

Exploring Beneficial Practices of Mental Health Professionals Working with Refugees

by

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Abstract

Evidence suggests that despite growing numbers of refugees entering Alberta each year, there may not be enough counsellors equipped to provide helping services. Within the counselling context, refugees are identified as at risk for developing complex psychological challenges, requiring culturally sensitive counselling that incorporates diverse culture and language differences. This case study explored how three Alberta-based mental health professionals provide helpful counselling services to refugees and how they prepared to attain competencies and relevant experiences required for providing appropriate, culturally sensitive interventions to refugees. Pre-interview activities and semi-structured interviews with nominated professionals, supported by a document review of master's level cross-cultural training courses, were conducted to answer the research questions: (1) how do mental health professionals provide appropriate, culturally sensitive interventions to incorporate the unique needs of refugees? and (2) what professional development and training have prepared skillful and knowledgeable professionals to provide these services? Interview transcripts were analyzed thematically, within- and across-cases, with the following seven themes emerging: Building Trust in the Working Relationship, Maintaining Ethical Practice, Attending to the Client's Culture and Context, Attending to and Working with Complex Mental Health Concerns, Helpful Components of Formal Training, Helpful Components of Professional Development and Ongoing Training, and Supportive Consultation and Supervision. Implications for counselling and future research are discussed.

Preface

This thesis is an original work by Kate Rozendaal. No part of this thesis has been previously published. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name “Exploring Best Practices of Albertan Mental Health Professionals”, No. Pro00099238, June 2020.

Dedication

I would like to dedicate this thesis to the individuals who inspired and supported me throughout this journey as well as the participants who were involved in this project.

To the participants, your involvement has not only provided the research community with further insight into providing beneficial services, but your involvement has made foundational waves within my life. Listening to your stories was an incredible honour and privilege.

To Dr. Sophie Yohani, you have been, and will continue to be a mentor and an expert in all facets of practice and research. You've been the inspiration for this entire project as it was my aim to understand the practical tools necessary for me to be more like you as a professional.

To the readers, your involvement whether it be as a reviewer or a curious learner, I appreciate your interest in contributing to a better tomorrow.

Ultimately, this work and my development within this profession as a clinician is only possible because of my God. Through Him, I have been called to the profession. Because of my identity in Him, I aim to do all the good that I can, by all the means that I can, in all the ways that I can, in all the places I can, at all the times I can, to all the people I can, for as long as ever I can.

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Glossary of Terms

Cultural competencies: the knowledge, attitudes, and abilities that enable providers to work appropriately in culturally diverse contexts. A process through which health care providers continuously attempt to acquire the ability to work in different cultural societies and to provide helpful services (Sue & Sue, 2016).

Cultural humility: an openness toward self-reflection about personal experiences as a culturally embedded being and a willingness to hear and strive to understand aspects of the cultural backgrounds and identities of others (Watkins & Hook, 2016).

Cultural self-awareness: the active awareness of personal assumptions, values, and biases (Arthur & Collins, 2010).

Culture: a dynamic system of rules, explicit and implicit, established by groups to ensure their survival, involving attitudes, values, beliefs, norms, and behaviours shared by a group but harboured differently by each unit within the group, communicated across generations, relatively stable but with the potential to change across time (Matsumoto, 2000, p. 24).

Institutional racism: “the collective failure of an organization to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes, and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness, and racist stereotyping which disadvantages minority ethnic people” (Home Department, 1999, as cited in Fernando, 2012, p. 116).

Marginalized: refers to the social, economic, and political conditions that contribute to health and healthcare inequities, and to the disproportionate effects of such inequities on segments of the population (Browne et al., 2013).

Microaggression: the everyday slights, invalidations, put-downs, and insults directed to socially devalued group members (Sue et al., 2019).

Multicultural counselling competencies (MCC): cultural self-awareness, knowledge, and skills. Attributes included in these competencies include (1) awareness of one’s personal beliefs, values, biases, and attitudes, (2) awareness and knowledge of the worldview of diverse individuals and groups, and (3) utilizing culturally appropriate intervention skills and strategies (Sue & Sue, 2016).

Refugee: a person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, has fled their country of nationality and is unable or unwilling to return to their former habitual residence as a result of such events (UNHCR, 2007).

The working alliance: a collaborative relationship between counsellor and client designed to facilitate change. It involves three key components: (1) co-construction of the goals to be accomplished through the relationship, (2) co-construction of the tasks to be fulfilled by each partner in the relationship, (3) a relationship characterized by mutual trust and respect that provides a solid foundation for facilitating the identification of culturally appropriate goals and tasks (Castonguay, Constantino, & Holtforth, 2006; Hatcher & Barends, 2006 as cited in Arthur & Collins, 2010, pp. 49-50).

Xenophobia: the excessive fear, dislike, or hostility toward anything or anyone “foreign” or somebody outside of one’s social group, nation, or country (Philippas, 2014).

Chapter One: Introduction

Refugee populations have been historically underrepresented in the field of psychology, as they are included within larger discussions related to other migrant experiences. Importantly, refugees have been forcibly displaced, often fleeing their homes to make the journey to a host country with very limited resources. The definition of a refugee, according to United Nations High Commissioner of Refugees (UNHCR, 2017) is:

a person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it. (p. 10)

Considering recent catastrophic events worldwide, we are witnessing larger groups of individuals displaced due to instability, violence, ethnic and religious rivalries, and territorial disputes. The international community has reached a state of crisis with over 68.5 million displaced people worldwide, 25.4 million of which are refugees (UNHCR, 2018). Conflicts in Afghanistan, the Democratic Republic of Congo, Myanmar, Sudan, and Syria have accounted for the recent rise in displaced groups (UNHCR, 2018). In response to this crisis, many countries including Canada have increased their commitment to refugee resettlement. Between January 2015 and January 2021, Alberta admitted 249,835 migrants (i.e., economic and family-class immigrants, privately sponsored, government-assisted, protected persons, and resettled refugees), more specifically, 13,415 of these migrants are refugees who have become permanent residents of Alberta (Immigration, Refugees and Citizenship Canada, 2021a). According to Statistics Canada (2016) census data, of the 17,870 refugees that resettled in Alberta between 2011 and 2016 who were a

visible minority, approximately 51% were Black (9,140) and 24% were Arab (4,280). In light of continued global conflicts, the Canadian government has projected within the *Immigrant, Refugees and Citizenship Plan (2021-2022)* that the number of resettled refugees will continue to increase in Alberta (Immigration, Refugees and Citizenship Canada, 2021b). The majority of these refugees resettle in urban hubs like Edmonton and Calgary (Yohani et al., 2019). Although there are mental health resources available within these urban settings, refugees face numerous barriers to receiving appropriate helping services.

Within the counselling context, refugees are identified as being at risk for developing complex mental health challenges, likely having experienced or witnessed traumatic events and are at an increased likelihood of experiencing homelessness, further discrimination, and financial instability (Atari-Khan et al., 2021; Bemak & Chung, 2017b, 2021; Miller & Rasmussen, 2010; St. Arnault & Merali, 2019). Despite these risks, refugees among other migrant populations face barriers limiting access to culturally sensitive counselling that incorporates diverse culture, language differences, and unique needs (Bartolomei et al., 2016; Gozdiak, 2004; Posselt et al., 2017; Silove et al., 2017). For example, counsellors working with refugees are encouraged to adapt interventions that address the client's basic needs (Hwang, 2006) and utilize their role as an advocate to dismantle systemic barriers that limit refugee access to supports (Byrow et al., 2020). Although mental health training programs emphasize cultural competence and multicultural training, there is evidence to suggest that mental health professionals are not adequately prepared to competently provide such services to refugees (Khawaja & Stein, 2016; Posselt et al., 2017; Robinson, 2013). Thus, refugee populations are at risk for receiving inadequate mental health services due to insufficient therapist preparation.

Recent reviews surrounding the training necessary to produce competent multicultural counsellors suggest that counsellors are not always prepared to provide counselling services to

specific cultural groups (Basma et al., 2020; Cohen et al., 2021) including asylum seekers (Khawaja & Stein, 2016; Masocha & Simpson, 2011) and refugee clients (Robinson, 2013). It is apparent that instructional strategies across graduate programs vary, whether culturally diverse training is provided through a single course or an integrated delivery approach (Basma et al., 2020; Decker et al., 2015). To improve counsellor multicultural counselling competencies, previous research has identified the need to expose student clinicians to diverse populations through experiential, practicum, and supervision experiences (Abreu et al., 2000; Arthur & Achenbach, 2002; Houseknecht & Swank, 2019; Kuo & Arcuri, 2014; Smith et al., 2006; Vereen et al., 2008). Furthermore, within their practice, counsellors apply and continue to cultivate competencies throughout their development as a professional. The American Psychological Association provides psychologists with recommendations for providing services to culturally diverse populations found within the *Multicultural Guidelines* (APA, 2017). These guidelines encourage counsellors to consider how knowledge and understanding of both their own multifaceted identity and that of the client develops and is incorporated into practice. Additional models grounded in socio-ecological theories such as the Multicultural Counselling Competencies (MCC; Sue & Sue, 2016) and Multicultural Social Justice Counselling Competencies (MSJCC; Ratts et al., 2015), encourage counsellors to gain competencies within domains of cultural awareness, knowledge, skills, and actions (Ratts et al., 2015; Sue & Sue, 2016). These models and guidelines provide developing counsellors with aspirational aims for practice. Therefore, this study seeks to provide an in-depth understanding of how counsellors attain these competencies and ultimately, how they tangibly implement helping strategies when working with refugee clients. This study is essential, given that developing multicultural counselling competencies may be overwhelming to emerging counsellors, especially considering the increasing cultural diversity in Canada and within-group variation. Research that provides an

understanding of the complex and unique nature of therapist development for best practice with refugee clients can potentially contribute to counsellor development.

Statement of Purpose

The purpose of the present qualitative study is to explore and understand how mental health professionals attain necessary competencies through training and professional development to provide best practices to refugee populations. This includes identifying culturally appropriate interventions and helpful practices to support resettled refugees. Furthermore, this study aims to gain a rich account of multicultural counsellor's experiences in providing services to refugee clients. Ultimately, this research will expand the literature around refugee specific training and preparation for Albertan clinicians and developing mental health professionals. This study was guided by the following questions: (1) how do mental health professionals provide appropriate, culturally sensitive interventions to incorporate the unique needs of refugees? and (2) what professional development and training have prepared skillful and knowledgeable professionals to provide these services?

Statement of Interest

My interest in exploring the best practices and appropriate training for mental health professionals was born out of my involvement at the Tegler Youth Centre, Hope Mission. At this centre, I provided support to immigrant and refugee youth who arrived seeking friendship, food, and the safety to play. I provided a supportive role primarily intended to engage in food preparation and play with the youth. In conversation with the youth that felt safe to do so, they sometimes spoke of their migration and, occasionally, what life was like in their home country. As someone who has never experienced fleeing my homeland and adapting to a new culture and language, I knew I was privileged to be surrounded by such resiliency. Being the curious person that I am, I longed to hear more about their unique experiences, yet some part of me felt and still

feels that I will never fully understand, though I hope to relate in a way that would provide me the tools to support these individuals if they requested my help.

After admittance into the Counselling Psychology program at the University of Alberta, I grew curious of the ways in which mental health professionals can provide support to immigrants and refugees. Recognizing the immense skill, warmth, and unique knowledge that multicultural counsellors require, I was very interested in attempting to determine “what it takes” to achieve such professional development. Humbly, I approached the field of helping others to form a unique path for myself in which I could develop into a mental health professional with particular interest to discover the personal attributes and training that superiorly skillful, kind, and knowledgeable professionals possess to attract culturally diverse and uniquely vulnerable clients.

Overview of the Thesis

The thesis is divided into seven sections. Chapter Two consists of a review of the literature on multicultural training and counsellor competencies within the context of multicultural counselling. This is followed by a synthesis of the literature on refugee experience, refugee mental health, and best practices with refugees.

Chapter Three explains the methodological approach used in this study and shows how this research is contextualized within a constructivist paradigm and guided by a qualitative case study methodology. Inclusion criteria and recruitment approaches, data collection and analysis procedures, and evaluation and ethical considerations are also outlined in this chapter.

Chapter Four presents contextual information related to the study and is separated into two parts. Part I includes three participant portraits which outline each participant’s story, providing appropriate details of their lived experience of developing their professional identities. Part II provides a review of Albertan syllabi included for the purpose of determining current training available to developing clinicians.

Chapter Five outlines themes that speak to aspects of the participants' practice with refugees and the professional development and training that have contributed to their current success providing services to refugees.

Chapter Six discusses key findings within the context of literature on multicultural training and competencies for practice with refugees within the context of the helping relationship. Additionally, the implications of this research are presented along with potential future research directions to progress the current findings.

The final chapter, Chapter Seven, serves as an epilogue where I reflect on my experience of growth throughout the research process in relation to one of the participant's reflections on their development as a counsellor.

Chapter Two: Literature Review

Training and Professional Development

Training and professional development equip counsellors with the knowledge, skills, and awareness to provide services to their clients. To appropriately counsel diverse clients, it is currently understood that developing professionals must embody a state of cultural humility and attain multicultural counselling competencies (APA, 2017; Hook et al., 2016). These competencies can be obtained through cross cultural training courses and training directed at the populations that the counsellor will serve or currently serves. In this chapter, I first begin by reviewing the literature on multicultural counselling with a focus on cultural competency and cultural humility, unspecific to refugee populations. Then, I provide a narrative review of the existing literature on multicultural counsellor competencies within the context of multicultural counselling. This is followed by a discussion of refugee mental health and the refugee migration journey. Finally, I discuss master's level multicultural training courses, experiential learning, and refugee-specific training that has been useful in preparing student counsellors and developing counsellors to work with these populations.

Multiculturalism, Cultural Competency, and Cultural Humility

More than three decades ago, the counselling profession in North America identified the need to prepare culturally competent helping professionals to meet the realities of a multicultural and diverse society (Sue et al., 1982). *Multiculturalism* generally refers to co-existence of diverse cultures in society. Like the term multiculturalism, culture is a complex and contested term and is defined by Matsumoto (2000) as:

A dynamic system of rules, explicit and implicit, established by groups in order to ensure their survival, involving attitudes, values, beliefs, norms and behaviours, shared by a

group but harbored differently by each specific unit within the group, communicated across generations, relatively stable but with the potential to change across time. (p. 24)

Early research examining diversity and identity issues within counselling psychology focused mainly on race and ethnicity as the main dimensions of culture (Arredondo et al. 1996). More recent conceptualizations of *culture* and *multiculturalism* in the context of counselling psychology expand on these early limitations and consider “contextual factors and intersectionality among and between reference group identities, including culture, language, gender, race, ethnicity, ability status, sexual orientation, age, gender identity, socioeconomic status, religion, spirituality, immigration status, education, and employment, among other variables” (APA, 2017, p. 8). This shift to a broad and inclusive conceptualization of culture in counselling psychology, which highlights the intersectionality and multiple dimensional aspects of culture, will likely influence how counsellors develop cultural competence in the years to come.

In 2003, the American Psychological Association (APA) published its *Multicultural Guidelines* (APA, 2003) which were a crucial step to progress the field of psychology, particularly, clinical practice. Prior to these guidelines, research findings derived from the general population were often generalized to account for all of the human condition, whereas these multicultural guidelines helped to support the notion of moving beyond a one-size-fits-all approach. In contrast to the state of the field of psychology at the time, multiculturalism in psychology countered the perspective that Western perspectives were ideal in all circumstances (Patallo, 2019). Instead, multicultural sensitivity is now one of the central skills that is expected for all students being trained in clinical and counselling psychology. Professionals who provide mental health services to culturally diverse clients also need to gain competencies appropriate to the specific individual. A limited understanding of cultural and contextual factors can lead to

counsellors forming inaccurate assumptions and making errors in their practice with culturally diverse clients, which may lead to ethical violations and negative consequences for the client's wellbeing (Ridley et al., 1998). Avoiding such errors requires attaining an appropriate level of cultural competence (Collins & Arthur, 2017), allowing the psychologist the ability to enter the client's world to accurately assess what is considered a cultural factor or individual differences, and using this information within the context of their approach to practice appropriately (Ridley et al., 1998). *Cultural competence* is the "term most commonly used to describe the skills associated with multiculturalism that trainees are expected to master" (Patallo, 2019, p. 228). Some scholars define cultural competence as the knowledge, attitudes, and abilities that enable providers to work appropriately in culturally diverse contexts (Campinha-Bacote, 2002; Sue et al., 1992). Among many of its definitions, most scholars consider cultural competence and its acquisition as an ongoing process rather than a skill to attain, defining it as a process through which health care providers continuously attempt to acquire the ability to work in different cultural societies and to provide helpful services in the client's cultural context (e.g., see Dunn, 2002; Hook et al., 2013; Suh, 2004).

