also contribute to consciousness-raising about the areas of content within the feedback forms. Finally, feedback facilitates self-examination by the therapist. Self-reflection, as stated in Chapter Two, is a part of numerous models of cultural competence.

Contributions to Client Outcomes

The twelfth category, Contributions to Client Outcomes, outlined the impact of counselling on client's life outcomes, including goal achievement and career and personal

growth, or lack thereof. Researchers and practitioners have acknowledged the importance of effect on client outcomes throughout the history of psychological research and practice (Crits-Christoph, Gibbons, Ring-Kurtz, Gallop, & Present, 2009; Horvath, Del Re, Fluckiger, & Symonds, 2011; Reese, Duncan, Bohanske, & Owen, 2014; Smith & Trimble, 2016). Outcome research is frequently used as a benchmark to judge the usefulness and legitimacy of counselling approaches. Indeed, this was done in offering theoretical justification for the categories above. Participants in the present study appeared to recognize how outcome provided a benchmark for their evaluations of the effectiveness of counselling and of cultural competence.

The Client Contributions Category

The twelve categories above summarized clients' perspectives about what their counsellor contributed to navigating cultural differences in the counselling experience. The category of Style of Engagement, conversely, was a summary of the clients' self-evaluations of their own contributions to the counselling experience.

Style of Engagement

This category captured the way that clients reported interacted with their counsellors, particularly pertaining to friendliness, openness, and vulnerability factors. As discussed in Chapter Two, client self-evaluations have not played a role in multiculturalism in counselling research to date. Research on client contributions to counselling has typically come in the form of client characteristic studies.

For example, the Expectations About Counseling questionnaire examined clients' attitudes prior to taking part in counselling (Tinsley & Westcot, 1990; Tinsley, Workman, & Kass, 1980). Scales related to clients included Responsibility, Motivation, and Openness. Openness was similarly found in the present study to relate to clients' self-appraisal of

engagement in counselling. Interestingly, the EAC also included scales that related to counsellor attitudes, behaviours, and characteristics, which mirrored a number of the categories and sub-categories found in the present study: Nurturance, Empathy, Genuineness, Self-Disclosure, Trustworthiness, and Outcome. The similarities between the factors of the 1980 questionnaire and the present study are notable. The factors identified in the EAC were developed by synthesizing existing literature on counselling expectations, whereas the present study identified preferred aspects of counselling by exploring individual participant perspectives and then comparing the results to relevant literature. One possible explanation is that both studies were conducted using post-secondary student samples, most having at least some knowledge of psychological discourse. It may have been possible that post-secondary students with exposure to some psychological knowledge would focus on some of the general relational competencies learned about in their courses. There may have also been additional factors of being a post-secondary student that were implicated.

Each of the above categories, which included counsellor factors and an introduction to client factors, has been linked to research and theory. In the next section, I offer implications for counsellor education and practice, based on the findings of the study.

Implications of Findings

Participants voiced their opinions about helpful, unhelpful, and desired aspects of counselling in order to navigate culture within the counselling context. The categories that arose from my interpretation of their stories have represented the clients' style of engagement with therapy, and the counsellor's attitude, empathy, efforts, cultural identity and use of culture in counselling, and competencies as a counsellor and a professional. One of the aims of the study

was to interpret the implications of the findings for counsellors and counsellor educators, as will be outlined next in the chapter.

The Magnitude of General Counselling Proficiency

The voices of the participants in the present study appeared to be most loudly declaring that counsellors should be demonstrating proficiency in areas that considered both ethical and basic skills of counselling. Providing a safe and comfortable space, empathizing, being genuine, using communication skills, utilizing knowledge and skills in counselling theory, and showing professionalism are all marks of a developed counsellor, and are already typically covered in counselling psychology curricula (Corey, 2013; Martin, 2011). As stated previously, I believe the attention to general counselling competencies and other areas of counsellor connection was an indicator of what is most important to clients about the counselling process. When these aspects were missing from their counselling, these were what stood out as most needed by participants, more than other helpful aspects related to culture in the relationship. Conversely, when these aspects were present, they were what stood out as most helpful in the critical incidents offered by participants.

An emphasis on general counselling competence and proficiency supports an etic perspective of counselling, and culture in counselling. The etic perspective emphasizes between-group similarities, and views cultural competence as something can be achieved by investigating common factors that benefit individuals, across multiple cultural groups. It suggests that for a counsellor to be most effective, across diverse participants, the basic proficiencies of counselling must be fulfilled first. This conclusion seems warranted, at least, if the counsellor wants to be remembered favourably and as effective by their clients.

Overall, participants called for significant attention to be paid to areas of counselling that are already recognized as important across counselling practice. Participants also raised the issues of cultural identity, use of culture in counselling, and the impact of labels. Next, I will discuss implications for these findings.

The Impacts of Cultural Identities and Use of Culture and Labels

Participants elevated the importance of effective use of cultural identity and cultural information within counselling, as well as the need for counsellors to adapt to their unique situations. Given the importance of these areas, it is key for counsellors to consider how they can infuse the application of these concepts into their work.

Attending to counsellor and client cultural identity has been cited in almost every major cultural competence model for counselling (e.g., Arthur & Collins, 2010; Constantine & Ladany, 2001; Neville & Mobley, 2001; Pedersen, Draguns, Lonner, & Trimble, 2008). Both the participants and research to date significantly support thoughtful reflection about cultural identities within the counselling relationship. This is an area that should continue to be the focus of training and practice for new and veteran practitioners.