Despite wide recognition for cultural competence as a prerequisite for helpful and ethical practices, cultural competency has been criticized for increasing stereotyping, reinforcing oversimplified and basic perceptions of identity, ignoring power dynamics, and focusing too heavily on categorizing "others" instead of engaging in self-reflection (Buchtel, 2014; Garran & Werkmeister-Rozas, 2013; Tervalon & Murray-García, 1998 as cited in Patallo, 2019, p. 228). Some research (e.g., see Hunt, 2001, Danso, 2018) suggests counsellors and training programs shift attention to developing and maintaining *cultural humility* (Watkins & Hook, 2016). Cultural humility refers to being interpersonally open and genuinely respectful of the clients' cultural identities, experiences, and backgrounds. Essentially, it refers to an openness to work with

culturally diverse clients (Hook et al., 2013; Owen et al., 2014). Professionals with cultural humility assume that clients are the experts of their own cultural journeys and work collaboratively to understand the clients' unique intersection of identities and how those identities affect the working alliance (Hook et al., 2013). In this sense, cultural humility is an orientation, a state of being rather than a state of doing (Hook et al., 2013), and a necessary requirement to facilitate appropriate cultural awareness, knowledge, and skills. Within the context of counselling, the cultural humility of therapists is considered important by socially marginalized clients. It strongly relates to the strength of the therapeutic alliance and correlates with a higher likelihood to continue treatment and benefit from treatment (Hook et al., 2016). Additionally, clients who perceived their therapist as being culturally humble reported fewer microaggression-related interactions and were less negatively impacted by microaggressions when they did occur (Hook et al., 2016).

Multicultural Counselling Competencies

Sue, Arredondo, and McDavis's (1992) seminal position paper on multicultural counselling competencies guidelines for practice has served as the benchmark document for outlining present-day competencies and a foundation for counsellor training (Arredondo et al., 2005; Ratts et al., 2015). According to Sue and colleagues' model (1992), multicultural counselling competencies (MCC) consist of cultural self-awareness, knowledge, and skills. Attributes expected for culturally competent individuals are identified within the tripartite model: (1) awareness of one's own personal beliefs, values, biases, and attitudes, (2) awareness and knowledge of the worldview of diverse individuals and groups, and (3) utilizing culturally appropriate intervention skills and strategies (Sue & Sue, 2016).

As summarized by Danso (2018) *cultural awareness* involves examining one's cultural beliefs and values and potentially ethnocentric views through self-evaluation; understanding how

culture shapes thinking, self-identity, and interactions; respecting other cultures by acknowledging there is no superior culture; and considering the impact of socio-political structures on minorities' experiences of oppression (Burchum, 2002; Furness, 2005; Horevitz et al., 2013; Houston, 2002 as cited in Danso, 2018, p. 413). Cultural self-awareness involves being aware of stereotypes that are affecting the way in which the therapist views and responds to clients, as well as the ways in which the cultural differences between both the client and the therapist affect the therapeutic relationship (Sue et al., 2019). Cultural self-awareness is considered a critical component of culturally competent practice by Arthur and Collins (2010) within their *Culture-infused Counselling Competencies* model¹. A self-aware counsellor demonstrates an understanding of their own cultural identities, differences in identities for those of other dominant or non-dominant groups, the impact of culture on theory and practice in psychology, the personal and professional impact of the discrepancy between dominant and non-dominant cultural groups, and the counsellors' level of multicultural competence (Arthurs & Collins, 2010, p. 53).

Another more recent competency model to inform counselling practice and research with culturally diverse clients is the Multicultural and Social Justice Counselling Competencies (MSJCC) model developed by Ratts, Singh, Nassar-McMillan, Butler, and McCullough (2015). This model updates the original MCC framework and highlights the intersections of cultural identities and attends to dynamics of power, privilege, and oppression in counselling relationships (Ratts et al., 2015). The MSJCC model extends MCC by adding the following developmental domains that lead to acquired multicultural and social justice competence: (1) counsellor self-awareness, (2) client worldview, (3) counselling relationship, and (4) counselling

¹ As this paper only introduces the reader to culture-infused counselling, see Arthur and Collins (2010) for more information about counselling-infused competencies.

and advocacy interventions (Ratts, et al., 2015). Embedded within the first three developmental domains of the MSJCC are the following aspirational competencies: attitudes and beliefs, knowledge, skills, and actions. Since the creation of these foundational models, multicultural competencies have evolved from a focus on cultural knowledge, awareness, and skills to the incorporation of context and social justice. A more recent version of the *Multicultural Guidelines* (APA, 2017) provides psychologists with a similar framework to the MSJCC from which to consider evolving factors such as context of the client, their family, and the larger system for the provision of culturally competent services. The guidelines (APA, 2017, pp. 4-5), adapted for the purposes of this paper, are as follows:

(1) Psychologists seek to recognize and understand that identity is fluid and complex.

Thereby, counsellors appreciate that intersectionality is shaped by the multiplicity of the individual's social contexts. (p. 4)

(2) Psychologists aspire to recognize and understand that as cultural beings, they hold

attitudes and beliefs that can influence their perceptions of and interactions with others as well as their clinical conceptualizations. As such, mental health professionals strive to move beyond conceptualizations rooted in categorical assumptions, biases, and/or formulations based on limited knowledge about individuals and communities. (p. 4)

(3) Psychologists strive to recognize and understand the role of language and

communication through engagement that is sensitive to the lived experience of the individual, couple, family, group, community, and/or organizations with whom they interact. Psychologists also seek to understand how they influence these interactions with their own language and communication styles. (p. 4)

- (4) Psychologists endeavor to be aware of the role of the social and physical environment in the lives of clients, students, and/or consultees. (p. 4)
- (5) Psychologists aspire to recognize and understand historical and contemporary experiences with power, privilege, and oppression. As such, they seek to address institutional barriers and related inequities, disproportionalities, and disparities of law enforcement, mental health, and other systems as they seek to promote justice, human rights, and access to quality and equitable mental health services. (p. 4)
- (6) Psychologists seek to promote culturally adaptive interventions and advocacy within and across systems, including prevention, early intervention, and recovery. (p. 4)
- (7) Psychologists endeavor to examine the profession's assumptions and practices within an international context and consider how this globalization has an impact on the psychologist's self-definition, purpose, role, and function. (p. 5)
- (8) Psychologists seek awareness and understanding of how developmental stages and life transitions intersect with the larger bio-sociocultural context, how identity evolves as a function of such intersections, and how these different socialization and maturation experiences influence worldview and identity. (p. 5)
- (9) Psychologists strive to conduct culturally appropriate and informed research, teaching, supervision, consultation, assessment, interpretation, diagnosis, dissemination, and evaluation of efficacy as they address the first four levels of the *Layered Ecological Model of the Multicultural Guidelines*. (p. 5)
- (10) Psychologists actively strive to take a strength-based approach when working with individuals, families, groups, communities, and organizations that seeks to build resilience and decrease trauma within the sociocultural context. (p. 5)

These guidelines encourage counsellors to consider how knowledge and understanding of both their own multifaceted identity and that of the client develops and is incorporated into practice. Both the MSJCC (Ratts et al., 2015) and APA (2017) *Multicultural Guidelines* are grounded in socio-ecological theories.

The MSJCC (Ratts, et al., 2015) highlights that “privileged and marginalized counsellors possess knowledge of clients’ worldview, assumptions, attitudes, values, beliefs, biases, social identities, social group statuses, and experiences with power, privilege, and oppression” (p. 7). Thus, culturally competent counsellors need to acquire specific knowledge of the population with whom they are working. However, according to recent research that assessed counsellors’ population-specific knowledge, more than half of the counsellors involved in the study had very limited knowledge of the Arab population to whom they were providing services (Basma et al., 2020). Since training programs are attempting to equip counsellors with the skills, competencies, and knowledge that a counsellor would need to provide services to diverse populations, a lack of knowledge of client worldviews and subsequently less multicultural competency could indicate the need for program development and restructuring.

Multicultural Training Courses

Studies have indicated that there is a positive relation between multicultural training and multicultural counselling competence (Basma et al., 2020; Killian & Floren, 2020). Multicultural training is essential for developing counsellors who are in the early stages of their development (Sue et al., 2019) to promote professional competence (Castillo et al., 2007; Coleman, 2006; Diaz-Lázaro & Cohen, 2001; Killian & Floren, 2020). More specifically, Castillo and colleagues (2007) determined that multicultural counselling training was related to a decrease in implicit bias and an increase in counsellor self-awareness. Much other research has demonstrated that participating in a multicultural course during counsellor training can improve self-awareness,

reduce racial bias, and influence racial identity development so there is a decrease in racist behaviours and an increase in understanding of the impact of race in relation to the clients (Brown et al., 2006; Castillo et al., 2007; Constantine & Gushue, 2003). Findings from various sources suggest that multicultural counselling competence correlates with an increase in client satisfaction (Constantine, 2007), treatment outcomes (Hook et al., 2013; Owen et al., 2011), and stronger working alliances with clients (Constantine, 2007).

The tripartite model (Sue et al., 1992), focused primarily on the categories of skills, knowledge, and awareness of beliefs and attitudes, is the main framework designed to explain what multiculturally competent practice looks like. It continues to influence the current guidelines adopted by the American Counseling Association (ACA, 2014), the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2015), and training texts used in Canada (e.g., see Collins & Arthur, 2017). Counselling activities utilized to improve the development and use of culturally appropriate interventions are directly related to the counsellors increased self-awareness, skills utilized in practice, and knowledge of others' worldview (Villalba, 2009). Three domains of skills utilized in practice and development include: (a) viewing the client as the cultural expert, (b) communicating with clients in their native language using a translator, recognizing and mitigating the effect of institutional discrimination, and (c) addressing acculturative stress (Arredondo, 1999). A culturally competent counsellor acquires these competencies to appropriately and ethically work with different cultural groups (Sue et al., 1992).

Within Canada, graduate training programs are required to include certain courses to obtain accreditation standards; however, components and instructional strategies can vary significantly within these courses (Cohen et al., 2021) as the way training is delivered is determined by each program (Decker et al., 2015). Additionally, there is also long-standing

evidence that existing training has not entirely prepared students to work with culturally diverse clients (Basma et al., 2020; Cohen et al., 2021).

Multicultural Course Components. Within a content and instructional strategy content analysis of syllabi from introductory master's multicultural counselling training courses (Priester et al., 2008), the most frequently used strategies were (a) journal writing, (b) cultural self-examination papers, (c) reaction papers, (d) attendance at cultural events where a student was a minority person, (e) class presentations on a cultural group or issue, (f) interviews with someone of a different cultural group, (g) research article critiques, and (h) research proposals. Similarly, within a review of outcome studies on multicultural counsellor training, Malott (2010) concluded that most programs emphasized various institutional strategies with didactic theory instruction being the most appropriate when combined with exposure to diverse populations and the use of experiential activities. In their national survey of counsellor trainees, Vereen, Hill, and McNeal (2008) found that exposure to diverse clients was the most important contributing factor in the development of counsellor perceived multicultural competencies. More recently, Killian and Floren (2020) identified that utilizing approaches of both direct exposure and self-reflection of the knowledge presented within cross-cultural training best facilitates the formation of the counsellors' identity and knowledge of their clients' cultural backgrounds.

Multicultural Course Design. Despite wide acknowledgment of the necessity to train counsellors to be culturally competent and a commitment to endorse multicultural competence in the profession (Arthur & Achenbach, 2002; Basma et al., 2020; Houseknecht & Swank, 2019; Sue et al., 1998; Vereen et al., 2008), there remains great variability in the mechanisms, approaches, and course structures utilized by training programs to train counsellors to be culturally competent (Cohen et al., 2021; Decker et al., 2015).

Currently, there are two broad approaches to incorporating culture and topics of diversity into training programs: a single course approach and an integration approach (Collins et al., 2015). The most common, single course approach, offers one or two cross-cultural or diversity issues courses in their curriculum that aim to promote trainee competence in cross-cultural counselling (Basma et al., 2020; Ridley et al., 1997). Often, these courses are offered one time for 13-16 weeks (Collins et al., 2015; Malott, 2010). This separate course design serves as a steppingstone for fuller integration of multicultural issues as well as subsequent courses that cover culture-based issues in the areas of assessment, research, supervision, and family counselling (Carter, 2005). This approach has not only been found to have positive influences on student counsellors' competency (Kagnici, 2014), but also to leave significant gaps in the application and implementation of multicultural skill development and social justice advocacy (Collins et al., 2015; Pieterse et al., 2009).

In an integrated program approach, multicultural issues are infused throughout the entire curriculum and training experience. This approach is one where educational programs merge multiculturalism into multiple aspects of the program, such as mission statement and courses, while also emphasizing cultural frameworks of social and diversity issues as the primary foci of training (Pieterse et al., 2009). Within this design, multiculturalism is at the core of all counselling and clinical training and emphasis is placed on developing the "trainee's self-awareness of their own cultural socialization and the impact of their own worldview, in understanding, relating to, and helping clients from diverse backgrounds" and "knowledge of the groups one plans to work with and develop specific culturally relevant skills" (Carter, 2005, p. 23). Some research suggests the integrated program design is not only the most fruitful, but also the most feasible alternative for training multicultural counsellors and psychologists (Abreu et al., 2000). Other research indicates that the single course approach offers fewer logistical

challenges to program curricula redevelopment and departmental training (Dickson & Jepsen, 2007). Through discussing culture and diversity concerns as a separate course, institutions may inadvertently be communicating and creating a standard of practice that finds multicultural and social justice to be less important than other counselling topics (Cohen et al., 2021).

Regardless of the approach utilized, the implications of recent research (Basma et al., 2020; Cohen et al., 2021) indicate it is important that counsellor educators be provided appropriate training around multicultural discourse including knowledge of particular populations, and model social justice and advocacy work to counsellor trainees. This is supported alongside growing evidence that existing training methods must further develop to address student needs and the specific needs of their diverse clientele (Sinacore & Ginsberg, 2015). Results from Basma and colleagues (2020) demonstrate a strong negative relationship between specific knowledge of the Arab population and negative attitudes toward Arabs, which indicates that an increased knowledge of the population could lead to a decrease in negative attitudes. This finding is supported by Sue and colleagues' (1992) early assertion that for all counsellors, specific knowledge about a particular cultural group can reduce racial biases. However, as previously mentioned, Basma and colleagues (2020) identified that counsellors in their study did not have cultural knowledge of the population they were serving. They suggest that a potential reason for why counsellors may have less culturally specific knowledge could be the overall design of multicultural courses and the amount of time allotted to training counsellors in culturally specific issues. Within the United States, the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2015) standards stipulated that a multicultural counselling course must cover multicultural and pluralistic characteristics of national and international diverse groups, theories and models around cultural diversity, social justice and advocacy models, and develop an understanding of heritage, attitudes, beliefs, and

acculturation experiences of diverse groups. Although these standards might appear to set up clear requirements needed to appropriately train student clinicians with the skills and knowledge needed to work with culturally diverse clients, Basma and colleagues (2020) suggest it is nearly impossible to cover all of this material within one course. Instead, they suggest that program directors consider increasing the time allotted to multicultural training courses to target higher levels of counsellor knowledge and inevitably improve overall competence levels. Additionally, they suggest along with other research (e.g., see Cohen et al., 2021) that training programs can include practicum and internship sites that will increase student exposure to diverse populations. Sites can include schools and communities with a higher population of specific cultural groups or even refugee agencies that have access to particular groups (Basma et al., 2020). Within course content, Basma and colleagues (2020) suggests diversifying materials assigned to include population-specific theorists, clinicians, authors, and research. Instructors can include case or case conceptualizations around particular cultural groups throughout counselling curriculum, and instead of only occurring within the context of a multicultural training course, this can be included within all counselling curricula.

Experiential Learning

As noted earlier, the literature indicates an increasing body of evidence in multicultural counselling training literature supporting the benefits of learning MCC through experiential-based programming (e.g., see Arthur & Achenbach, 2002). Experiential learning has four stages: (1) concrete experience, (2) reflective observation, (3) abstract conceptualization, and (4) active experimentation (Kolb, 1984). Torres, Ottens, and Johnson (1997) explored multicultural counsellor expert and educator perspectives on educating multicultural competencies through experiential activities. These multicultural counselling experts viewed experiential activities as more valuable than other intellectual activities at challenging students to uncover their cultural

values and beliefs. A counsellor's training and experience with culturally diverse clients is a strong predictor of their capacity to develop multicultural counselling skills (Arthur & Januszkowski, 2001) and a therapeutic relationship with culturally diverse clients (Dickson & Jepsen, 2007).

Other counsellor educators have also successfully implemented experiential learning to bridge multicultural theory and practice, using experiential learning as a means for trainees to increase self-awareness and develop multicultural competencies (Arthur & Achenbach, 2002; Houseknecht & Swank, 2019; Vereen et al., 2008). Three activities have been helpful in training counsellors through experiential activities: video interview and reflection assignments, critical incident analysis, and counselling with an interpreter activity (Houseknecht & Swank, 2019). For a more complete description of these activities, I direct the reader to work by Houseknecht and Swank (2019).

Attempts have been made to enrich counsellor training experiences and attain practical experiences working with refugees and other diverse populations. Within Canadian training programs, Kuo and Arcuri (2014) highlighted the need for and outlined a multicultural training practicum including several experiential activities exposing counsellors to diverse client populations. Other strategies encouraged by many multicultural researchers and educators include cultural immersion training (Kiselica, 1991; Pope-Davis et al., 1997) and supervised multicultural counselling practica as exemplary forms of hands-on, experiential learning for developing MCC among trainees (Abreu et al., 2000; Arthur & Achenbach, 2002; Houseknecht & Swank, 2019; Smith et al., 2006; Vereen et al., 2008). Kuo (2012) suggested that multicultural clinical practica may define the next critical steps in advancing best practices in multicultural training.

Refugee-specific Training

Within the literature that covers training multicultural counselling competencies, researchers have highlighted the importance of attaining training and professional development to prepare counsellors to work with refugee populations (Engstrom et al., 2010; Khawaja & Stein, 2016; Lee & Khawaja, 2014; Nilsson et al., 2011). Despite this acknowledgement, there remains a need for increased awareness, training, and funding to support training to successfully provide services and interventions to refugee populations in many different phases of resettlement (Khawaja & Stein, 2016; Murray et al., 2010; Robinson, 2013). Many of the training needs identified are related to multicultural education and cultural competence development to better prepare counsellors to work with culturally and linguistically diverse clients (Gong-Guy et al., 1991; Khawaja & Stein, 2016; Lee & Khawaja, 2014; Midgett & Dumas, 2016; Murray et al., 2010).

A particular deficit of training counsellors to work with refugees, among other newcomer populations, includes the specific experience and knowledge of incorporating interpreters into sessions (Engstrom et al., 2010). Graduate programs continue to emphasize preparation of student clinicians to work with culturally diverse clients and engage in advocacy action to empower diverse individuals and communities (CACREP, 2015). From the limited research on counsellor preparation to work with refugee clients, it is clear that multicultural competence development does not sufficiently train counsellors and therapists to work with the unique needs of refugee populations (Gong-Guy et al., 1991; Khawaja & Stein, 2016; Masocha & Simpson, 2011; Robinson, 2013).

Pieterse et al., (2009) conducted a content analysis of 54 multicultural and diversity-related course syllabi from CACREP and APA accredited counselling and counselling psychology programs to gain an understanding of multicultural training in knowledge, skills, and

awareness in formal educational settings. The results from this analysis indicated that the majority of the programs reviewed took a population-specific approach to multicultural counselling. Most culturally diverse clients addressed in the course included racial and ethnic populations and a small number of syllabi focused on issues of power, oppression and systemic inequalities, but only 3 out of 54 syllabi reviewed included content specific to counselling refugee populations. These results suggested that, at the time, counsellor training specific to refugee populations was limited in the United States (Pieterse et al., 2009). Within a similar content analysis of introductory master's level counselling courses, only 6% of 64 courses reviewed explicitly covered refugee populations (Priester et al., 2008). The unique needs that refugees present in the context of therapy demand specialized training and understanding to appropriately serve their needs (Engstrom et al., 2010; Khawaja & Stein, 2016), yet it seems clear that graduate training in counselling and psychology programs often do not prepare students to understand how to approach mental health practice with refugees. As much of the literature surrounding evaluations of training programs is conducted in the United States, and training programs could have evolved to incorporate such training, a more recent investigation into the practices, training, and informal training that counsellors have undergone is needed.

Summary

Given the complexity of sociopolitical, psychological, and cultural issues faced by refugee populations, scholars have identified specific knowledge and intervention skills that are needed to appropriately work with this population. As the literature above indicates, there are training approaches and activities that can prepare counsellors to provide competent helping services to refugee populations. Although identified, there are fewer specific recommendations and guidelines for training components included in cross-cultural training. The current study will investigate what types of formal training and professional development mental health

professionals have engaged in to acquire specific skills, awareness, and knowledge necessary to work competently with refugee clients. It will also examine the practices that they engage in to provide such services. Most importantly, as refugee-specific training is not a norm during counsellor training, the current study aims to identify the particular training experiences that have prepared knowledgeable professionals to serve this population.

Refugee Mental Health

Within the following sections of this chapter, I provide a synthesis of the literature on experiences of refugee migration and refugee mental health, and later, review best practices with refugees². Critical to competent culturally responsive clinical interventions with refugees is the need to be aware of and understand the context of the refugee experiences, such as the migration journey (Prendes-Lintel, 2001) and the impact of these experiences on the refugee's ability to adjust during resettlement (Bemak & Chung, 2017a).

Stages of Refugee Migration

The six stages of refugee journey outline a chronological framework positioning the location of a refugee along a trajectory, which offers insight into the migration pathway and living context of that individual (Prendes-Lintel, 2001). The six stages outlined by Prendes-Lintel (2001) are pre-departure, flight, first asylum, claimant, settlement, and adaptation. The first three stages mark life before arrival in the resettlement country and include their pre-migration challenges and risk factors. The latter three stages follow life after arrival into the resettlement country and encompass challenges encountered when building a life within a new

² This section of the literature review was initially synthesized for the purposes of my own cross-cultural counselling development in the course EDPY 542. This section was adapted and expanded to include relevant literature. However, there may still be some overlap.

cultural context. This review focuses on the challenges encountered during the migration journey, not the experiences of resilience and strengths utilized throughout this journey³.

The Pre-departure Stage. The pre-departure stage is marked by extreme upheaval and violence in the refugee's country of origin (Prendes-Lintel, 2001). With reference to conflicts across the Global South (e.g., Afghanistan, Democratic Republic of Congo, Myanmar, Sudan, and Syria), individuals and groups can be positioned as targets of ethnic cleansing and social and political tensions, resulting in an extreme threat to safety and deterioration of quality of life (Merali, 2008). Four primary sources of trauma during this phase are deprivation, physical injury and torture, incarceration in camps, and witnessing extreme violence (Mollica et al., 1987). Refugees are one of the most traumatized populations in the world as their pre-migration experiences can range from persecution, physical mutilation, slave labour, isolation, and starvation, to hostility, threats, beatings, rapes, mock executions, conflict, persecution, and political and religious upheaval (e.g., see Clarke & Borders, 2014).

The Flight Stage. As indicated within the definition of a refugee, the fear of persecution has caused an individual to flee, often abruptly, from their home country. Additionally, fleeing from danger might expose refugees to violence, death, and other atrocities either experienced directly or witnessed during armed conflicts (Bemak & Chung, 2017a). Other atrocities could include the rape and killing of family members or cultural members that may result in unresolved psychological challenges (Atari-Khan et al., 2021; Bemak & Chung, 2017b). The journey may involve physical harm, sexual violence, infectious disease, extortion, and human trafficking.

³ I recognize that refugees are not always travelling as single units, they may be traveling with family members or other cultural members. The refugee migration experience could be drastically varied with the presence of a family member, with these experiences potentially altering relationship roles, risk of further trauma, or serve as a source of support. Regardless, while a refugee may be travelling with familiar others, they often leave behind loved ones.

Refugees may be displaced multiple times to various host countries and camps (Giacco et al., 2018).

The First Asylum Stage. The first asylum stage is marked by the arrival at a place of temporary safety which is often a refugee camp (Prendes-Lintel, 2001). The longevity and course of the refugee's migration period can contribute to a variety of experiences. For example, there are large refugee populations known as urban refugees who have fled their countries to avoid religious or ethnic persecution, and their experiences are much different from those who lived in camps and later relocated to Western settings (Thomas et al., 2011, as cited in Ibrahim & Heuer, 2016, p. 151). For many other populations of refugees, the migration journey is potentially long and hazardous. Additionally, the process of resettlement can be lengthy, which can predict greater likelihood of experiencing mental health issues among refugees (Arthur & Collins, 2010; Bemak & Chung, 2017a). Escaping to refugee camps does not necessarily guarantee safety, as refugee camps are often overcrowded, physically unsafe, unsanitary, and provide poor nutrition and medical care (Bemak & Chung, 2017b). Potential violence in refugee camps can exacerbate trauma and psychological problems (Bemak & Chung, 2017b).

The Claimant Stage. The claimant stage occurs after the refugee has reached the country of resettlement and is waiting to be granted asylum or to be deported out of the country (Prendes-Lintel, 2001). Seeking asylum is anxiety inducing as the process is long and deportation is a possibility. While waiting for a resolution, refugees may face additional resettlement and acculturation stressors in Canada (Prendes-Lintel, 2001). The first few post-migration years form a critical period when refugees are challenged to learn new coping skills as well as behavioural and communication patterns while attempting to meet basic needs such as employment and housing (Bemak et al., 2003).

The Settlement Stage. Lindencrona and colleagues (2008) describe four important resettlement stressors: (a) social and economic strain, (b) loss of status corresponding with racism and discrimination, (c) threats and violence, and (d) alienation. These four stressors are predictive of experiencing symptoms of post-traumatic stress disorder (PTSD). Despite ongoing efforts, resettled refugees commonly experience social inequalities and health disparities related to limited resources, physical ailments, and changes in social roles and support, with these inequalities contributing to increased likelihood of experiencing poor mental health and wellbeing. Upon migrating to the host country, resettlement can pose additional difficulties for refugees due to resettlement policies, attitudes towards refugees, existing social norms, values, as well as structural and institutional arrangements like class, gender, and perceptions of race (Kuyini, 2013). The process of migration and settling within a host country requires a sudden adjustment to a foreign system that creates significant changes in personal, academic, social, and vocational areas (Rivera et al., 2016). Attempting to cope with previous trauma amongst limited social support, fear of the future, and drastic financial instability places this population at an increased risk for developing significant psychological distress (Miller & Rasmussen, 2010; Steel et al., 2009). Additionally, refugees may experience anxiety surrounding immigration status, financial instability, and pressure to integrate to the dominant culture (Keles, 2008).

The Adaptation Stage. The adaptation stage does not have a distinct ending and can be an ongoing process of adjusting to a new life within a new, largely unfamiliar country (Prendes-Lintel, 2001). In addition to the potential post-migration factors that can contribute to overall mental health and wellbeing, the individual's success of acculturating can also influence mental health.

Recent research by Bemak and Chung (2021) highlights several factors that potentially complicate acculturation and adjustment: the absence of extended family and community to

provide support as well as subsequent changes in family dynamics through acculturation, racism and xenophobia in host countries, survivor's guilt, and unresolved pre-migration trauma (pp. 308-310). Survivor's guilt is characterized by a relocated refugee's remorse about having friends and family in the country they migrated from who are still in danger. Teodorescu and colleagues (2012) found that post-migration stressors such as having a weak social network as well as weak social integration into an ethnic community were significantly associated with mental illness and symptom severity. Difficulties adapting to the host country's systems further complicates refugee mental health and resettlement and may reduce social support (Schweitzer et al., 2006) and increase feelings of powerlessness, isolation, and mistrust with governmental systems (Craig et al., 2009; Smith & Akinsulure-Smith, 2011).

The acculturation process is closely related to refugee psychological wellbeing during the adaptation phase. Berry (2003) proposed four styles of acculturation resulting from the degree to which individuals maintain their own culture and incorporate the new culture: assimilation, integration and biculturalism, rejection, and deculturation. Importantly, the style of acculturation most closely associated with psychological wellbeing is integration and biculturalism, as this combines adjustment to a new country with the maintenance of traditional beliefs and values. Successful integration into the relocation culture is dependent on a refugee's openness to adaptation, identification with new reference groups, ability to resolve psychological trauma, and ability to accept the host country's rules and worldviews (Bemak & Chung, 2017a). Acculturation models argue that both high maintenance (i.e., interaction with those of one's own culture) and contact participation (i.e., contact with the dominant culture) are key to acculturating in a dominant society (Berry, 2001, as cited in Mitschke et al., 2017, p. 590). Successful acculturation can help diminish symptoms of and risk for further re-experiencing trauma. Factors that contribute to positive adjustment include establishing social networks, learning the host

country's language, and maintaining one's cultural identity by engaging in cultural traditions such as food and music (Yoon et al., 2011, as cited in Bemak & Chung, 2017a, p. 300).

Key Presenting Issues or Challenges Faced by Refugees

Resettled refugees may seek counselling or assistance from health professionals for several reasons as a result of their pre-migration, migration, and post-migration experiences. A refugee's likelihood of witnessing traumatic events such as abuse, death, torture, and disappearance of family or friends within war-torn and politically unstable host countries prior to settlement in Alberta puts them at an increased risk of developing a variety of mental health disorders such as depression, PTSD, anxiety, or grief from multiple losses (Akinsulure-Smith & O'Hara, 2012; Kirmayer et al., 2011; Miller & Rasmussen, 2010). Additionally, refugees are at risk for experiencing secondary trauma or cumulative trauma during post-migration and post-displacement (Akinsulure-Smith, 2009). As such, the rates of psychological distress are disproportionately higher in refugee samples (Steel et al., 2009) compared to other migrant groups (Hollander et al., 2016) and the general population (Kessler et al., 2012). Subgroups that are at an even greater risk of experiencing mental health problems include unaccompanied children, elderly people, single men under the age of 21 years, women and girls who witnessed or experienced sexual assault and rape, and widowed women (Bemak & Chung, 2021). Within a study by Fazel, Wheeler, and Danesh (2005), PTSD was estimated to be ten times more prevalent among refugees in comparison to the general population of the host country.

Post-traumatic Stress Disorder (PTSD). The rates of mental illnesses among resettled refugees are not presented consistently within the literature; however, it is estimated that the most commonly reported mental health disorder is PTSD (Williams & Thompson, 2011). Between 4% and 90% of different refugee groups in host communities live with PTSD (Nickerson et al., 2011; Palic & Elklit, 2011). Importantly, there is a wide range in the levels of

resilience and distress of refugees, and one cannot assume that all refugees are traumatized, since just as many studies show very low PTSD prevalence as those that show high prevalence. This large range could be due to individual factors (e.g., personality traits or prior history of mental illnesses) or the presentation of unique trauma symptoms depending on culturally normative expressions (Due et al., 2020). Although similar complaints and reactions to trauma are found across cultures, the way in which trauma and other mental health issues manifest can differ across cultures (Chung & Kagawa-Singer, 1995). For example, African refugees who believe that wisdom and guidance come from ancestors may present with symptoms of head pain or insomnia, believing that these symptoms are caused by upset ancestral spirits (Bemak & Chung, 2015) instead of witnessing a traumatic event. One of the most common differences between Western and non-Western patterns of symptom expression is the somatization of distress (Kirmayer et al., 2011). Many non-Western societies often do not complain of symptoms of anxiety, depression, or other psychological issues; instead, distress is more commonly presented somatically or as physical complaints such as chest discomfort, dizziness, chronic pain, or fatigue (Guerin et al., 2004; Murray et al., 2010).

Racism and Discrimination. Refugee mental health may be additionally influenced by discrimination and racism toward refugees and their cultural practices (Miller & Rasmussen, 2010). In addition to the existing potential to be discriminated against, refugees who are also a visible minority may be at greater risk of experiencing overt (e.g., racial slurs) or covert racism (e.g., exclusion based on assumptions of racial inferiority) and discrimination related to housing, employment, professional advancement, educational access, and access to health care services (Chung et al., 2008). With the increased risk of experiencing discrimination, *xenophobia*, and racism, the refugee's settlement experiences may also contribute to social exclusion and subsequent trauma that exacerbates their mental health issues (Aydin et al., 2014) and decreases

the likelihood that refugees will seek helping services (Noh et al., 2007). Furthermore, the impact of experiencing discrimination over time can lead to chronic stress and experiences of racial trauma [i.e., real or perceived dangers of experiencing racial discrimination (Comas-Diaz et al., 2019)]. Racial trauma includes interpersonal discrimination and systemic racism that can often manifest as PTSD-like symptomatology (Comas-Diaz et al., 2019).

With the continual increase in diversity of the Canadian population, mental health care systems are expected to meet the needs of these diverse clients but their capacity to do so is affected by *systemic* and *institutionalized* racism (Fernando, 2010, 2012). Structural violence refers to the systemic disadvantages that stem from the perpetuation of unjust structures, policies, and institutional practices which shape everyday social patterns and contribute to poor health (Browne et al., 2018). To complicate matters, persons who experience multiple forms of oppression are at an increased likelihood of experiencing mental health issues (e.g., increased likelihood of developing PTSD) and are less likely to have access to evidence-based treatments. Bryant-Davis (2019) highlights that psychologists are traditionally less likely to include or seek out members that are “hard to reach” such as marginalized communities within the development and evaluation of evidence-based interventions. Much literature coincides with the imperative action of counsellors in extending their role to include advocating for changes to policies, laws, and practices that disadvantage refugee clients. Finally, the action of counsellors is warranted given that systemic forms of racism further contribute to the marginalization of refugees and prevent them from having access to resources to navigate and succeed in the host country (Interiano-Shiverdecker et al., 2020; Ratts et al., 2015).

Summary. The migration journeys of refugee individuals put them at risk of encountering several experiences that can cause psychological distress most commonly presented as PTSD. Additionally, refugees are at risk of experiencing blatant or overt discrimination and

more subtle or accidental forms of racism. Counsellors who encounter refugees within their practice need to maintain awareness of these common presenting concerns as well as the stage of refugee acculturation during which the client arrives to counselling. As identified within the review, there are several factors (e.g., prior trauma, inadequate housing, experiences of discrimination) that can contribute to the presentation and maintenance of mental health disturbances. This study sought to uncover how mental health professionals incorporate the unique needs of refugees into therapy and utilize the therapist's role in addressing systemic barriers limiting refugees from accessing counselling services.