Participants noted that not only is awareness of cultural identity important, but effective use of cultural identity, which included knowledge and skills, also has a role to play in positive counselling experiences. The emphasis was on a need to talk about culture explicitly in the counselling process, which has been corroborated by theorists calling for the same demonstration of competence (Sue et al., 1992). Part of demonstrating cultural competence could include collaboration on use of labels and categorization. Both participants and researchers have shown that ineffective use of labels and categorization without agreement from the person being categorized hampers the counselling process. Therefore, counsellors need to effectively use their

cultural knowledge and work collaboratively with the client when deciding how name individuals and problems. Counsellor may invoke flexibility to do so, which has also been a focus of cultural competence models and approaches, and was a notable category in the present study as well. Thoughtful application of cultural competence models and approaches may improve cultural awareness, knowledge, skills, by emphasizing mutual agreement and flexibility.

Recommendations for Counsellor Education and Practice

Recommendations for practice and training naturally flow from the implications above. First, according to the findings of the present study, more can be done in counsellor education to emphasize key aspects of counselling competence. The participants recalled numerous instances where counsellors failed to create safety, empathize, or communicate effectively. They recalled times when counsellors seemed inauthentic, and lacked professionalism, knowledge, or skills in counselling methods to help. It appears that additional attention is needed to ensure that practicing counsellors are both learning and retaining the basics in their work.

The participants in the study mentioned one method of supporting retention. Consistent feedback opportunities could be utilized to monitor the quality of counselling service provided over time (Reese, Duncan, Bohanske, & Owen, 2014). Feedback from supervisors and feedback from peers have both been shown to provide useful information for counsellors' continuing development (Avent, Wahesh, Purgason, Borders, & Mobley, 2015; Neukrug, 1991).

Another method of maintaining quality is keeping counsellors up to date by requiring continuing education. The College of Alberta Psychologists requires registered members to take part in continuing competence management. They point out that the minimum levels of performance are dynamic, in that they may change over time, and that members "must continually monitor their practice relative to the state of the profession" (College of Alberta

Psychologists, 2010, p. 2). Members are required to take part in self-reflection, create objectives to improve areas for growth, and track activities toward improvement. All of these activities may be undertaken by counsellors to continue providing ethical service to clients. More specific recommendations follow in the next section.

Recommendations to Improve General Proficiency

Specifically, participants called for better safety and comfort in counselling. This could include attention to both aspects of nurturing and caring from the counsellor, and creating a comfortable office space. For example, counsellors could critically evaluate their office to create the most effective space for counselling. A school counsellor recalled that she created a space in which students opened up more by: reducing clutter, placing her desk against the wall, sitting in the centre of the room (often on the floor), and painting the room a neutral colour (Cook & Malloy, 2014). The above suggestions could be considered by counsellors to evaluate their workspace. Such attention to care would also help to fulfill the mandate of the Code of Ethics (Canadian Psychological Association, 2017) for responsible caring.

Improving empathy could also be another focus. Empathy training is a recent area of study, whereby educators attempt to impart empathy skills explicitly in counsellor trainees. A meta-analysis of eighteen studies revealed that empathy training was linked to better third party ratings of counsellor empathy (Teding van Berkout & Malouff, 2016). Counsellors could take part in such training, which hopefully would improve client assessments of empathy.

The perceived genuineness of counsellors was also underscored in this study. There appears to be a gap in the literature about how to increase counsellor genuineness in counselling and therapy, despite the construct being a central piece of client-centred counselling practice.

Perhaps a return to exploring how the construct was initially conceptualized by Rogers (1957), is warranted for embedding the ideas in counsellor education curriculum.

Training in communication is built into most counsellor training programs and texts, as it is seen as an essential part of counselling work (Martin, 2011). Additional training in specific types of communication could be beneficial. For example, counselling trainees felt more prepared and comfortable after receiving training about how to give bad news via the PEWTER model (Keefe-Cooperman, Savitsky, Koshel, Bhat, & Cooperman, 2017). Further research appears to be needed for training to improve non-verbal communication outside of what is being taught in existing counselling programs and texts. Additionally, engagement, demonstrated through attention, dedication, and investment in the counselling process appears to be a key area for emphasis in counsellor education.

The counsellor-client bond via the therapeutic or working alliance is another area that appears to lack specific research on improvement methods. However, one study found that empathy and working alliance ratings were linked, suggesting that improvements in empathy may also relate to higher ratings of working alliance, and by proxy, the counsellor-client bond (Moyers & Miller, 2013). Many methods of enhancing the overall working alliance have been studied, such as understanding patient or client personalities (Quirk, Erdberg, Crosier, & Steinfeld, 2007), using client centred communication and building rapport (Joo, Hwang, Gallo, & Roter, 2017), and training manuals (Booth, Thompson, & Campbell, 2008). Thus, bond improvement may be most accessible by training to improve the whole alliance. Future research could include investigation of how working alliance training may be affecting the each of the three parts of the working alliance, with a specific focus on the bond between counsellor and client.

In terms of general competence related to knowledge of theories and skills, the continuing education and competency checks mentioned above may be the most appropriate interventions. Additional support could come from attending conferences, sharing practice information with peers, and learning about local resources. The above suggestions pertained to aspects of counselling that were seen as part of existing humanistic counselling and training. Participants did also explicitly denote the importance of addressing culture in the counselling context. Further to the discussion, I offer recommendations for strengthening the ways that culture is infused into counselling.

Recommendations to Invite Culture into Counselling

Both previous research and the findings of the present study indicate that awareness of cultural identities improves the counselling experience for clients. As mentioned above, multiple models have made suggestions about how to improve awareness of cultural identities, including their own and the cultural identities of other people, including their clients. Particularly, a number of strategies have been developed from the Culture-Infused Counselling model for counsellors (Arthur & Collins, 2010). For example, counsellors can: (a) interview family members for insights into cultural heritage; (b) immerse themselves in an environment where they are a minority in cultural identities; (c) write a personal culture story; (d) prepare a written statement for clients about the type of theories that influence their therapy; (e) create a list of privileges that clients of various cultural identities may not experience; and/or (f) develop a plan to take an active stance against discrimination, and implement the plan.

Other authors have also suggested some of these ideas. For example, Koch, Ross, Wendell and Aleksandrova-Howell (2014) studied an immersion service learning program, which resulted in changes in attitudes to diverse groups, increased awareness and knowledge of

cultural identities, increased comfort level with diversity, emotional impacts, personal and professional development, and relationships between the students and locals.

Counsellors may consider taking part in experiential exercises to explore personal prejudices and projections and to explore the ways they are perceived by others (Mistler, 2011). For example, the “take a walk in my shoes” exercise designed to stimulate awareness of discrimination and barriers to support, compassion and empathy towards those with disabilities and differences, self-reflection about biases, prejudices, and stereotypes and understanding of how these things affect people (Snyder-Roche, 2011). There are an increasing number of resources available for use by practitioners, e.g., Pope, Pangelinan, and Coker (2011).

Returning to CIC recommendations, to understand client identities, counsellors may enact a number of strategies (Arthur & Collins, 2010). For example, counsellors can (a) take part in cultural events outside their own cultural groups; (b) consult with guides from within other cultural groups; (c) advocate for training opportunities through professional or institutional organizations; (d) record counselling sessions and analyze the recordings for cultural awareness and blindness, (e) choose a client for whom intersections of identity have arisen in counselling, and create a diagram or model of how their cultural identities interact; and/or (f) select a client population or issue to devote professional time to advocating.

Participants asked explicitly for counsellors to talk about culture in counselling. Specifically, some desired or appreciated when counsellors anticipated problems related to culture that could arise, such as culture shock. Values clarification refers to the process of using client values to drive the processes of clients determining priorities, setting goals, making decisions, and taking actions. Culture could be brought explicitly into the counselling discussion

through such an exercise (Kirschenbaum, 2013). Participants also commented that attention to culture could help improve flexibility of treatment.

Considerations for international students. The present study intended to view participants from an etic point of view, considering all cultural identity aspects of the individual as potentially impactful in their counselling experiences, depending on how the participants viewed themselves and their counsellors. However, there is an opportunity to reflect on the majority of participants who were international students. Pendse & Inman (2017) suggested in their review of international student-focused counselling literature that counsellors consider both intra-personal and inter-personal factors when conceptualizing international students' psychological concerns. Particularly, perceived prejudice, low social support, low acculturation, and maladaptive perfectionism could be areas contributing to international student concerns (Hamamura & Laird, 2014; Rahman & Rollock, 2004).

Willis-O'Connor, Landine and Domene (2016) found that international students identified (a) active listening, (b) casualness, (c) direction, (d) enthusiasm and (e) connection with client culture as helpful in the early stages of the therapeutic relationship. There is notable similarity between areas of communication skills, genuineness, and cultural identities found in this study. Thus, the recommendations for such areas in the present study may also apply. Training in these areas could help to stimulate the initial connection between counsellors international student clients.

Counsellors would also benefit from holding general knowledge about international student transitions to help them better understand contextual influences that may be relevant for clients' presenting issues (Arthur, 2016). Additionally, Popadiuk and Arthur (2004) suggested ways that counselling may be customized for international students by including non-traditional

strategies, group interventions, and cross-cultural mentoring. Further, they reiterated that counsellors can better support international students by developing cultural competencies through activities such as experiential learning, interacting with a wider scope of individuals on a personal level, and engaging in practicum and supervision that include cross-cultural components.

Social justice. Some criticisms of cultural competence endeavours have also introduced additional methods of critically evaluating and better incorporating cultural competence into practice. Arthur and Collins (2010) and Goodman (2015) suggested that taking a social justice lens in practice and training will help to avoid accidental marginalization of clients and inadvertently perpetuate inequities. To enact social justice, advocacy becomes a key concept. Advocacy refers to actions that counsellors take to assist clients and client groups in achieving goals of counselling through participation in client environments (Toporek & Liu, 2001).