Best Practices for Counsellors with Refugees

Given Maslow's (1954) hierarchy of needs, mental health interventions may need to be preceded by interventions focused on generating a sense of belonging. Psychosocial and acculturation models such as the multilevel model of refugee counselling (MLM) and the more recent multi-phase model of psychotherapy counselling, human rights and social justice (MPM), help empower refugees and their communities to actively approach acculturation and integration and seek social inclusion in the host society (Chung & Bemak, 2011; Interiano-Shiverdecker et al., 2020). Traditional counselling and the role of the multicultural counsellor will need to be adapted to meet the unique needs and cultural perspectives of resettled refugees.

Culturally Appropriate Therapies for Refugees

Early adaptations to multicultural counselling with refugees involved utilizing surface level adaptations (Resnicow et al., 1999) such as ethnically matched therapists, conducting therapy in a client's native language, and locating clinics in easily accessible neighborhoods. Research suggests (Hwang, 2016) that deep structure adaptations such as incorporating the ideas, beliefs, and values of the client's culture into treatment are needed. Unfortunately, few models incorporate these more difficult structure adaptations despite greater potential for improving

outcomes and tailoring treatment to match therapy to the client's background (Hwang, 2016). One of the first approaches incorporating these deep structural adaptations was developed by Bernal, Bonilla, and Bellido (1995). The eight dimensions of adaptation incorporated were language, persons, metaphors, content, goals, file concepts, methods, and context. Later models include top-down and theory-driven psychotherapy adaptation and modification framework (PAMF; Hwang, 2006) with further revisions to involve a community-based and bottom-up formative method for adapting psychotherapy (FMAP; Hwang, 2009).

Adapted Interventions Models. Hwang (2006) developed the PAMF to provide a logical organizational scheme under which various adaptations to interventions can be incorporated. The six therapeutic domains outlined are areas that culture is presumed to influence. The first domain, *dynamic issues and cultural complexities*, points counsellors to acknowledge the complexities involved in working with diverse populations. Additionally, clients might identify with multiple identities and group memberships. Hays (2001) proposed the ADDRESSING framework, which underlines memberships such as age and generational influences, developmental disabilities, acquired disabilities, religion and spiritual orientation, ethnicity, socioeconomic status, sexual orientation, indigenous heritage, national origin, and gender. A culturally competent therapist has an awareness of these multiple identities and the ways in which they influence the therapeutic relationship (Hwang, 2006). The second domain, *orientation*, refers to incorporating the little knowledge that refugees have of Western health models and interventions. In other words, providing them with additional time and understanding of therapy, establishing culturally congruent goals early in therapy, outlining the structure of therapy, and framing intervention in a holistic approach as opposed to a medical model (Hwang, 2006). The third, *cultural beliefs*, is integrated into treatment in many ways. One way includes relating counselling terms to concepts and terms the client is more familiar with, such as their

cultural beliefs and practices. The fourth domain addresses building a strong *client-therapist relationship*, which is only possible when the therapist attains cultural awareness to build the working relationship. The fifth domain, *cultural differences in expression and communication*, highlights that the client's cultural background, beliefs, and values may influence the presentation of symptoms within the therapeutic context, client communication styles, and generally how unfamiliar the client might be with traditional talk therapy. Furthermore, cultural forces shape cultural expressions of distress, so an awareness of these cultural expressions of distress can improve diagnostic accuracy and treatment planning. The sixth, *cultural issues of salience*, includes a counsellor's acknowledgment of the client's problem from the client's perspective, giving the counsellor an awareness of the shame and stigma that can influence the therapeutic process and how life experiences could add additional stressors or place the client at additional risk for mental illness (e.g., acculturative stress, linguistic difficulties, loss of interpersonal networks, racism). Altogether, these six domains offer ways that counsellors can adapt counselling to appropriately recognize the client's cultural and individual identity.

Utilization of culturally adapted interventions and approaches specific to refugees will be imperative to the successful integration and positive wellbeing of refugee clients. Among the few intervention models that focus on adapting interventions for refugee clients is the multilevel model of refugee counselling (MLM). The MLM is a framework that considers socio-political histories, trauma, losses associated with forced migration, resettlement stressors, and cultural conceptualizations of mental illness to develop culturally responsive interventions (Bemak & Chung, 2008). The reader should note that a more complete review of the MLM as well as a more recent extension of the MLM is the multi-phase model of psychotherapy counselling, human rights, and social justice (MPM; found within Chung & Bemak, 2011).

Helpful Treatment for Refugees Experiencing Symptoms of Trauma

Traumatic events disrupt a person's schema about oneself, others, and the future, leading to potential emotional dysregulation as well as cognitive, behavioural, and physical symptoms (Hijazi et al., 2014). Interventions used specifically for trauma often aim to alleviate one or more of the areas that lead to an individual's problematic functioning. Interventions found to be useful in fostering interpersonal connections to reduce individual distress include sociotherapy (Nosè et al., 2017) and community-based interventions (Goodkind et al., 2014). A meta-analysis (Murray et al., 2010) identified intervention practices such as pharmacotherapy, expressive therapy, and testimonial therapy, which are also effective in reducing PTSD symptoms among refugee populations.

Specific evidence-based interventions that have been found appropriate for refugees experiencing symptoms of trauma include eye movement desensitization and reprocessing (EMDR; Lambert & Alhassoon, 2015; Murray et al., 2010), cognitive behavioural therapy (CBT; Nickerson et al., 2011; Palic & Elklit, 2011), and trauma-focused cognitive behavioural therapy such as narrative exposure therapy (NET; Lambert & Alhassoon, 2015; Murray et al., 2010; Neuner et al., 2008; Nosè et al., 2017; Palic & Elklit, 2011). Notably, NET has gained much support within the literature as it was developed to meet the mental health needs of victims of organized violence, especially within the context of limited professional resources (Schauer et al., 2011). This intervention fuses emotional processing, testimony, and expressive writing as the client forms a detailed narrative of their life story with a focus on including traumatic experiences within the narrative (Hijazi et al., 2014). There is much empirical support demonstrating that NET can be effective for alleviating PTSD symptomatology that was the result of experiencing multiple traumas (e.g., see Gwozdziwycz & Mehl-Madrona, 2013; Hijazi et al., 2014; Lambert & Alhassoon, 2015; Neuner et al., 2008; Nosè et al., 2017; Palic & Elklit,

2011). A recent study conducted by Okeke-Ihejirika and colleagues (2018) identified that treatments such as CBT, NET, and EMDR that target trauma directly may not be preferred by the individual client as these psychotherapies require disclosure of the specific events that caused the traumatic experience. These authors emphasize safety and responsiveness to clients' needs as an important first step in working with refugees with known histories of trauma.

Re-telling the trauma story is central to many approaches in traditional treatment tasks such as CBT, insight-oriented approaches, testimony therapy, and NET (Mollica, 2006). Conventional counselling includes talking through problems to elicit psychological, emotional, and behavioural healing, but verbal and emotional expression is not always highly valued among refugee populations. For example, in Southeast Asian refugee cultures, Tung (1985) identified that talking about feelings was equated to walking around in public while nude. Some refugees may be expected to conceal their inner selves and present a public front out of respect for the other (Kirmayer et al., 2011). Therefore, the therapeutic significance of talk therapy can differ greatly across refugee populations. Additionally, clients may prefer to remain focused on rebuilding their future within resettled countries rather than re-living past experiences. Therefore, adopting a trauma-informed approach that focuses on therapy interventions that include self-awareness, self-knowledge, advocacy, and development of skills may be of benefit to refugee clients (Okeke-Ihejirika et al., 2018). Importantly, the limitations of NET, CBT, and other traditional Western-specific interventions include not directly addressing other factors that inhibit refugees from accessing mainstream helping services. On a similar note, traditional forms of help are limited in that they do not directly address financial instability, orientation to a new system, or the continued risk of re-experiencing trauma through discrimination (Comas-Diaz et al., 2019; Naseh et al., 2019). Emerging research is showing that needs such as language education, financial literacy, employment training, provision of transportation, access to

affordable health care, community development, parenting supports, and security should be included within any intervention program (Mitschke et al., 2017; Yohani & Okeke-Ihejirika, 2018).

Roles of the Multicultural Therapist

In providing mental health services to migrant populations including refugees, counsellors might take up additional responsibilities that extend beyond traditional therapist roles to provide appropriate help to these diverse and often oppressed populations (Atkinson et al., 1993). Much literature coincides with the imperative action of counsellors in extending their role to include advocating for changes to policies, laws, and practices that disadvantage refugee clients such as systemic racism that prevents refugees from having access to resources that allow them to navigate and succeed in the host country (Bemak & Chung, 2021; Interiano-Shiverdecker et al., 2020). A recent study conducted by Interiano-Shiverdecker and colleagues (2020) determined, among other significant themes, the importance of combating discrimination for refugees resettling in host countries, finding that refugees desired to gain a sense of belonging in the host country and have equal opportunity and access to thrive.

Additionally, counsellors can act as resource coordinators with the focus of helping services to assist and enable refugees to access cultural and social capital (Interiano-Shiverdecker et al., 2020; Kuyini, 2013). Interiano-Shiverdecker and colleagues (2020) suggest that developing an understanding of the cultural and social capital in work with refugees will provide opportunities for culturally sensitive counselling approaches. More specifically, they prescribe that counsellors first develop a rich understanding of the pre-migration context in which the refugees arrived (e.g., knowing whether the refugees fled involuntarily, and the host country's attitudes towards the general population of refugees). Furthermore, instead of focusing on psychopathology the counsellor can attempt to improve the clients' mental health by developing

a community network that aligns with their culture. Counsellors can redirect efforts to assist refugees as they navigate the cultural systems necessary to succeed in the host country.

Interventions utilized by counsellors within therapy to enhance the skills necessary for refugees to thrive include role-plays or videos and books that illustrate how to navigate systems such as education, healthcare, and legal systems (Interiano-Shiverdecker et al., 2020). Other means of relieving economic needs such as job opportunities, language classes, and child-care resources (Goodman et al., 2017) also enhance necessary skills to thrive.

As refugees may report that acculturation stressors might be causing them more significant distress than pre-migration experiences, clients may wish to receive support that addresses these deficits in essential needs which may extend the traditional role of the counsellor. Atari-Khan et al. (2021) identified the need for developing resilience through acquiring new coping skills like language acquisition and employment. This requires the therapist to utilize case-management type support for refugees that will equip them with navigational and social capital knowledge and skills (Bemak & Chung, 2017a, 2017b; Kuyini, 2013).

Therapeutic Processes and Factors Influencing Success of Refugee Counselling and Psychotherapy

Cross-cultural researchers have highlighted three factors that facilitate therapeutic change (Fischer et al., 1998). First, counsellors need to conceptualize the problem from the client's perspective and align therapy with the client's cultural belief system. Second, the counsellor must utilize approaches congruent with familiar healing strategies. Third, counsellors must create a strong therapeutic relationship or working alliance.

Problem Conceptualization. An individual's cultural worldview should be considered in the selection of interventions (Bryant-Davis, 2019). Culture plays a role in vulnerability to, the

experience of, and recovery from mental health disturbances (Bryant-Davis, 2005). Counsellors need to pay close attention to how one's culture affects the manifestation and conceptualization of mental health and trauma, help-seeking behaviours, and treatment expectations. To provide appropriate helping strategies, a therapist will need to understand the refugee's cultural constructs and expectations for treatment, symptom expression, the conceptualization of the problem (Hwang, 2006), as well as myths and stereotypes they might have about the therapeutic process (Chung & Kagawa-Singer, 1995).

Within literature, it is common to refer to refugee populations as being traumatized with conceptualizations of problems related to PTSD and disordered reactions to experiences of war and traumatic events. Meanwhile, other every-day occurrences may not be addressed in therapy. For example, Somali refugees indicated preoccupation with finding family members to be the cause of emotional distress or somatic complaints rather than exposure to war and trauma (Guerin et al., 2004). Additional research indicates that resettled refugees' mental health is not only impacted by pre-migration experiences of violence, death, and other atrocities either experienced directly or witnessed during armed conflicts but are also largely influenced by post-migration factors upon resettlement (Bemak & Chung 2017a; Rivera et al., 2016). Some populations of refugees indicated that when comparing daily psychosocial stressors such as lack of basic needs and safety concerns experienced upon resettlement, the daily psychosocial stressors were more strongly related to their current distress than the war-related stress experienced prior to migration (Carlsson et al., 2005; Rasmussen et al., 2010). Therefore, refugees might be presenting with concerns that are not related to distress with events experienced prior to migration. Some adaptations to traditional counselling methods, as suggested within Phase I and Phase II of the MPM (Chung & Bemak, 2011), might include utilizing interventions that appropriately address unique needs from the client's perspective.

Healing Strategy. As identified previously, symptoms of distress may be presenting somatically; the client might perceive their problems differently than mental health professionals. Conceptualization of the presenting concerns and symptom expression will largely determine the client's treatment expectations, the course of therapy, and desired treatment goals (Kirmayer, 2011; Mollica, 2006). Typical course of treatment includes working towards symptom improvement; however, refugee clients may wish to focus on locating family members (Guerin et al., 2004) and dealing with immediate resettlement needs (Bemak & Chung, 2017a). Some research supports the notion that refugees prefer treatment that is consistent with traditional beliefs and practices (e.g., shaman, use of herbs, witch doctors; Chung & Bemak, 2012). For example, Atari-Khan et al. (2021) found that Syrian refugees relied on their religious practices and faith for strength, comfort, and pride. In this case, incorporating religious practices into the overall approach or within sessions might be appropriate.

Additionally, problem conceptualization can influence the course of desired treatment. For example, if a refugee conceptualizes their current distress as the result of spiritual intervention or punishment for having left family members in their home country during flight from political distress, an appropriate intervention may involve a restorative ceremony to appease the spirits (Arredondo & Perez, 2003). Similarly, if mental illness is presented somatically, physical treatments may be requested. Importantly, utilizing mutually acceptable tasks to address presenting concerns is a necessary component of a counsellor's perceived trustworthiness, increasing the development of a strong working alliance and ensuring continued utilization of services (Atkinson & Lowe, 1995).

Therapeutic Relationship. Forming a strong therapeutic alliance is fundamental to positive treatment outcomes and holds true for both mainstream (Norcross, 2010) and cross-cultural refugee therapy (Fischer et al., 1998). There is considerable evidence that client and

counsellor variables, especially the strength of the relationship between the two, are a more significant predictor than particular interventions (Coleman, 2006; Goldfried & Davila, 2005; Pope-Davis et al., 2002; Roysircar et al., 2003 as cited in Arthur & Collins, 2010, p. 50). Within Arthur and Collins' (2010) *Culture-Infused Counselling* model, the working alliance is a core competency. This is where the cross-cultural counsellor aims to establish trust and respectful relationships with clients, taking into account both the counsellor and client's cultural identity. Atkinson, Bui, and Mori (2001) suggest a number of factors that can influence the development and maintenance of the working alliance. Of significance is the compatibility of beliefs around conceptualization of the problem and similarities in language and communication. By discussing issues such as boundaries, confidentiality, the role of the bilingual interpreter, and expectations, the therapist can help establish norms and a clear understanding of the therapeutic encounter, ultimately creating a foundation of trust and empathy (Bemak & Chung, 2016).

Successful intervention adaptations warranted to build trust as well as meet the unique cultural and language needs of refugees have expanded to include services delivered by paraprofessionals (who are refugees themselves) working in a collaborative team approach with mental health providers (Stewart et al., 2012; Yohani, 2013). Stewart and colleagues (2012) found that refugee participants reported a greater ability to cope with resettlement after participating in an intervention that was adapted to utilize peer facilitators who had experienced life as a new refugee and helped other refugees overcome settlement challenges. Perhaps this improved ability to cope is due to the increased perceptions of trust and safety as well as the social support offered between resettled refugees and paraprofessionals. In general, best practice care is holistic, community-oriented, and culturally appropriate (Due et al., 2020; Murray et al., 2010). Whenever appropriate, trauma-focused interventions should aim to include peers from their cultural communities. Emerging research has demonstrated that attending to the client's

basic needs through culturally competent peer programs has successful outcomes, appearing to shorten the settlement period and help make the transition less traumatic (Mitschke et al., 2017).

Issues in Practice

When mental health professionals provide services to refugee populations, they may encounter a few challenges within their practice. These could include barriers to receiving appropriate care such as financial cost or other accessibility issues, language barriers and the influence of an interpreter in session, and the potential risk of microaggressions within the context of therapy.

Barriers to Help-seeking. Although refugees are more likely to experience psychological distress, they are less likely to access mental health services compared to individuals in host countries (Byrow et al., 2020; Kirmayer et al., 2011). Within a recent review by Byrow and colleagues (2020), the barriers to accessing mental health services for refugee populations included cultural barriers (e.g., mental health stigma and knowledge of the dominant-culture's models of mental health services), structural barriers (e.g., financial strain, opportunities to access services, language proficiency, lack of understanding of how to access services), barriers specific to the refugee experience (e.g., uncertain immigration status, concerns about confidentiality, difficulty navigating new systems, lack of social support), and differences in illness models between health services (Byrow et al., 2020; Due et al., 2020). As mentioned previously, refugees likely face systemic and institutional barriers that limit them from accessing necessary health supports. As refugees are often forced to leave their home countries quickly, they often settle in a country with little-to-no resources and are likely to face financial instability and homelessness in resettlement countries (St. Arnault & Merali, 2019) which limits their ability to afford helping services.