Competence in advocacy could be strengthened by in a number of ways. Lewis, Arnold, House, and Toporek (2003) made a number of suggestions based on their six advocacy competencies. First, counsellors can become involved in raising client awareness of systemic factors affecting their well-being, and providing skills and resources to become self-advocates. In some cases, the counsellor may advocate on behalf of a client by identifying barriers and utilizing the power of the counsellor role to provide access that bypasses such barriers. As counselling progresses, it may become apparent that there is an opportunity for community collaboration, and advocacy may take place by working with a community to support systemic change. In other cases, in order to advocate for community change, counsellors may build connections with people in positions of power, and take part in the leadership of systemic change. Counsellors can also advocate by raising public awareness through media, targeting

specific audiences, and interprofessional collaboration. Counsellors may also choose to take part in political policy advocacy, by mobilizing allies and lobbying for change.

Curriculum. There are many routes that individual counsellors may take to improve their cultural awareness, sensitivity, and competence. But training programs and institutions also play a role in development of these faculties. Training programs may include cultural group-specific courses to learn about some of the unique strengths, issues, and challenges faced by individuals in particular groups. For example, inclusion of a specific course about LGBTQ factors in graduate training was effective in increasing competency (Bidell, 2013). Ponterotto, Alexander and Grieger (1995) suggested that utilizing checklists to investigate the integration of culture into academic training programs could offer a way to audit the programs.

Because of the close ties between cultural competence and social justice, incorporating better social justice initiatives in counsellor education may also improve diverse client experiences in counselling (Arthur & Collins, 2010; Ratts et al., 2015). Sinacore and Kassan (2011) demonstrated how social justice knowledge acquisition and experiential learning were implemented in a graduate-level multicultural psychology course. The course contained didactic lectures on multicultural and gender theories, resources, and diverse groups. Students also took part in experiential activities that involved literature review of a specific community group, research on local and national resources for that community, an information interview with a professional who worked in the community, attending a community event by the population of study, and self-analysis of changing attitudes and beliefs throughout the course. The course provides a template for other schools to incorporate social justice initiatives into counsellor learning.

I also have a personal story to offer as an example of cultural integration into education. As a Student Representative for my program, I was consulted about and witnessed faculty taking part in months of iterations and discussion in order to offer new adjudication criteria for entering students. The criteria were aimed at students with less traditional academic backgrounds into the graduate counselling psychology programs. To my knowledge, the criteria were designed to take into account the barriers that many students with non-dominant cultural identities face in accessing professional education. The criteria allowed for greater inclusion of extensive community experience and engagement to be considered for adjudication. Training programs choosing to embrace cultural competence can look to this as an example of how qualifications are defined and to open the door for more diversity among their student populations. As the participants of the present study suggested, more diversity among counsellors is welcomed.

Recommendations for Research Directions

Recommendations for practice and education have been provided above. Next, I turn to recommendations for future research. While much existing literature supports the findings of the present study, there are areas that could be further developed. Particularly, the categories of genuineness, engagement, and the counsellor-client bond presented areas for investigation.

While genuineness has long been regarded as a factor of counselling, and particularly of client-centred counselling, my search returned only two studies that tied genuineness to client outcomes (Lo Coco, Gullo, Prestano, & Gelso, 2011; Patterson, 1984). This is surprising, considering that genuineness is one of the three main components of Rogerian counselling, which still hold value today (Kirschenbaum & Jourdan, 2005). In addition, only one study explored the connection between genuineness and cultural competence (Patterson, 1996). Future

directions for research in this area could explore the specific mechanics of how genuineness contributes to cultural competence, and to counselling overall.

Engagement was another area for development. The category was admittedly one of the more difficult to conceptualize. However, I believe that the category does usefully contribute literature by demonstrating that counsellor dedication and effort are notable to some clients. Research directions for this category are diverse. Because much research is needed, I think it would be prudent to start by exploring the parameters of the engagement construct, and then exploring the connection to counselling experience further.

The counsellor-client bond was a third area that has pronounced potential for growth. Most research related to the bond has looked generally at the therapeutic or working alliance construct, of which the bond is part. However, it appears that the bond itself may play a more striking role for some clients. Researchers may seek to differentiate how each part of the working alliance relates to the client experience of counselling. As mentioned above, another route would be to train to improve the entire working alliance, and measure changes in the bond construct.

Each of the three categories above presented an opportunity for future study. More broadly, the findings of this study posed new questions for research. Future work could explore which cases lead to the aspects of client-centred counselling and general competence having a greater impact on client experience, and in which cases more attention to culture and culture-specific competencies will be helpful. In addition, this may involve the recruitment of participants from more varied counselling sources, such as community and health clinics.

This study was the first of its kind to explore clients' self-evaluations of their contributions to cultural navigation within the counselling context. The inquiry, which was limited in scope, was intended to begin a preliminary exploration into the topic. The findings

demonstrated the clients could recall that they had actively taken part in the counselling process and relationship, and particularly through demonstrating friendliness, openness, and vulnerability. These findings may provide a starting point for future research.

To further investigate the role of client contributions to counselling, future studies may focus on the connection between cultural competence and client expectations of counselling. I argued that exploring the client perspective was necessary to uphold a social constructivist approach to research, particularly in the field of counselling, due to the dyadic nature of the individual counselling process. Further investigation about the client contributions could provide answers about how clients see themselves in counselling, as cultural beings, and what could be strengthened and encouraged to keep them invested in the counselling process. Such a study could focus exclusively on gathering the client perspective of their contribution to the counselling experience. Future exploration will contribute new knowledge about cultural competence in counselling, and to counselling literature in general.

Strengths and Delimitations of the Study

A discussion of strengths and delimitations of the present study is intended to increase transparency about the process of the research and the weight of research findings. I speak to the strengths of the study, focusing on how the research questions were answered and how the literature on cultural competence is bolstered by the study. I offer my evaluation of delimitations of this research as well, which will help the reader measure the gravity of the research findings and conclusions, orienting future research directions as well.

Strengths of the Study

The present study offered a number of benefits. First, through the research I learned, using a bottom-up, client-focused approach, what former counselling clients thought were

helpful, hindering, and desired factors for navigating culture in counselling. I provided a space for former clients to speak to their experiences, reflect, and provide feedback. I also had an opportunity to compare the voices of clients to existing cultural competence models and research at large. Finally, I was able to synthesize my findings into implications and recommendations for practice, with the intention to improve counselling experiences for both clients and counsellors.

Another strength of the study was utilization of the qualitative ECIT method as an original way to explore cultural competence in counselling. Again, the ECIT method was opportune due to its focus on specific incidents that can be translated into actionable recommendations, while still offering participants the space to tell their stories and provide rich feedback. The flexibility of this method helped me to achieve my aims.

The present study was also the first, to my knowledge, to ask former clients to reflect on their contributions to the cultural relationship in counselling. The findings showed that clients saw themselves contributing actively to counselling. The small batch of findings opens the door for future studies to explore more deeply how client reflect and envision their role in counselling.

Delimitations of the Study

Despite the strengths of the study, it was by no means without foreseeable or unforeseeable flaw, and some factors may have influenced the data achieved by the study. The delimitations of the study are described next.

First, the method of data collection does come under scrutiny for being retrospective. Participants in the study were asked in the interviews to remember incidents from their counselling experience. However, some participants were remembering incidents from several years ago, which may have affected what stood out to them as important or memorable. Additionally, a philosophical question about the importance of remembered incidents arises.

How do we know that the recalled incidents are actually important to the process of counselling, rather than just being memorable over time? Future studies could inquire into the important factors faced by current counselling clients in order to determine whether retrospective memory has had an impact on what was seen as helping, hindering, or desired.

Time and resources allocated for the study were two aspects that affected the process of the study. This study was completed as part of my Master's degree, within a time limited context. This meant that time was limited in searching for participants. As I stated in Chapter Two, my intention was to collect a community sample of experiences, which I hoped would come from clients in a variety of counselling contexts. While my sample did have considerable diversity in cultural identities, the majority of their counselling experiences were derived through a university counselling context. My inability to take more time to continue to search for community clinics willing to advertise for my study certainly had an impact on the population to which I had access. Reflecting on this, I believe the stories my participants told may not have differed considerably from those of community clinics, as the types of incidents described were conceptually similar to the type of experiences that community clients could also encounter. My experience working in community clinics has lead me to believe that one difference may have been in the language used to describe counsellor characteristics. Participants coming from an educated population were often able to identify concepts like empathy, normalization, and validation. It is possible that in community settings, these concepts may have been described in different terms, which may have resulted in different category or incident names.

Time may also have been a factor in crystallizing the categories. Because the completion of the study had an impending deadline, I had to choose to stop iterating categories and provide information that could be summarized in written form. My decision to finalize the iteration

process could have affected the credibility checks, causing more variation between my conceptualization of the data and that of my independent judges as well as my participants. However, with the relatively high percentages in checks, I believe that considerable changes would not have occurred with further iteration. Nevertheless, additional research could re-examine the currently proposed categories for additional connections to potentially streamline categories even further.

Personal Reflection

Given my role in conceptualizing, planning, and carrying out the present study, I believe there is value in providing my experience of the study. I also hope to uphold reflexivity by reflecting on my part in the work and how it may have influenced the process and results.

One of the struggles I experienced was in managing my role as a researcher in relation to my other professional role as a counsellor. Being a professional in the counselling field, and hearing participants speak of uncomfortable, confusing, or frustrating circumstances, I sometimes found myself becoming aware of desires to step outside the researcher role to provide support or psychoeducation to participants. Overall, I believe I managed these urges and refrained from any over-extended interactions. However, I also acknowledge that my desire to be supportive may have influenced the way I asked questions or responded to participants, or how they responded to me, as I utilized active listening to carry our conversations forward.

I felt privileged and honoured to be witness to the stories of participants, who sometimes divulged highly personal and sensitive stories in describing their counselling process. I also felt motivated to advocate for better cultural sensitivity in counselling practice. I was grateful to receive their stories, which were presented thoughtfully and poignantly. In my opinion, former clients did a better job of advocating for themselves than I could have. I endeavoured to include

as many of these powerful quotes as possible in Chapter Four. I was touched by the common sentiment from participants that my research was important to them and they had been excited to take part in it.

I enjoyed seeing my results come together and going through the iterative process of producing categories. It was exciting to discover what my participants collectively saw as helpful, unhelpful, or needed. I was surprised and curious about the majority of content being related to counselling proficiencies that seemed outside the realm of cultural sensitivity or competence. I also felt that the phenomenon could be explained, and benefitted from musing to myself and discussing with others about the meaning of the findings.

Coming to the end of the project, I have a renewed motivation to advocate for clients, to think deeply about my cultural identities and knowledge and the role they play in my work. I also commit to upholding proficiencies in connection and relationship building. I have hope that counsellors can continue to provide better service for clients by engaging in self-examination.