Other reasons that refugees may not seek services relate to the lack of perceived trust of authority figures within the host country and experiences of discrimination. Recently resettled refugees are primarily coming from the Global South, so existing racialized attitudes and stereotypes relating to people from these regions will be embedded in the societal perspectives of refugees (Yohani, 2020). These perceptions influence the way refugees are interpreted and represented which contributes to the risk of marginalization and poor wellbeing of this population (Yohani, 2020). Successful post-migration adaptation may be hindered due to experiences of discrimination, racism, and xenophobia which can contribute to experiences of hostility, rejection, exclusion, and further trauma associated with mental health problems (Aydin et al., 2014). Additionally, exclusion from society and experiences of discrimination decrease the likelihood that refugees will seek helping services (Noh et al., 2007).

There are many factors limiting refugee's access to services, including the limited availability of mental health professionals adequately trained to provide culturally competent practices to migrant populations (Bartolomei et al., 2016; Gozdiak, 2004; Posselt et al., 2017).

English as a Second Language. Murray and colleagues (2010) determined that the mode in which interventions are delivered is of primary importance in the effectiveness of an intervention, with interventions that target culturally homogenous groups being four times as effective as heterogeneous client groups. Additionally, interventions delivered in the refugee's first language are twice as efficacious as interventions delivered in a second language (Murray et al., 2010). Given there may be limited professionals able to provide services in the client's first language, communicating with refugees who have limited English proficiency may require counsellors to work with interpreters. Mirza and colleagues (2017) found that in comparison to other healthcare settings, within counselling counsellors must be attentive to the evolving nature of establishing rapport between three parties (i.e., client, therapist, interpreter). Additionally,

utilizing an interpreter may intimidate new counsellors with the potential to feel threatened by the possibility of the interpreter judging their counselling skills (Paone & Malott, 2008). Shifting to a three-way interview involving an interpreter influences the therapy dynamic in several ways, affecting the therapist's ability to establish rapport and trust with their clients (Engstrom et al., 2010). This can either limit the therapeutic alliance or promote trust by involving a fellow national member of a familiar community to increase the client's feelings of rapport and belonging, thereby actually improving the client-therapist relationship (Tribe & Raval, 2002).

Microaggressions. Refugees are at an increased risk of further experiencing discrimination and re-traumatization within Canadian society considering heightened xenophobia within the current sociocultural climate (Yohani, 2020). While blatant forms of racism populate current media such as deliberate acts of violence against visible minority populations, there are fewer reports of aversive racism in counselling settings. Although deliberate acts are less common, the suppression of blatant forms of discrimination and racism might facilitate overt opinions and behaviors that damage the health and wellbeing of minority populations (Sue et al., 2007). Counsellor bias and racism may partially explain the low utilization and premature termination rates for racial and ethnic minority populations (Sue et al., 2007). One potential pathway that a counsellor's bias is communicated to these minority populations is through *microaggressions* (Sue et al., 2019). A lifetime of experiencing microaggressions can have major impacts on the psychological well-being of victims of these slights (Sue et al., 2019).

The most common forms of microaggression within counselling occur when counsellors either deny stereotypes or bias about cultural issues or avoid discussing cultural issues (Hook et al., 2016). There is also the potential for missed conversations to influence the outcomes of therapy, as Owen and colleagues (2016) determined that the more often a counsellor missed opportunities to discuss the client's culture, the worse the client's reported outcomes.

Counsellors who were perceived by their clients as being culturally humble tended to make fewer microaggressions, which includes avoidance of discussion concerning culture, and participants reported better outcomes associated with those counsellors (Hook et al., 2016).

Summary. As indicated by the literature covered in previous sections of this paper, counsellors need to have an awareness and understanding of the impact of trauma, systemic factors, and psychosocial adjustment on refugee's mental health (Bemak & Chung, 2017a; Interiano-Shiverdecker et al., 2020). Additionally, to provide useful helping services, the counsellor needs to gain an awareness of contextual factors related to a refugee's migration journey and cultural influences on problem conceptualization and preferred treatment course. As there are significant issues within practice working with refugees, researchers suggest adapting the role of the psychologist to overcome these barriers in addition to other unique language and communication needs.

Implications of Literature Review

Upon reviewing the current literature on the training necessary to produce competent multicultural counsellors, it is apparent that instructional strategies vary, whether culturally diverse training is provided in a single course or integrated across courses throughout graduate development. Given the review indicates counsellors gain population-specific knowledge through experiential training and practicum experiences, it is important to understand how Alberta-based counsellors became prepared to provide services to refugees. Experienced registered mental health professionals can offer insight into what kinds of training and development have contributed to their ability to incorporate cultural knowledge, skills, and self-awareness within practice to provide culturally sensitive interventions. The review of refugee mental health and refugee migration journey literature reveals the unique considerations for practice and specific barriers that might influence the course or success of therapy with this

population. However, there is a dearth of research on how counsellors who work with refugees acquire these competencies. Therefore, the current study also aims to determine how experienced, knowledgeable and skilled professionals meet this population's unique needs in the context of counselling. Given the limited research examining therapist development for practice with refugee clients, a qualitative case study was identified as an appropriate methodology for developing an initial understanding of this topic.

Chapter Three: Methodology

This study seeks to improve counsellor training and service delivery with refugees by asking the following research questions:

- (1) how do mental health professionals provide appropriate, culturally sensitive interventions to incorporate the unique needs of refugees? and
- (2) what professional development and training have prepared skillful and knowledgeable professionals to provide these services?

A qualitative case-study methodology situated within a constructivist paradigm guided this research. Data was collected through pre-interview activities and interviews with nominated Albertan mental health professionals who provide services to refugees. In light of the general route, course of training, and unique experiences that a counsellor might undergo before providing services to refugee populations, the context of the counsellor was captured using pre-interview activities, interviews, and a narrative analysis of the mental health professional's life. A review of relevant master's level Albertan cross-cultural training courses was also conducted to distill essential features of training for student clinicians in Alberta. The following chapter will review the theory and rationale underlying the use of a qualitative case study approach. Procedures surrounding recruitment, data collection, data analysis, study evaluation, and ethical conduct will also be explained. Finally, a summary of the document review will be included at the end of this chapter to provide the reader with additional context of current training for developing cross-cultural professionals.

Qualitative Research

A qualitative methodology was selected for this study as it generates a rich and in-depth description of the experiences of Alberta-based mental health professionals serving refugees. Qualitative researchers are interested in understanding how people interpret their experiences,

how their worlds are constructed, and what meaning they attribute to these experiences (Merriam, 2009). Stated differently, qualitative researchers are interested in “understanding the meaning people have constructed” (p. 13). According to Merriam (2009), the four characteristics that remain relatively consistent across qualitative methodologies are focus on meaning and understanding, researcher as the primary instrument, an inductive process, and rich description. First, qualitative research focuses on meaning and understanding as the researchers are interested in understanding the phenomenon of interest from the participant’s perspective instead of the researcher’s (Merriam, 2009). The researcher is interested in “how people interpret their experiences, how they construct their worlds, and what meaning is attributed to their experiences” (Merriam, 2009, p. 14). The second characteristic is the researcher as the primary instrument for data collection and analysis. This identifies that the researcher, as a human, has the potential to expand their knowledge through nonverbal and verbal communication, clarify and summarize materials, process data immediately and respond accordingly, check with respondents for accuracy of interpretation, and a number of additional abilities that allow research to be conducted appropriately. As a human, the researcher will inevitably contribute bias and “subjectivities,” so the researcher needs to monitor and identify them because they shape the collection and interpretation of data (Merriam, 2009). The third characteristic, inductive process, involves the researcher gathering data to build concepts and hypotheses rather than deductively testing hypotheses. Information from interviews, documents, and observations are combined to form larger themes, moving from the particular to the general (Merriam, 2009, pp. 15-16). The fourth characteristic, rich description, explains how the researcher utilizes words and pictures to convey what was learned. Within qualitative research, data is typically in themes, categories, concepts, and even theory about a particular process (Merriam, 2009).

Qualitative research methodology was most appropriate to obtain a rich understanding of the ways counsellors working with refugees provide culturally sensitive interventions and the professional training and development pathways to their current work. Additionally, as there are several forms of training and experiences within formal education and professional development, gaining an understanding of the preparation found useful by knowledgeable and skilled mental health professionals was appropriately answered by developing an in-depth understanding of the counsellor's development experience.

Constructivist Paradigm

The major theoretical framework guiding this research is the constructivist paradigm. As defined by Guba and Lincoln (1994), a paradigm is “a set of basic beliefs” (p. 107), that defines for its holder, “the nature of the ‘world,’ the individual’s place in it, the range of possible relationships to that world and its parts” (p. 107). According to Guba and Lincoln (1994), the ontological question is, “what is the form and nature of reality and, therefore, what can be known about it?” (p. 108). In other words, what is defined as ‘reality’? The epistemological question asks, “what is the relationship between the knower or would-be knower and what can be known?” (Guba & Lincoln, 1994, p. 108). Lastly, the methodological question as it relates to the paradigm is “how can the inquirer (would-be knower) go about finding whatever he or she believes can be known?” (Guba & Lincoln, 1994, p. 108).

Assumptions in the Constructivist Paradigm

Within the constructivist paradigm, the answer to the ontological question is that there is no one true reality; instead, there are multiple realities (Guba & Lincoln, 1994). Realities are multiple when constructions of an individual's realities are not more or less “true”, in an absolute sense. A positivist researcher, on the other hand, assumes that there is only one true reality (Ponterotto & Grieger, 2007). Within the constructivist paradigm, knowledge is co-created or

collected through the transactional relationship between knower and would-be-knower. Within a positivist paradigm, where “real” reality is assumed, the posture of the inquirer must be one of objective detachment to remain value-free and uncover the absolute truth. Subsequently, data collection methods occur through naturalistic investigation utilizing highly interactive methods (Ponterotto & Grieger, 2007).

The Researcher’s Position within the Constructivist Paradigm

As mentioned above, multiple realities can exist simultaneously within the constructivist paradigm where data is co-created by the researcher and the participant (Ponterotto & Grieger, 2007). In this way, the researcher’s context is linked to the produced data. This research is not attempting to identify experiences that are objectively true or universal to all mental health professionals as they work with refugee clients. Rather, I hope to generate as accurate as possible an understanding of the unique experiences of participants involved in the research. Additionally, as the participants’ lived experiences involved in the research are presented, I attempt to reiterate the essential aspects of training and providing services to refugee clients. The findings of the research may implicate potential routes of acquiring knowledge for counsellors in training through the experiences of the participants. Although these findings may have contributed to the participants’ success of providing training services to refugee clients, these findings do not indicate a single best way to attain competencies necessary in working with refugee clients. Instead, I have attempted to represent the participants’ experiences and position them within their unique contexts to the best of my abilities while acknowledging that their realities do not always represent the lived experiences of individuals within a similar context.

Imperatively, as a researcher involved within this highly contextual and co-created process, I acknowledge that my context has shaped the data generated within this research. Within this framework, participant interactions and my interpretations of these interactions have

added to the data generated. Unlike an objective scientist, constructivist researchers serve as an instrument of the research with their context and biases influencing the data at every stage. My role as an investigator is to report the lived, subjective experiences of the participants in their pursuit of attaining competencies necessary to provide appropriate helping services to a culturally diverse clientele. This means acknowledging that experiences of professional development and perspectives of what constitutes best practice will exist as multiple realities. As such, this study aims to obtain an understanding of necessary competencies, experiences of development, and self-reported training insights. Meaning is assumed to be subjective and multiple, where the investigator will aim to portray the complexity of multiple experiences across the cases (Creswell & Poth, 2016). Additionally, I aimed to highlight the complexities of each case and how each participant's subjective meanings are formed within their social surroundings through interactions with peers, colleagues, professional development, and the educational processes of their graduate degree. As the primary researcher, I acknowledge that my cultural background, educational history, and professional development have shaped interpretations of my interactions with participants within the study, and reciprocally, influence my understanding of participant statements. My intent is to make sense of the meanings that others have about the world by highlighting the participants' experiences of personal growth and professional development.

I am a 25-year-old White-Canadian female. I was raised within a family that encouraged loving others before ourselves, to love others as children of God whether or not they identified as such. Additionally, appreciating individual differences just as a song I learned in this context describes, "Jesus loves the little children, all the children of the world". For as long as I can remember, my mother has been a role model in my life. Her care for marginalized members of society and passion for establishing peace and demonstrating love have contributed to my

interest in pursuing a career in the helping profession. Coinciding with these experiences, I volunteered at a Centre for Youth open to adolescents of all backgrounds; however, youth I supported were primarily visible minorities and most commonly immigrants. Through my experiences, or lack thereof, with the refugee community, I recognized a desire to equip myself with tools to better help immigrant and refugee populations. At the core of this desire to become better informed was a feeling of inadequacy. I felt unknowing and undeserving of hearing stories let alone the ability to help them as I am a White-Canadian with few shared experiences. As a student counsellor, I was introduced to different approaches in formal training and notably came upon trauma-informed interventions. Though I had not completed my formal education, I had a desire to continue developing these competencies. My experience has been quite different from those of refugees or those who have provided helping services to this population, but exposure to counselling training has led me to understand the experiences of counsellors who have equipped themselves with tools to provide helpful services to settled refugees.

Methodological Framework

Under the realm of qualitative research, this study employs a qualitative case study methodology. Case study is a unique approach in that it analyzes and develops a rich description of a single unit or bounded system. A case study is carried out to “gain an in-depth understanding of the situation and meaning for all involved” (Merriam, 1998, p. 19). The unit or system within the study could be an individual, a program, a family, a school system, or a community (Merriam, 1998). This exploration involves analyzing a real-life bounded case or multiple bounded cases through detailed data collection involving multiple sources of information (e.g., interviews, documents; Creswell & Poth, 2016). As discussed by VanWynsberghe and Khan (2007), case study is neither a methodology nor a method nor a research design. To emphasize the range of potential definitions of case study:

A case can be defined technically as a phenomenon for which we report and interpret only a single measure on any pertinent variable. (Eckstein, 2002, p. 124)

A case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident. (Yin, 2008, p. 18)

A case study is a problem to be studied, which will reveal an in-depth understanding of a “case” or bounded system, which involves understanding an event, activity, process, of one or more individuals. (Creswell, 2002, p. 61)

Additional confusion around case study research is that the process of conducting a case study is conflated by both the unit of study, the case, and the product of the investigation (Merriam, 2009). For example, Yin’s (2008) definition of a case study presented above determines case study to be a process. However, Stake (2005) focuses on pinpointing the unit of study within a bounded system — the case.

A strength of case study research is that it offers a means for investigating complex social units consisting of multiple variables that could contribute to a rich, holistic understanding of the phenomenon, offering insight to expand the reader’s experiences (Merriam, 2009). In conjunction with a constructivist paradigm, case study research allowed for the potential to develop new insights that might build upon, confirm, or completely change previous knowledge, assumptions, and understandings about a phenomenon. Case studies are best used to explore contemporary phenomenon thoroughly within real life contexts (Creswell, 2009), when the goal is to discover a rich account of each case (Merriam, 2009). Yin (2008, p. 13) suggests that case studies have unique advantages for addressing “how” and “why” questions within research. Contributions of this project’s findings to the field of psychology are primarily due to the chosen methodology, as case study allowed for an in-depth analysis and exploration of Albertan

counsellors' training journeys to working with refugees. This study aimed to identify some of the issues within current training practices while providing an in-depth understanding of the elements of a counsellor's experience, whether formal or informal, which have contributed to appropriate practices for working with refugee clients. I remind the reader that this project is not evaluating the methods of service provision but instead aims to identify practical examples of what these service providers do to enact best practices with refugee clients.

Features of Case Studies

According to Merriam (2009), case studies are characterized as being *particularistic*, *descriptive*, and *heuristic*. The first characteristic, *particularistic*, means the focus of the case study is on a particular situation, program, event, or phenomenon. The specificity of the design makes it especially good for addressing practical problems such as questions, situations, or occurrences arising from everyday practice. The second, *descriptive*, outlines that the end product of a case study is a richly formed, complete description of the phenomenon being studied (Merriam, 2009). Case studies often include as many variables as possible and display the interaction between variables often over a period of time. The third characteristic, *heuristic*, means that case studies reveal the reader's understanding of the phenomenon being studied (Merriam, 2009). This means case studies "can bring about the discovery of new meaning, extend the reader's experience or confirm what is already known" (Merriam, 2009, p. 44). Stake (2007) further explains that case studies provide additional understanding to existing phenomena through a vicarious process he refers to as "naturalistic generalization." Stake elaborates, "a case study provides vicarious instances and episodes that merge with existing icons of experience...case study is valued for its ability to capture complex action, perception and interpretation" (p. 3).