Summary

The present study aimed to explore what former clients thought were important factors in navigating culture in their previous counselling experiences. Client perspectives have only recently begun to be included in studies of cultural competence in counselling, and are still highly sought after due to the difference perspectives that counsellors and clients can have about their work together. Using the ECIT, I solicited client's opinions about helping and hindering incidents and desired items. Ten participants, all university students, related their experiences in counselling, through university and community centres, and private practice. In total, 162 critical incidents related to counsellor factors and were organized into 12 categories. Twelve critical incidents formed one category related to client factors, which was a new area of investigation for

cultural competence literature, to my knowledge. I linked the findings to existing literature and proposed implications and recommendations for counselling training and practice.

This research was exploratory in nature, and under the social constructivist paradigm, centralized the participants' personal constructions of important aspects of counselling. The participants shared their stories, poignantly and thoughtfully commenting on the strengths of counselling work, and the remaining need for better counselling service, and better attention to culture in the counselling context. My personal hope is that this work will serve for two purposes: first, as a record of voices pronouncing the massive efforts over the last 30 years to improve counselling for people with diverse, intersecting identities, which we all hold; second, as a call for continued growth and advocacy for infusing culture in counsellor education and practice.

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Appendix A: Ethics Certificate

7/28/2017

<https://riss.ucalgary.ca/IRISSPROD/Doc/D/1EN3JO33PC843E24V9CNNUGG5F/fromString.html>



Conjoint Faculties Research Ethics Board
Research Services Office
3rd Floor MacKimmie Tower (MT 300)
2500 University Drive, NW
Calgary AB T2N 1N4
Telephone: (403) 220-4283
cfreb@ucalgary.ca

CERTIFICATION OF INSTITUTIONAL ETHICS REVIEW

The Conjoint Faculties Research Ethics Board (CFREB), University of Calgary has reviewed and approved the below research. The CFREB is constituted and operates in accordance with the current version of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (TCPS).

Ethics ID: REB16-1849
Principal Investigator: Nancy Arthur
Co-Investigator(s): There are no items to display
Student Co-Investigator(s): Michaela Rebus
Study Title: Clients' perspectives on cultural competence in counselling
Sponsor (if applicable):

Effective: July 24, 2017

Expires: July 24, 2018

Restrictions:

This Certification is subject to the following conditions:

1. Approval is granted only for the research and purposes described in the application.
2. Any modification to the approved research must be submitted to the CFREB for approval.
3. An annual application for renewal of ethics certification must be submitted and approved by the above expiry date.
4. A closure request must be sent to the CFREB when the research is complete or terminated.

Approved By:

[John H. Ellard, PhD, Chair](#), CFREB

Date:

July 24, 2017

Note: This correspondence includes an electronic signature (validation and approval via an online system).

Appendix C: Initial Contact to Agency Letter

Michaela Rebus
MSc in Counselling Psychology Student
University of Calgary
780-999-2123
michaela.rebus2@ucalgary.ca

Dr. Nancy Arthur
Educational Studies in Counselling Psychology
University of Calgary
403-220-6756
narthur@ucalgary.ca

Agency Contact

Agency Name

Agency Address

Date

RE: Invitation for Research Participation

Hello,

My name is Michaela Rebus and I am a student in the Master of Science in Counselling Psychology program at the University of Calgary. I am conducting a study for my thesis project on multicultural interactions in counselling. The purpose of the study is to determine what clients think helps and hinders the counselling process when the client and counsellor differ in cultural identities. Examining this topic can help inform counsellors about how they can work better with clients in counselling relationships.

I am contacting you because your agency is a counselling organization. I hope that you can help me get in contact with **previous/discharged counselling clients** or **clients attending their final session** who would be interested in taking part in this study. The study will consist of one hour initial interviews and one short (less than half hour) follow up interview with each participant. I am hoping to recruit ten counselling clients who have had at least one session with a counsellor who differs from them in at least one cultural identity. This could include age, gender, ability, ethnicity, socioeconomic status, religion, sexual orientation, or anything else that the client deems to be a significant cultural identity in their life.

If you think that it would be possible for your agency to help me connect with participants, please let me know. There is a separate consent form that I will send to you to pass on to possible participants. You can contact me by phone at 780-999-2123 or by email at Michaela.rebus2@ucalgary.ca.

Thanks for your consideration, and I hope to hear from you!

Sincerely,

Michaela Rebus, B.A.
Master of Science in Counselling Psychology Student
University of Calgary

Appendix D: Letter to Potential Participant

Michaela Rebus
MSc in Counselling Psychology Student
University of Calgary
780-999-2123
michaela.rebus2@ucalgary.ca

Dr. Nancy Arthur
Educational Studies in Counselling Psychology
University of Calgary
403-220-6756
narthur@ucalgary.ca

Potential Participant Name [If known, otherwise will be omitted]

Potential Participant Email [If known, otherwise will be omitted]

Date

RE: Invitation for Research Participation

Hello,

My name is Michaela Rebus and I am a student in the Master of Science in Counselling Psychology program at the University of Calgary. I am conducting interviews for my thesis project on multicultural interactions in counselling. The purpose of the project is to find out what clients think helps and hinders counselling when the client and counsellor differ in at least one cultural identity (including age, gender, ability, ethnicity, socioeconomic status, religion, sexual orientation, or anything else considered to be an important cultural identity in one's life). Researching this topic can help inform counsellors about how they can work better with clients in counselling relationships.