Collective or Comparative Case Study

Researchers use a number of terms to describe a study that uses more than one case — collective case studies, cross-case, or comparative case studies. A collective case study is appropriate for this study, as the focus is to describe and compare multiple cases to provide insight and understanding into an issue (Stake, 1995). This type of study is distinguished from other case study designs. It involves collecting and analyzing data from several cases or a single case with multiple subunits or subcases within it. Lightfoot (1983) studied six individual case studies (or “portraits” as she called them) and conducted a cross-case analysis suggesting generalizations of what makes a good high school program between high schools included in the study. Stake (2006) explains that in multicase study research,

a case is of interest because it belongs to a particular collection of cases. The individual cases share a common characteristic or condition. The cases in the collection are somehow bound together. They may be members of a group or examples of a phenomenon. (pp. 5-6)

Methods Used in Case Studies

Unlike other types of research, “case study does not claim any particular methods for data collection or data analysis” (Merriam, 1998, p. 28). The primary research questions were most appropriately positioned to registered psychologists and other mental health professionals who have previously counselled resettled refugee clients. Cases, defined as distinct units of analysis, are determined as individual Alberta-based mental health professionals within the context of this study. Analyzing critical details presented within each person’s lived experience, practice, and professional training provides the means to compare multiple sources of information to identify converging themes within and between cases. The chosen methodology highlights the multiple ways in which mental health professionals attain competencies to balance the basic necessities of

refugee clients with traditional trauma-informed interventions or culturally adapted trauma interventions. A critique of the case study approach when multiple case studies are analyzed is that the individual is lost during cross-case analyses (S. Yohani, personal communication, April 2020). Therefore, to ensure the individual cases were most appropriately presented, I utilized analysis methods adapted from narrative inquiry (Ellis, 2006) and more specifically narrative analysis (Merriam, 2009) as described in the analysis section below. Additionally, constructivism holds that the knower and would-be knower are linked and construct the end-result or the “reality” together (Guba & Lincoln, 1994). As such, data collected and findings interpreted within the constructivist paradigm were collaboratively developed and agreed upon through member checks.

Data Gathering

Case study methodology encourages the use of many sources of evidence such as interviews, observations, and physical artifacts (Yin, 2003). As no data collection protocol is prescribed and the emphasis is on collecting multiple sources, data for this study were collected from primary and secondary sources of information. Primary sources of information, discussed below in greater detail, were interviews conducted with Alberta-based mental health professionals. Secondary sources of information consisted of a literature review on useful training programs and interventions to prepare counsellors to work with refugee populations. Additional secondary information was acquired by reviewing existing documents of syllabi from six cross-cultural courses from Albertan master’s level training programs. Data collection was conducted over a six-month period. Primary data was collected through semi-structured and pre-interview activity interviews via a secure software program (i.e., Zoom) considering the COVID-19 pandemic.

Sampling Method. Following guidelines suggested by Merriam (2009), participants were selected using non-probability sampling otherwise known as purposeful sampling (Patton, 2002). Purposeful sampling is utilized so the researcher selects an informative sample from which much can be learned or acquired as a deep understanding of an experience (Merriam, 2009). A purposeful sampling strategy, termed a snowballing peer-nomination process, was used to identify “knowledgeable and skillful therapists who work with refugees” within this qualitative study. To identify these knowledgeable and skillful professionals, individuals were nominated by professionals within the field of multicultural counselling with many years of experience in the field. Peer nomination techniques have been used in previous research to assess personal and interpersonal characteristics of therapists (Cole & White, 1993; Hillerbrand & Claiborn, 1990; Luborsky et al., 1985; Serbin et al., 1987 as cited in Jennings & Skovholt, 1999, p. 4). Reliance on the judgment of peers or colleagues is inherent in the snowball sampling method. Within previous literature, peer nomination techniques have been found to accurately assess personal and interpersonal characteristics for therapists and a wide variety of other subject groups (Jennings & Skovholt, 1999). Purposeful sampling utilizes exemplars of the concept being studied (Patton, 1990). Therefore, within the current research study, individuals who were well situated within multicultural counselling were contacted initially to identify appropriate participants. Additionally, according to Luborsky et al. (1985, as cited in Jennings & Skovholt, 1999, p. 4), this snowball sampling method is considered to be appropriate as “therapists are able to identify other potentially effective therapists and to discriminate them from those who are less effective” (p. 609). Essentially, a process to identify “skilled and knowledgeable psychologists” or as other literature has referred to these individuals deemed high in knowledge and with superior skill, “master therapists” (Jennings & Skovholt, 1999, p. 4). Within the present study, registered mental health professionals (e.g., cross-cultural counselling psychologists, social

workers, or provisional psychologists) who had much familiarity working in the mental health field were asked to nominate colleagues they considered “experts” or superiorly skilled and knowledgeable in working with refugees. The individuals that were nominated to be involved in this research were then asked to nominate other mental health professionals that met the criteria.

The sampling method utilized within the current study was an adaptation of Jennings and Skovholt’s (1999) sampling method. Similar to Jennings and Skovholt (1999), to begin the nomination procedure, a practicing psychologist with 24 years of experience providing therapy to refugees was chosen as a key informant. This key informant was chosen because of (a) their immediacy to the research project (i.e., research supervisor), (b) involvement in training therapists on cross-cultural issues, (c) long-standing involvement within the local mental health community, and (d) reputation for being a well-regarded cross-cultural therapist. Within this sampling method, individuals in this key informant’s professional network and affiliated networks were contacted through their publicly available emails, provided with all information regarding the research study, and invited to nominate up to three mental health professionals. Each of these individuals initially contacted (N = 56), were asked to nominate three therapists who were knowledgeable and skillful in working with refugee clients in Albertan (see Appendix A). Nomination of therapists was based on the following criteria:

- (a) this person is considered an “expert” therapist (i.e., defined as being superiorly skilled and knowledgeable working with refugees),
- (b) a mental health professional who has completed graduate training in mental health services qualifying them to provide mental health services that are recognized underneath a governing body (professional association) or are in the process of attaining such recognition,
- (c) currently provide mental health services in Alberta, and

(d) a mental health professional that nominators would either: consult with to provide appropriate helping services to a refugee client or refer any refugee clients onto receive appropriate care.

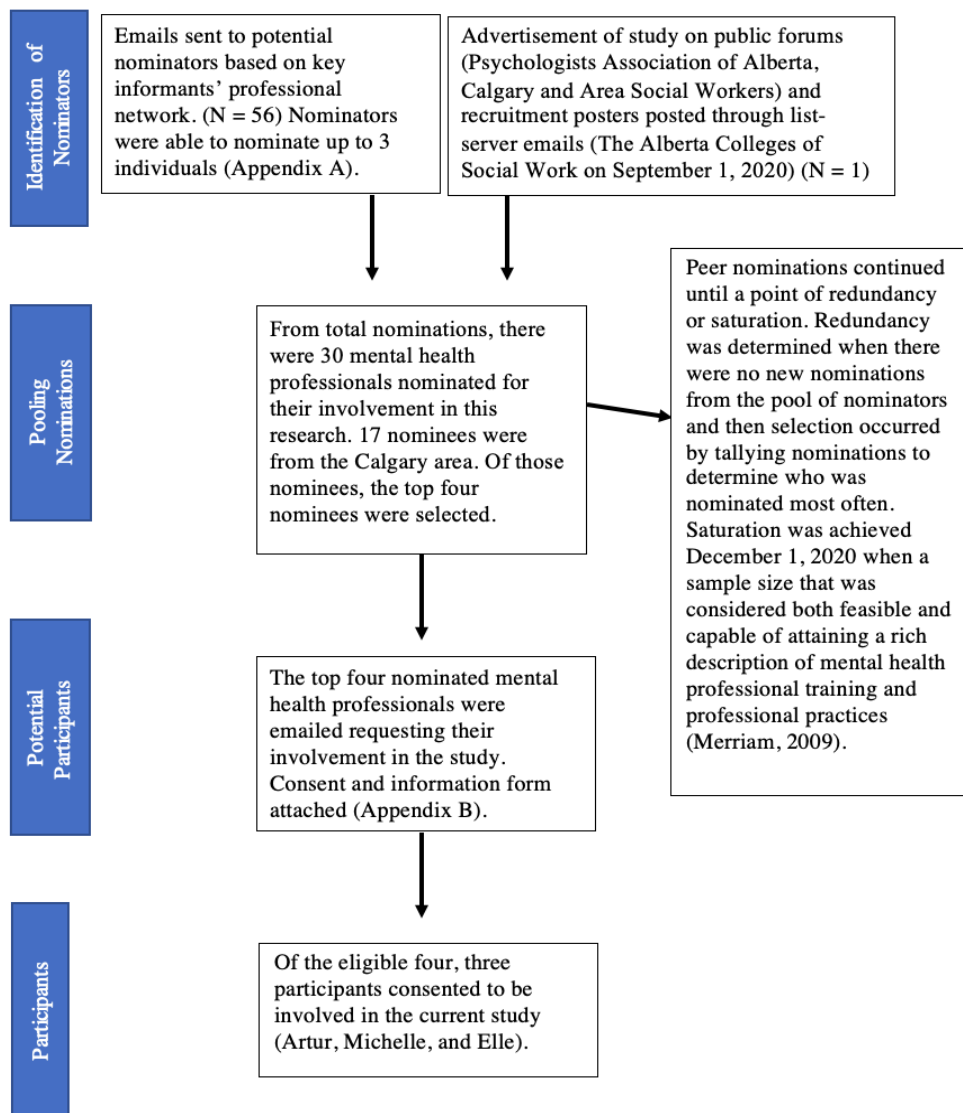
Therefore, this therapist might be considered someone that other registered mental health professionals would utilize them as a resource when needed for a referral or additional guidance within their professional practice.

I then emailed each person nominated as a master therapist through the key informants' connections to mental health professionals who are well situated within the field of multicultural counselling. Within the next step of the sample selection, the nominated master therapist was asked to nominate three master therapists using the same criteria. Master therapists were not allowed to nominate themselves or nominate the key informant. Patton (1990) suggested that an investigator continue this sample-nomination process until a point of redundancy and saturation.

To add to the nomination sampling method described, we utilized previously successful techniques used by Jennings and Skovholht (1999). In addition to email invitations, a short writeup was posted on the Psychologists Association of Alberta website inviting registered psychologists across Alberta to nominate peers meeting the criteria. Other recruitment strategies involved contacting organizations directly through Facebook pages (i.e., Calgary and Area Social Workers) requesting nominations from all registered social worker members in the Calgary area. With an approved amendment to the ethics application (Pro00099238_AME1, August 2020), the recruitment poster was also sent out to all subscribers of The Alberta Colleges of Social Work list-server on September 1, 2020 (see Appendix C). Within the list-server, members' involvement in the nomination process was requested. See Figure 1 below for the nomination process utilized to recruit potential participants.

Figure 1

Diagram of Nomination and Recruitment Process (June 2020 — December 2020)



Attempts were also made to involve organizations outside of Edmonton and Calgary by calling organizations such as the Grande Prairie Centre for Newcomers and Lethbridge Family Services. There was no follow-up response from these organizations after requesting their involvement in locating registered mental health professionals who might be willing to make nominations.

Demographics of Participants. The selected participants were primarily from established connections within the multicultural counselling community. All three multicultural mental health professionals practice within Edmonton and the surrounding area (a limitation further discussed in Chapter 5). Additional details about each of the participants included within this study will be covered in Chapter Four: Findings — Participant Portraits.

Artur. A middle-aged, central European man who has been living in Alberta, Canada for 30 years. Artur attained his professional training, a Master's in Counselling Psychology, through an Albertan university. He is a registered psychologist (recognized as a professional by the College of Alberta Psychologists) who primarily counsels refugee and immigrant clients through a central-Albertan organization and provides individual and couple counselling through his private practice. Artur provides services in his mother tongue, English, and Mandarin. He has been providing counselling services to refugee clients for the past four years.

Elle. A middle-aged, East African woman who has been living in Alberta, Canada for 14 years. She is a Certified Canadian Counsellor employed through a central-Albertan organization that provides services to immigrant and refugee populations. Elle attained her professional training, a Master's in Counselling Psychology, through a Kenyan university. Elle has been providing psychological services to refugee clients for the past nine years.

Michelle. A middle-aged, White-Canadian woman born and raised in Alberta, Canada where she primarily resided throughout her life, has lived abroad, and attained her professional training, a Master's in Art Therapy, from an American university. Michelle provides support to individuals, couples, and families through an Albertan organization that provides services to immigrants and refugees. Michelle has been providing counselling services to refugee clients for the past eight years.

Data Collection. As noted earlier, data for this study were collected from primary and secondary sources of information. Primary sources were pre-interview activity-assisted interviews conducted with recruited and consenting participants. Secondary sources of information consisted of document review of relevant cross-cultural training courses across master's graduate programs in Alberta.

Interviews

After identifying three willing and nominated participants, two pre-interview activity-assisted semi-structured interviews were conducted online using a secure online software program (i.e., Zoom Meeting). Prior to conducting interviews with the participants, the interviewer conducted a pilot interview with a willing volunteer immersed in the field of multicultural counselling. Upon this trial, interview questions were adapted for further clarification. Before the first interview, the participants were given two pre-interview activities to support memory recall (Ellis et al., 2011) and activate reflection on training and current work with refugees. The activities appeared to the participants as followed:

Pre-Interview Activity #1: Imagine, reflect upon, and draw a timeline of your journey to working with refugees. Along this timeline, please include significant life moments that have shaped who you are. The timeline should span from the start of your journey, whenever you deem that is (e.g., childhood, arriving in Canada, arriving in Alberta, starting university) to the present day, including both key influences and experiences in your work with refugees. You are welcome to include both personal and professional experiences and influences. Examples could include: your upbringing, schooling, assignments, work with clients, significant mentors, your own significant moments of change, or past situations.

Pre-Interview Activity #2: Think about two refugee clients you have worked with in the past (without naming them or sharing too much identifiable information). I will ask you some more specific questions within the interview about your general approach and more specific activities or ways of supporting them.

Within the first interview, I asked questions to explore details of the participants' timelines (see Appendix D). Within the second interview, I asked questions such as, "how would you describe your work with refugee clients? Are there any unique considerations relative to your work with non-refugee clients?" The researcher also invited participants to share how they meet the unique needs of their clients. This included questions such as, "how do you address trauma in the context of your work with refugees?" and to follow, "what are the unique considerations for addressing trauma with refugees?" as well as "what therapeutic approaches have you found useful to address trauma with refugees?" to highlight the ways the mental health professionals address trauma within their practice (for a full list of interview questions see Appendix E). Additionally, participants had the opportunity to share their own personal experiences beyond the scope of the questions (Creswell & Guetterman, 2019). After all participant interviews were conducted, audio files of the interviews were transcribed by the primary researcher and were then analyzed using data analysis software (NVivo12).

Additional Sources of Information and Support

In addition to collecting interviews, the primary researcher conducted a document review of cross-cultural training courses in Counselling Psychology programs across graduate-level programs in Alberta. Syllabi were collected from six Albertan universities that contained a master's level, cross-cultural or diversity course: Athabasca University, City University (Edmonton), City University (Calgary), University of Alberta, University of Calgary, and the University of Lethbridge. The information from this review was used to provide context for the

information obtained in the primary data sources. See Appendix F for an overview of the document review table.

Data Analysis

The following section is separated into two components. Part I describes the narrative analysis using Merriam's (2009) general recommendations to organize data collected from the first pre-interview activities and semi-structured interviews with participants. Part II describes the use of a thematic analysis (Braun & Clarke, 2012) with data collected from the second pre-interview activities and second interviews.

Part I — Narrative Analysis

Narrative analysis was used to co-create participant portraits from the first interview and pre-interview activities. Narrative analysis is an appropriate method for developing a co-created description of each case since participants shared their experiences in the form of stories (Merriam, 2009). Stories, also called “narratives,” have become a popular source of data in qualitative research (Merriam, 2009, p. 32). Stories are how we make sense of our experiences and through which we understand ourselves. The first-person accounts of experience make up the narrative “text” within this analytical approach and the data generally has a beginning, middle, and end (Merriam 2009, p. 32). At the heart of the narrative analysis is “the way humans experience the world” (Clandinin & Connelly, 1990, p. 2). Narrative analysis as described by Merriam (2009) was utilized to form a more complete, in-depth description of contextual information that each participant brings to their practice within the context of counselling refugee populations. Within these collaboratively developed portraits, the reader gains a rich understanding of each individual case before examining themes across the cases.

Specifically, the first interview was transcribed and read several times while referring to the created timeline to obtain an in-depth understanding of each participant's narrative. The

transcript was shared with the participant to allow them to adapt any of the information. Next, the text in the transcribed document was reorganized into a coherent, chronological story of the critical events that have brought each participant to where they are in their current practice (Merriam, 2009). That is, portraits were developed to reflect the counsellors' beginnings, their counselling training, and their current practices. After each participant portrait is a short reflection statement of the interviewer's initial impressions of each participant formed within the first interview. This second narrative was shared with the participants who adjusted as they saw fit and then finalized by the primary researcher. These portraits provide an in-depth understanding of the personal factors contributing to a counsellor's worldview and approach to counselling.

Part II — Thematic Analysis

A typical analytical procedure for multiple cases is to first analyze each case individually and then analyze the cases together (Stake, 1995). A feature of case studies that sets it apart from other ethnographies is that the author may discuss (tentative) generalizing between cases, especially if researchers examine multiple cases (Creswell & Guetterman, 2019, p. 491). Data from the second interview was analyzed using Braun and Clarke's (2012) guidelines for thematic analysis. There are six phases in this recursive process: (1) familiarizing oneself with the data, (2) generating initial codes (i.e., organizing the data into meaningful groups), (3) searching for themes, (4) reviewing and refining the identified themes, (5) defining and naming the themes, and (6) producing a written report.

Phases of Data Analysis

Phase 1: Familiarizing Oneself with the Data. During the first phase of analysis, the researcher must immerse themselves in the data by actively re-reading transcripts and listening to audio recordings of the interviews. Actively re-reading transcripts involves taking mental notes

of patterns forming within the data as well as potential coding possibilities and ideas. The objective of the immersion in the data is to become especially familiar with the data (Braun & Clarke, 2012). After transcribing each interview, I began making initial notes each time I actively read through each transcript. These initial notes served as the beginning of an ongoing process of data analysis as I also developed a preliminary list of potential codes during this phase. Additionally, I kept a research journal in which I made initial impressions of the participants and memos recording initial thoughts and ideas about my data.

Phase 2: Generating Initial Codes. In Phase 2, preliminary codes are generated through a systematic and thorough review of the data. A code is defined as the most basic set of data that addresses the research question and identifies some portion of the research data that has some significance or importance to the researcher. Coding is the initial process in thematic analysis, it marks the beginning of organizing the data into meaningful categories (Braun & Clarke, 2012). Given the breadth of topics discussed within each semi-structured interview (i.e., practices and interventions with refugees, supervision, and training), I began this step by referring to the list of potential codes developed from my review of each transcript in Phase 1. I then used software (NVivo 12) to insert these codes into relevant units of analysis, along with additional codes that arose from my close review of each transcript. For example, during one interview a participant stated that they self-disclose a lot more with their refugee clients compared to their Canadian-born clients to provide a more personal therapeutic relationship. As the unit of analysis, I noted that this participant utilized self-disclosure differently with refugee clients to build trust. I then assigned this data unit the code “Counsellor use of self-disclosure”. I generated thirty codes within this phase, keeping surrounding contextual information through notes when necessary.

Phase 3: Searching for Themes. A theme is described as a construct that “captures something important about the data in relation to the research question and represents some level

of patterned responses or meaning within the data set” (Braun & Clarke, 2006, p. 82).

Additionally, themes are used to determine areas of similarity and overlap between codes (Braun & Clarke, 2012). Throughout the thematic analysis, the researcher has a number of important decisions to make in terms of what constitutes a theme since there is no clearly established guidelines or rules and the researcher determines the appropriate level of abstraction (Braun & Clarke, 2006). To generate themes, I wrote each theme on an individual sticky note so that each note contained the name of a single code. I then began to group the themes together to form a general category. For example, the previously mentioned “Counsellor use of self-disclosure” code was eventually collapsed into the category of “Incorporating self-disclosure”, and later into the theme “Building Trust in the Working Relationship”. Not all groups of codes were clustered to form subthemes within a larger theme — some became sub-themes and others were eliminated.

Phase 4: Reviewing Themes. According to Braun and Clarke (2006), this phase of analysis aims to refine themes by collapsing, eliminating, and splitting themes that no longer seem suitable as they are. This phase is divided into two stages. The first phase includes returning to the coded data to ensure thematically grouped data fit into the larger grouped data to create meaningful patterns which summarize the content of the data appropriately. If meaningful patterns are found, the researcher can move onto the second stage. If not identified, then the researcher must return to redefine and rework themes. Through a joint process with my supervisor, Dr. Sophie Yohani, themes were reviewed and refined across the six interviews. During this process, I returned to the original categorizations of codes and renamed several themes. For example, the theme previously labelled as “Building Trust” was renamed to be “Building Trust in the Working Relationship” and another theme from “Strategies for Albertan Counsellors in Maintaining Competent Practice” to “Maintaining Ethical Practice”. Once this

process was complete, I moved to the second stage to consider the appropriateness of themes concerning the entire data set. During this process, I determined that these larger categories did not meaningfully address the research questions, so I reorganized the themes to reflect this pattern. These two overarching categories were, (1) the practices currently utilized by Albertan mental health professionals within the context of refugee clients and (2) the training and professional development that has prepared counsellors or continues to develop counsellors working with refugees. Additionally, codes were reorganized across themes, forming a new theme, “Attending to Client Culture and Context,” that had previously been recognized as a subtheme within the theme “Building Trust in the Working Relationship”.

Phase 5: Defining and Describing Themes. The objective of this phase is to determine what is unique about each theme, with each theme having a singular focus, being related but not overlapping with other themes, and determining if it is relevant in addressing the research question (Braun & Clarke, 2006). The present study generated seven primary themes that were recognized across cases. All three participants talked about the importance of each of the presenting themes. However, participants differed in the components that were endorsed within each subtheme. For example, within the theme “Maintaining Ethical Practice”, Elle and Michelle maintained ethical practice by engaging in “self-care and self-reflection,” a significant subtheme. At the same time, Artur endorsed maintaining ethical practice primarily through “engaging in evidence-based practice”.

Phase 6: Producing the Report. The final stage of thematic analysis can only be established after the researcher is satisfied with themes and fully understands thematic content and relationships (Braun & Clarke, 2006). However, unlike quantitative research where there are distinct analysis and write-up stages, the writing and analysis stage are completely interwoven within qualitative research. The purpose of the written report is to provide the reader with a

compelling story based on the researcher's analysis of the data to portray the nuances of the data and the broader narrative being told (Braun & Clarke, 2006). During the writing process, I aimed to provide clear and rich quotes to illustrate themes and relationships. I also aimed to describe the themes within the context of addressing the research questions.

Evaluating the Study

Trustworthiness

To confirm the trustworthiness of the findings, with interpretations as accurate and credible, triangulation and member checking were utilized (Creswell & Poth, 2016).

Trustworthiness of reported themes were also maintained by retaining a research journal and confirming the accuracy of the participants' accounts (i.e., member checking) both during (Part 1) and following the completion of analysis (Part 1 and 2).

Credibility

Roughly parallel to internal validity, credibility is attained by continuously checking the developing constructions against researcher expectations prior to data collection, continuously testing preliminary categories, and member checks (Guba & Lincoln, 2001). Within qualitative research, one assumption is that reality is holistic, multi-dimensional, and constantly changing (Merriam, 2009). Triangulation is a common strategy to ensure that findings more accurately reflect the reality captured within the research study. Triangulation was achieved by using multiple sources of data (i.e., interviews, document review of cross-cultural courses in Alberta and literature) and by corroborating evidence from multiple investigators (i.e., the primary researcher and supervisor) to form supported themes (Denzin, 1978).

Transferability

Roughly parallel to external validity, this criterion is established not by the evaluator or the researcher but by the receivers of this report (Guba & Lincoln, 2001). Otherwise defined as

the ease with which findings can be applied to other situations. The sample size within the current study is small, including three mental health professionals, which allows for a thick description of an individual's context. In qualitative research, a single case or small, non-random, purposeful sample is selected to understand the particular phenomenon in-depth, not to necessarily finding what is true for the many (Merriam, 2009, p. 224). The inquirer cannot know the lengths of transferability, but the applicators can and do. As such, the inquirer's role is to provide sufficient descriptive data, a thick description, to make transferability possible (Lincoln & Guba, 1985). Thus, the extent to which the study's findings apply to other situations is up to the people in those situations.

Confirmability

Confirmability is the extent to which the interpretations, constructions, and facts of the data flow directly from the data and not from the researcher's bias and opinions (Guba & Lincoln, 2001). Confirmability was achieved within this study by using a reflective journal, in which my interpretations and biases could be reviewed by my supervisor. It is important to note that within the constructivist paradigm data is co-constructed as a component of the research process, so it is inevitable that the researcher's context and biases did influence the representation of the data (Ponterotto & Grieger, 2007).

Ethical Considerations

Before moving ahead with this study, a detailed proposal was submitted to Human Ethics Research Online (HERO) to be reviewed and approved by the University of Alberta Research Ethics Board (Pro00099238). Within the application were necessary initial contact and the information and consent forms (See Appendix A and B). This research was thought to be relatively low risk. However, there was the risk that sensitive issues would arise in the interviews.

As the primary researcher, I paid particular attention to remaining open and transparent about gathering data with the participants involved, ensuring that participants were comfortable with the material gathered through audio-recorded interviews. I openly conveyed the purpose of the study to all individuals involved, the general impact the study will have, and the sources of support and funding for the project (Creswell & Guetterman, 2019). Informed consent was attained, ensuring that the participants understood the nature and process of participating in this study and any potential benefits and risks. The participants were reminded that their consent is completely voluntary and that they can remove consent at any time throughout the study up until the point of dissemination (i.e., identified as the period in which the results were sent to the examination committee) without repercussion. The process of ongoing consent was adhered to throughout the research study by checking in with participants at each stage of the research.

Since the multicultural counselling field is small in Alberta, several measures were taken to protect the privacy of each participant and the privacy of their clients while exploring the counsellor's practices. All identifying information about each participant was excluded from the study. Pseudonyms were used throughout the writing process and numbers were used to identify the participant with identifiable information (e.g., demographic form). When including timelines, all identifiable information was omitted using blacked-out boxes.

Given that potential nominators were determined from pre-existing relationships, there was the potential for some pressure for potential nominators to nominate superiorly skilled or experienced mental health professionals, but this same pressure was not placed on potential participants. Potential participants were only emailed an invitation to participate once they had agreed to have their contact information forwarded to the researchers. At the point of requesting involvement with potential participants by email, they had already received information regarding details of the study and access to informed consent documents. Additionally,

participants were reminded during the study that they were able to withdraw consent or their nominations at any point in time up until the point of dissemination.

Chapter Four: Findings — Participant Portraits

This chapter is divided into two parts. Part I presents portraits of the three participants by providing the context of their lived experiences. This section was collaboratively developed by the participants and the primary researcher, based solely on the first interview. Part II includes the relevant themes that were formed to address the research questions.

Three registered mental health professionals participated in this study. Each of the participants bring a unique context. Each portrait follows the premise of a story, a *beginning* — characteristics of their upbringing, their migration story or what sparked their interest in counselling, followed by a middle — *counsellor training*, where they began their formal education and development to become a mental health professional, which brings the portrait to where the individual is *currently* — where they are in their journey now.

Artur's Story

Beginning

Artur was born in Central Europe but due to authoritarian regime he and his family immigrated to Canada, making their journey over several years. Since then, Artur has lived in Canada for 30 years. Arriving in Alberta, Artur began learning English by attending ESL classes. After learning English in elementary school, his parents enrolled him in a bilingual school where students spoke his mother tongue. However, due to bullying his parents chose to enroll him the next year in an inner-city Catholic School. Since his arrival in Canada, Artur was aware of his cultural diversity and the impact of holding a bicultural identity. This realization became especially evident in junior high when he began to make friends with other kids who also held a bicultural identity. Through these friendships, instead of being bullied for who he was he found acceptance for having a cultural heritage that was different from the majority of White-Canadians.

Artur became interested in psychology by reading his parents' textbooks. From a degree in Psychology and a minor in sociology, he focused his educational interests on cultural, social, and clinical psychology courses with the intent to become a therapist. After completing his undergraduate degree, Artur did much volunteering. Artur explains that his cultural heritage places importance on being a citizen for society, not only focusing on individual well-being, but also giving back to the community. Artur indicated that part of his interest in counselling psychology is because of his desire to contribute to greater society.

Instead of enrolling in a master's counselling program, Artur moved to China for two years to teach English. As a migrant to China, Artur again experienced being an outsider and differential treatment for being a newcomer. He reported that the beginning was especially lonely and difficult to navigate in the unfamiliar systems, and he experienced discrimination such as being overcharged for items, denied hotel rooms, taxis, or cut in front of when waiting in line. While teaching educational material, Artur also encouraged his students to teach him about their culture by having them teach him a saying from their preferred language or cultural idioms from their culture.

Counselling Training

Artur then went on to complete professional training through a Master's in Counselling Psychology program in Alberta. While completing this degree, Artur wanted to gain additional experiences to attain a doctorate, so he became involved as an assistant to a facilitator for some mental health programs at the agency where he is currently employed. Within this role, he served as a cultural mentor for an Eritrean refugee who he met with weekly to teach Canadian culture and in turn became more familiar with Eritrean culture, learning the daily challenges that refugees face (e.g., learning to drive, getting a car). This mentorship experience started his professional experience with refugee clients. Other professional development experiences

included translating a widely used collection of brief outcome measures. Other practicum experiences included providing counselling to culturally diverse youth, couples, and families in rural Alberta.

Having recognized a gap between numerous cross-cultural theories and the practical resources available to incorporate diverse perspectives into helping services, Artur has created numerous presentations, handouts, and resource materials for other registered professionals to utilize within their practice with culturally diverse clients.

Currently

Upon certification, as there are a limited number of agencies that offered support to culturally diverse clients, Artur selected the agency that he is currently employed at due to the opportunity to facilitate psychoeducational workshops and provide helping services to culturally diverse clients. As a registered psychologist, Artur provides services to refugee clients from both his private practice and through an Albertan organization that targets immigrant refugee individuals, couples, and families. Artur has been providing services to refugee clients for the last four years. He primarily provides services for individuals and couples although also runs mental health psychoeducation workshops and helps to run a men's support group.

He speaks a Central European language, English, and Mandarin fluently. He provides counselling in all three languages but offers a more limited set of therapies in Mandarin that he is better trained and prepared in. Artur primarily provides cognitive-behavioural therapy, acceptance, and commitment therapy as well as trauma therapy (e.g., Prolonged Exposure, Cognitive Processing Therapy) but avoids services where language could be more limiting, like couple's counselling or family counselling. Artur utilizes primarily Adlerian, cognitive-behavioural, solution-focused, and integrative schema therapy approaches to meet the needs of his refugee clients. Through the organization that Artur is currently employed at, he offers

primarily psychological services with other employees of the agency covering supports for client basic needs such as housing and immigration processing, although Artur often supports his clients in this way whenever the situation requires.

In addition to the role of a psychologist, Artur is also a husband and father. Since the birth of his biracial son, Artur approaches the world differently, explaining the hopes he has for his son to find a community that he fits into. He hopes his son will also be trilingual to some degree and be able to navigate several different cultural worlds. In the wake of the racial unrest and social justice movements in North America, he also hopes his son will grow up in a world with less discrimination against People of Colour than experienced by his generation (the millennials) and those before them.

Meeting Artur

I initially met Artur when he consented to be involved in the research study. Upon meeting him, I immediately learned we had a shared interest in adapting counselling practices for cross-cultural professionals, the major difference between us being that he has completed this work and I am only just starting by means of conducting this study. Within the interviews, I was amazed by the number of varying experiences that Artur had undergone throughout his life. These include migrating at an early age, experiencing discrimination in his early life, fostering a bicultural identity, learning his third language, migrating to China to teach, and then returning to Canada for formal counsellor training. Additionally, I was intrigued to hear more about how he practices as a trilingual therapist both within the private practice and organizational settings.

It quickly became apparent to me that Artur's resilience, associated with experiencing oppression and discrimination as a newcomer in Canada and while living in China, has added to the success of his ability to counsel refugees. His passion and subsequent knowledge for adapting the counselling setting to meet the needs of his culturally diverse clients has been

extremely helpful within my own personal development. Meeting with Artur felt much like a supervision session, a time spent with feverish note taking and further investigation into the many theories and models referred to within our time together. (Research Reflection Journal, September 28, 2020)

Elle's Story

Beginning

Elle was born in an East African country to a large family. While growing up, Elle was exposed to issues of mental health. Elle reports that looking back through her life she has been drawn to people's suffering or people who are suffering. The more she became aware of someone's suffering, the more she wanted to listen, support, and provide help to those who were hurting. She recognized a natural tendency to want to help those she encounters and innate skills in listening. These skills were amplified through additional experiences supporting a friend who lost both of their parents in high school.

After graduating high school, Elle moved to a neighboring city to complete a nursing diploma despite her parents' wishes and cultural norms. Elle was the first child of her family to attend post-secondary. She moved in with a family friend who became an informal mentor to her. This mentor provided an example of a strong, single, warm, loving professor within the medical field who demonstrated a heart of service and encouraged Elle in all her endeavors. Elle admired how this professional woman was dedicated to staying within a smaller city, potentially being overqualified for her position because of her strong desire to help. From this point on in her life, Elle knew that she too wanted to give back to society within a helping profession but was unsure of the specific capacity in which she wanted to help. She realized near the end of her degree that nursing would not be the most appropriate fit, so once completing her degree she moved to Kenya to get a bachelor's degree in community development with a minor in

psychology. During this time, one of the psychology courses had guest lecturers, one of whom had a lasting effect. By witnessing their life example of trauma, what she previously only learned about in books, Elle established a conscious interest in supporting people with trauma which led her to enroll in a counselling program in Kenya.

Counselling Training

Among other cherished experiences during her graduate training, Elle enjoyed learning feminist theory and receiving mandatory counselling. Personal counselling provided an opportunity to be on the other side of the chair, to process early life experiences, discover personal biases and unresolved relational issues, and allow for a better understanding of what it feels like to be the client. As Elle benefited from counselling and having realized the usefulness of sessions despite the lack of any serious problems or reasons for receiving counselling, she recognized the potential for counselling to provide the space for personal growth. From this experience Elle discovered that she wanted to approach each client in this way — attending to areas of personal growth and needed support instead of attending to problem areas or using labels to communicate these issues with the client. Her approach also allows her to help clients who arrive at counselling unsure of why they are there, not believing they have an issue.