I am contacting you because you have participated in counselling at [agency]. I am wondering if you would be interested in taking part in an interview about your counselling experience. There will be one hour in-person interview at the University of Calgary and one short (less than half hour) follow up interview by phone or email. You will be compensated with a \$20 gift card for your time and help.

If you are interested in taking part, there are two methods for you to let me know. First, you can tell [the agency], and they will forward your contact information to me. Alternatively, you can contact me directly. My phone number is 780-999-2123, and my email is michaela.rebus2@ucalgary.ca.

Thanks for your consideration, and I hope to hear from you!

Sincerely,

Michaela Rebus, B.A.
Master of Science in Counselling Psychology Student
University of Calgary

Appendix E: Participant Consent Form



Name of Researcher, Faculty, Department, Telephone & Email:

Michaela Rebus, Educational Studies in Counselling Psychology

780-999-2123

Michaela.rebus2@ucalgary.ca

Supervisor:

Dr. Nancy Arthur, Educational Studies in Counselling Psychology

403-220-6756

narthur@ucalgary.ca

Title of Project: Clients' perspectives on cultural competence in counselling

Sponsor: None

This consent form, a copy of which has been given to you, is only part of the process of informed consent. If you want more details about something mentioned here, or information not included here, please ask. Please take the time to read this carefully and to understand any accompanying information.

The University of Calgary Conjoint Faculties Research Ethics Board has approved this research study.

Purpose of the Study

The purpose of the study is to learn about what clients think helps or hinders the counselling process when there are differences in aspects of cultural identity between the client and counsellor.

What Will I Be Asked To Do?

You will be asked to take part in a one hour in-person interview with a researcher at the University of Calgary. The researcher will ask you questions about your counselling experience with a counsellor who has at least one different aspect of cultural identity from you (could include aspects of age, gender, ability, ethnicity, socioeconomic status, religion, sexual orientation, or anything else considered to be an important cultural identity). The researcher will ask about what you think helped or hindered your counselling experience.

The interview will be audio-recorded so that the researcher can refer directly to your words when they are analyzing the data. This will help ensure that they accurately remember what you say.

Follow up via a communication method that you specify (preferably phone or email), will be conducted. This will give you a chance to find out what the researcher has analyzed, and to make sure it is accurate. The follow up should take less than half an hour.

Your participation in this study is entirely voluntary. If you choose not to participate, there will be no repercussions and it will not affect any future counselling or health service in any way. You may choose to take part and decide later that you do not want your data to be included. In this case you can contact the researcher and have your data removed from the project. You can also refuse to answer any of the questions in the interview.

What Type of Personal Information Will Be Collected?

Should you agree to participate, you will be asked to provide any cultural information that you deem relevant to your counselling experience. For example, you may talk about your age, gender, ability, ethnicity, socioeconomic status, sexual orientation, religion, or another aspect of cultural identity. Your name will not be included in any report on this study. Your contact information will be kept until the follow up interview is complete, or within four months of the initial interview.

The audio-recordings of the interview will not be heard by anyone other than the research team. These recordings will not be used in any report, written, visual, or oral. Meaningful quotes from the interview may be used as examples, but these will not contain any information that could identify you.

Are there Risks or Benefits if I Participate?

You may experience some discomfort as you relate negative aspects of counselling experiences, if any. The interview is designed to explore both positive and negative aspects to ensure that the data is well rounded, and gives you a chance to discuss any problem solving ideas you have to reduce negative interactions in counselling. The questions are ordered to allow you to leave the interview on a positive note. At the end of the interview, you will have an opportunity to debrief any negative feelings from the discussion and will be provided resources to follow up on your feelings further, if needed.

You will receive a \$20 gift card for your participation.

What Happens to the Information I Provide?

The principal investigator will have access to the audio-recordings of interviews, which will be stored on an encrypted USB flash drive. Transcribed sections may be available to the research team (principal investigator and one study team member) during the process of analyzing data. As mentioned above, meaningful quotes may be included in a final report, but the researchers will remove any personal or identifying information from the quotes to protect participant confidentiality. A master list with your contact information will be kept on the flash drive until final contact is made or six months after the initial interview. Final contact means a half hour follow up interview via phone, Skype or email. All remaining anonymized data will be destroyed after five years. The data will be electronically erased from the USB on which it is stored.

You will be referred to by a participant number only.

If you choose to have data removed from the study, all data related to your involvement in the study will be destroyed. If you request this after the data has been included in analysis, which includes the formation of general categories based on your data, the category will be retained. This is because it will be impossible to extract your contribution to the category. However, any specific examples provided by your data will be removed.

Signatures

Your signature on this form indicates that 1) you understand to your satisfaction the information provided to you about your participation in this research project, and 2) you agree to participate in the research project.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.

Please review each of the options below and choose Yes or No. If you choose No, the researcher will discuss with you if any alternative routes for your participation can be explored.

I grant permission to be audio recorded: Yes: ____ No: ____

I wish to remain anonymous (only a number will be used to refer to your data): Yes: ____ No: ____

Participant's Name: (please print) _____

Participant's Signature: _____

Date: _____

Researcher's Name: (please print) _____

Researcher's Signature: _____

Date: _____

Questions/Concerns

If you have any further questions or want clarification regarding this research and/or your participation, please contact:

Ms. Michaela Rebus

Educational Psychology, Faculty of Education

780-999-2123, Michaela.rebus2@ucalgary.ca

and Dr. Nancy Arthur, Educational Studies in Counselling Psychology, Faculty of Education

403-220-6756, narthur@ucalgary.ca

If you have any concerns about the way you've been treated as a participant, please contact the Research Ethics Advisor, Research Services Office, University of Calgary at (403) 220-4283 or (403) 220-6289; email cfreb@ucalgary.ca.

A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.

Appendix F: Interview Guide

Consent Blurb

Thank you for being here. As you know, I am exploring what has helped and hindered counsellors in working with clients who have different cultures from their own. This interview is a part of a series of interview that will make up my thesis project. It will help me learn about your previous experience with counsellors who have at least one different cultural identity from you.

Please know that your information will be kept anonymous, I will be using participant numbers to refer to the data collected. Our interview will be recorded by two electronic devices- a digital voice recorder and a password secured Iphone. The recording of the interview will be moved to a password secured laptop immediately following the interview and the recordings on each device will be deleted. I will also take notes on this interview guide, which will be scanned into an electronic format and stored on the same secure laptop as the recordings, and hard copies will be shredded. In my report, I may use quotes from the interviews to demonstrate the presence of categories that I will extract from the data. I will be using the Enhanced Critical Incident Technique to collect and analyze data, which involves the creation of categories from data. You will have an opportunity to review the data in a follow up interview that we will arrange at the end of this interview. Our work will be reported in a written format thesis.

It is also important to note that your participation is entirely voluntary and you can stop your involvement at any time. If you choose to stop your involvement, no penalty of any kind will be applied to you. Your data will be destroyed and will not be used in any report on the research, including visual or oral formats.

This research may benefit the counselling psychology community by providing information on what is helpful in bridging cultural differences between counsellors and clients. The risk is that you may experience some discomfort in discussing aspects of your experience. This risk is judged to be minimal and we can debrief at the end of the interview if needed. I have resources if you wish to speak to someone afterwards.

It is important for me to let you know that this will not be a normal conversation, I'm going to be asking you specific questions, which is simply the nature of the interview method I am using. The more information you can give me, the better my results will be.

At this point, do you have any concerns before we begin the study?

Do you agree to participate in this research?

Name:

Date:

Interview start time:

Contextual Component

- a. The definition of culture I am working off of is a broad one, which encompasses a variety of factors like age, religion, socioeconomic status, gender, ethnicity, and sexual orientation. Please tell me what cultural identities are in important in your life.
- b. How long did you see your counsellor? In a sentence, how would you describe your relationship?
- c. Please tell me in a sentence what you worked on with your counsellor.

Critical Incident Component

I would like to talk about some specific aspects of your counselling experience that reflect cultural competence. By cultural competence, I mean the way that your counsellor bridged gaps in meaning between different cultures, and worked together even though you two were different. Does that make sense?

- a. What did your counsellor do that helped to navigate cultural differences between you? Alt: What was beneficial when cultural differences between you and your counsellor affected your counselling?
- b. Can you give me an example? What happened?
- c. How did it help?
- d. Was there anything else? What happened? How did it help? (repeat to exhaustion of responses)
- e. What did you do to navigate cultural differences between you and your counsellor?
- f. What kinds of things did your counsellor do that made it harder to navigate cultural differences? Alt: What got in the way of your work when cultural differences affected counselling?
- g. Can you give me an example? What happened?
- h. How did it hinder your counselling experience?
- i. Was there anything else? What happened? How was it unhelpful? (repeat to exhaustion of responses)
- j. What did you do that didn't help navigate cultural differences?

Wishlist Component

a. Can you think of anything that was not present in your counselling that would help clients and counsellors to navigate cultural differences?

Alt: Is there anything that you did not personally experience that you think would help?

b. Is there anything you would like to discuss or mention that we have not covered yet? Alt: Is there anything else you would like to tell me that we have not discussed yet?

Check in: Was there anything you would like to debrief at this point? Would you like to continue talking about anything that we have discussed today with someone else?

Interview end time:

Length of interview:

Interviewer name:

Appendix G: Resource List

Thank you again for being involved in this project. If you would like to follow up on any remaining thoughts or feelings after you have left the interview, there are several additional resources you may access. The following is a list of local resources in/near Calgary. If you are a student in a post-secondary institution, you may wish to access counselling services on campus.

In-Person Counselling

Eastside Family Centre
(typically single session counselling)
403-299-9699
1-800-563-6106
crt@woodshomes.ca

Alberta Health Services- Assessment and
Treatment Services - Mental Health
403-943-1500

Calgary Counselling Centre
403-691-5991
<https://calgarycounselling.com/>

Catholic Family Service
403-233-2360
info@cfs-ab.org

Health Upwardly Mobile
403-536-2480
info@humassociates.net

YWCA Counselling Services
403-266-0707
<http://www.ywcalgary.ca/programs/counselling/>

Phone Resources

Calgary Distress Centre
403-266-4357
<http://www.distresscentre.com/>

Access Mental Health
403-943-1500
1-844-943-1500
mental.health@albertahealthservices.ca