After graduating, Elle worked for non-profit organizations for a few years and began pursuing a relationship with a refugee settling in Kenya. They migrated to Canada and have since been living in Alberta for 14 years. Although Elle expected that it would be challenging to move across the world, imagining difficulties with getting her credentials approved and adjusting to a new way of life, she was not expecting just how difficult it would be to adapt. Soon after getting married upon arriving in Canada, Elle had her child and was now required to delay her career to take care of her child. As Elle appreciated the work that she was doing and wanted to be doing

outside of the home, she struggled with this role change, realizing that even though she loved caring for her child, she also wanted to be working in the field much like her mentor had been.

A year after caring for her child at home, Elle started looking for a job in the field. She wanted to find a job that would allow her to help her fellow immigrants in their settlement journey, feeling that her personal experience with the professional background would be of great significance. Her degree was approved in Canada; however, she had little structural support or professional connections within Alberta for a job. So, in need of help, Elle began emailing professors at an Albertan university, essentially strangers that were conducting research within the field of multicultural counselling in the hopes that they might get her connected. To Elle's surprise, a professor responded to her email and suggested that they meet for coffee to become more acquainted. Elle reports that the warmth and support that she received from this professor during this time provided her with the encouragement she needed to enter the field and contributed to the formation of essential connections in the field. With these new connections, Elle gained volunteer positions and eventually a job at the agency where she is currently employed. This Albertan organization helps immigrant and refugee populations settle upon their arrival in Canada, providing basic support needs, professional assistance in immigration status, and counselling services.

Currently

After landing a position as a certified counsellor within the organization where she is currently working, Elle immediately began working with immigrants and refugees. Beginning this work required a lot of professional development and training to provide appropriate support services to refugee and immigrant populations. Much of this involved becoming more familiar with immigration categories and the registration, immigration, and sponsorship processes. Through her work with immigrants and refugees, Elle provides structural support to her clients,

finding she can draw upon her own experience to relate to her clients, to be empathetic and a practical example of the potential to adapt successfully.

Elle approaches counselling through humanistic cognitive-behavioural therapy and body-orientated psychotherapy approaches. Elle began to shift her attention from disorders learned about throughout her education to focus on building relationships and attending to clients' strengths. She learned that starting by addressing the disorder might not be the most helpful way to support clients who are not ready to face the issues they present with either because they may require support to meet their basic needs or they are not ready to acknowledge that they have an issue. Elle focuses her services on building relationships and on the early prevention of psychological stress by meeting basic needs as an early prevention intervention to draw the clients back to accessing mental health services when they are ready in the future. Elle draws from her personal experience of migration to provide empathy and understanding, although she is also aware that her own experience may not match every immigrant experience. Instead, she aims to approach each client and each session as a learning experience, valuing the learning that she also receives from her colleagues.

In addition, Elle came to realize that gaining an understanding and being aware of the sociocultural and political climate of the world serves as a window into the client's context. Elle acquired knowledge of cultural and religious differences from her clients that she notes is an essential component of understanding the client's personal narratives. According to Elle, multicultural counselling requires a willingness to constantly change roles, such as taking the role of an advocate, educator, and counsellor to support clients in their journey of healing and growth within the complex nature of integrating into a new society.

Meeting Elle

I initially met Elle after she consented to be involved with the research. Her warmth, humility, and patience as a clinician and human being felt despite having never met Elle outside of our virtual screens. It was immediately apparent to me as a listener of her life story that two influential mentors have had the largest impact on her personal and professional life. These professional women have provided her with encouragement along her journey and practical tools, such as professional networking, which have contributed to her success. In hearing her story, I was reminded of the mentors who have come along my professional journey, serving as role models and women who I am inexpressibly grateful for having met. Their leadership has empowered me to continue to develop.

Conversations with Elle provided me with additional insight into the challenges of migrating to another country, including practical issues like ensuring a sponsor, attaining immigration status, getting credentials and certifications approved, as well as building social and professional networks. Although my story is much different from Elle's, her resiliency when faced with these issues and dependency on social connections to overcome these challenges have served as a practical example for my own development in a largely unfamiliar field.

Through meeting Elle, I witnessed the qualities that have allowed her to attain status as a superiorly skilled and knowledgeable mental health professional. By drawing from her own experiences, she is able to empathize with her clients, importantly serving as a role model and a practical example of successful adaptation. (Research Reflection Journal, October 1, 2020)

Michelle's Story

Beginning

Growing up in an extremely small town that was predominantly White, Michelle was not often exposed to diversity yet recalls an early and persistent desire to draw near to people with

diverse cultural heritages. As a curious child, she was influenced by reading the encyclopedia and seeing World Vision commercials which demonstrated that the world was much bigger than what she experienced and indicated there were others across the world that needed help. Raised in a religious family, Michelle was taught that everyone was a child of God and, as a Christian, serving others was important. She also believes her faith has influenced her career choice to focus on helping others.

Michelle recalls that her interests in diversity may be due to positive experiences with diverse individuals and challenging experiences with her father, as she grew up in opposition to his perspectives and would challenge his disapproving comments or racial slurs. The early experiences that she had with the few diverse individuals she met were all positive. Growing up, Michelle was also exposed to a family relative with mental health issues. Her aunt had experienced trauma as a child soldier and suffered abuse from a previous relationship. Michelle witnessed her aunt's symptoms of trauma which sparked further discussions of mental health with her mother and an early interest to continue to learn more about trauma, with a desire to help those who have experienced trauma.

After graduating high school, still unsure of what career to set off into but knowing that she was interested in art and psychology, she completed an undergraduate degree majoring in both art and psychology. Still not certain about where she wanted to take her education, Michelle joined a French-English learning program that brought her to a small town in Quebec. There she was fully immersed into Quebec culture and forced to learn French quickly having little experience with the language growing up. After this French program ended, Michelle was still interested in seeking out opportunities and experiences that were different from what she knew, so she began seeking them out by moving to France for a year. After this time, she set out to get an art therapy degree in the United States with encouragement from her family.

Counselling Training

Michelle began an art therapy program which had a focus on trauma and cross-cultural issues. While fulfilling this degree, she completed four trauma courses, one cross-cultural course, and two practicum experiences all with cross-cultural opportunities. One of the practicum experiences was offered at a private hospital in India, and Michelle was excited to travel to a country she had never been to. While at the hospital in India, Michelle provided art materials to children, most of whom did not speak English at all. Her role was to provide these patients with the opportunity to discover creative play, communicate verbally or non-verbally with Michelle to express pain, implement relaxation exercises, and use art to process some of the pain they were experiencing. Michelle was familiar with living in diverse cultures, having lived in France the year before. However, India posed additional challenges of extreme heat, multiple language barriers, access to art supplies, and differences in views towards mental health and counselling.

Other practical experiences within the art therapy degree included providing art therapy to students at a high school for pregnant teens, new parents, and newcomers in an American city. It was during this experience at the high school where Michelle first provided services to refugees. While having the art therapy clients draw a tree, she noticed that one of the African refugee students' drawing was very different from the others. Her supervisor informed her that immigrants from certain areas of Africa often drew trees differently. As the drawings inform the psychologist of potential mental health issues for a child, Michelle grew concerned that the cultural difference could be misinterpreted as a psychological issue instead of an alternative art style. Michelle completed her master's research on cultural diversity in art therapy and interpreting cultural differences in art, and this research was continued after she graduated.

Within another practicum experience, Michelle provided art therapy at a soup kitchen in an American city where the majority of clients were African American or Latinx males. Within

this experience, she was challenged by her clients' anger and attitude as a result of the discrimination and homelessness that they were experiencing. Unnatural to Michelle's naturally quiet, avoidant of conflict, and more reserved nature, she was stretched in her ability to tolerate such situations, often having to settle fights, disputes, or personal attacks with clients. Her supervisor at the time served as a helpful support, encouraging her to be curious about how the clients' life circumstances lead to their attitudes and increase understanding for herself and for the clients regarding their emotions. She was able to increase tolerance with and comfort in listening to strong emotions and opinions and connect this to their life experiences.

Throughout her art therapy experiences, creating art pieces was a weekly requirement and served as a source of self-care or a time of conscious reflection on interactions with clients. This aspect of creating art regularly to process helped increase Michelle's understanding of how to use art with clients and demonstrated the power of using visual creation to process experience. She remembers group supervisions in which the art she created displayed a more full, accurate, and honest representation of her experiences than her words, which allowed for more powerful processing and realizations she would not have made without the added art pieces. Additional requirements included attending therapy sessions of their own, allowing the space to process client interactions and to attend to her personal well-being.

Upon finishing her degree, Michelle went to India for half of a year and provided art therapy at both an English-medium elementary school and a pediatric oncology unit at a government-run hospital. These experiences posed many challenges, including unfamiliarity with the local language or neighbouring state's languages, extremely hot weather, and unfamiliar cultural customs. Her roles within these positions included providing children with art materials, allowing the children to be creative and to build rapport with the clients. Although it was difficult for Michelle to adapt to Indian culture and build meaningful connections within the

culturally diverse dating norms, Michelle was accepted by the neighbourhood that she was living in. She shared that she was even referred to by a child attempting to cross a busy street as ‘Akka’ which translates to ‘Aunty’, a term of respect used for any woman who is of older age.

Currently

After being away from Canada for about four years throughout her degrees, Michelle returned to her home in small-town Alberta and began looking for work. She landed a position as a counsellor at an organization providing mental health services to immigrants and refugees. Michelle suspects it was her diverse experiences abroad and previous ability to counsel in French that assisted her in being hired as a White-Canadian Certified Canadian Counsellor. She currently provides counselling services to immigrant and refugee adolescents, adults, and couples but does not utilize art therapy in her practice because it is generally such an unfamiliar practice for refugee clients. Instead, she offers counselling services by utilizing primarily humanistic and cognitive behavioural approaches, although considers her approach to be largely eclectic and integrative.

As a person of faith, Michelle has experienced discrimination throughout her life because of her faith and religious practices, finding that she experiences derogatory comments and misunderstandings of religious people even among fellow mainstream professionals. As a result, Michelle does not often share her religion with others, finding that her faith has been something that has caused relationships to end in the past. However, she also finds that being religious is something that she has in common with many immigrants and refugees, relating with those who may have also experienced discrimination for being culturally and religiously different.

Meeting Michelle

Immediately, upon meeting Michelle I was surprised by her skin colour. Within my current experience of multicultural counsellors, White-Canadian counsellors seem to be less

common. Although there are many differences between us, even solely on physical features alone, it was encouraging to see a White-Canadian woman who has lived in Canada for most of her life successfully counselling refugee clients. Similarly, we share the same faith and a desire to have diverse experiences. I was honoured to hear of her personal, vulnerable account of how her faith has served as both a challenge and a point of shared experience with other professionals and clients. At multiple points during the time we shared, I was reminded of Michelle's humility, often stating she was not an expert in anything.

Conversation with Michelle seemed to flow with ease and much of our time together was filled with laughter. Meeting Michelle was in some ways like looking into a mirror into the future, while in other ways I imagined her as a wiser older sister. Michelle's story and continued practice has served as a practical reminder of a White-Canadian successfully overcoming feelings of being underprepared and underqualified to serve the needs of culturally diverse individuals. (Research Reflection Journal, October 18, 2020)

Chapter Four: Findings — Document Review

As noted in previous sections, secondary sources of information to this study included a document review of Albertan master's level cross-cultural counselling courses aiming to equip Albertan student clinicians with the tools necessary to provide services to diverse populations, such as refugees. Syllabi were collected from six Albertan universities that contained a master's level, cross-cultural or diversity course: Athabasca University, City University (Edmonton), City University (Calgary), University of Alberta, University of Calgary, and the University of Lethbridge. The following section provides an overview of the document review conducted (see Appendix G).

It is worth noting a couple limitations of this review to the reader. The syllabi examined within this document review varied in the presenting details of the course content. So, while most courses reviewed did not mention gaining particular knowledge or skills to prepare counsellors to work with particular populations of clients, the courses very well could have. Notably, the document review was completed throughout the COVID-19 pandemic, so course content may have been adapted from typical course setup to accommodate distanced learning.

To address the necessary development of a professional in acquiring competencies specific to providing services to refugee clients, two primary questions were utilized to evaluate programs across Alberta is as follows:

- (1) how are multicultural counselling competencies developed through this course?
- (2) where are student clinicians attaining specific skills and training to provide services to refugees?

Course Setup

These courses primarily offer an introduction to the theory, ethics, and practice of counselling diverse populations. Most courses primarily utilized didactic teaching of theory

through weekly lectures. Most of the courses are set up to provide a reflective, reflexive, collaborative, dynamic, and interactive learning process by drawing on the contributions of both students and instructors and sometimes guest lecturers. Professional practice considerations were addressed through course readings, experiential learning, interactions with peers, and learning assignments. All the courses had increasing self-awareness as a foundational domain of competence where students were expected to examine their own attitudes, behaviours, perceptions, and biases. A few of the courses (three out of six) reviewed offered one or more experiential component(s), including conducting an interview with an elder or person who provides services to culturally diverse populations, a reflection journal, and attending guest lectures.

Course Objectives

All six courses reviewed included objectives that addressed student clinicians acquiring a level of self-awareness and cultural-specific knowledge.

Generally, most courses outlined objectives of increasing counsellor awareness of themselves (i.e., their emotional, familial, social functioning), how they might differ from other individuals in Canada, and the impact of privilege and oppression for dominant and non-dominant groups across multiple dimensions of diversity. Additional objectives included acquiring knowledge about cultural values, behaviours, conceptions of health and emotional adjustment, the implications of these cultural values for counselling, and the challenges of adapting Western counselling approaches to diverse populations. Courses also focused on developing additional skills to critically assess the appropriateness of particular assessment methods, theories and counselling techniques with particular client populations, and to attain skills in culturally informed ethical decision-making.

Some courses indicated greater resemblance to the updated Multicultural and Social Justice Counselling Competencies (MSJCC; Ratts et al., 2015) aiming to develop the counsellor's awareness of systemic factors that influence the counselling process as well as developing social justice and advocacy skills for developing counsellors. Objectives within these courses included evaluating the impacts of mainstream, Western, Caucasian, patriarchal, and heterosexist thinking on counselling and practice; articulating how social systems impacts individual, cultural, ethnic and racial identity; and the effects of sociopolitical contexts on therapeutic process. Some courses attended to developing a multicultural and social justice lens to understand within- and between-group differences, dominant and nondominant sociocultural discourses, life and cross-cultural transitions, as well as cultural and worldview differences on development, health, and healing. Other courses primarily attended to sociocultural influences on psychosocial cultural identity and development, with culture being broadly defined to include diversity across ethnicity, race, gender, age, religion, spirituality, and social class. Additionally, most of the courses attended to the influences of cultural identities, social locations of the counsellor, the clients, the therapeutic process, and the counselling process. One course specifically addressed refugee and other migrant populations within their course objectives, which included assessing the impact of the cultural transition process (i.e., immigration, sojourning, refugee status) on client issues and behaviours.

Refugee-specific Knowledge

Of the Albertan courses reviewed, none of the programs reviewed offer experiential training specific to refugees. The majority of courses dedicate a class, or a portion of a class, to exploring unique experiences of migrant populations. These courses are either dedicating a class to developing specific information about migrant populations (e.g., asylum seekers, immigrants, refugees) or including objectives of the course to understand the experiences of migrant

populations as a whole. However, only three of the six courses are dedicating class time and reading materials specific to refugee populations.

Knowledge of refugee experiences, if addressed within the course, utilized recent articles (e.g., see Chung & Bemak, 2011; Silove, 2013). Other courses focused on research relevant to negative reactions to migrant populations (i.e., xenophobia) when discussing migrant populations (e.g., see Yakushko, 2009). Readings from other institutions that cover particular knowledge of refugee populations were included (e.g., see Djuraskovic, 2019; Oudshoorn, Benbow & Meyer, 2020; Yohani, 2020; Yohani et al., 2019).

All six courses reviewed did not offer a practicum experience and supervision specific to working with refugees. Additionally, none of them offered a shorter practical component such as a field trip to agencies within their area. Some institutions included an experiential component which consisted of conducting an interview with a community member from a culturally diverse group (e.g., elder) or someone who provides services to diverse populations (e.g., multicultural counsellor). Other activities included guest lectures by professionals who have experience working with refugee populations and reflection journals to foster an awareness of counsellor cultural identity and understand the impact of their own behaviours, attitudes, and worldview.

Summary

Of the courses reviewed, Albertan master's level training offers the potential for counsellors in training to attain basic multicultural competencies as outlined within multicultural counselling competencies (MCC) and multicultural social justice counselling competencies (MSJCC) guidelines. Although the courses reviewed offered both didactic and experiential learning, these courses did not offer practicum training with culturally diverse clients.

Chapter Five: Findings — Themes

The second part of the chapter presents common themes identified among all three participants. This study aimed to explore and understand how Alberta-based mental health professionals attain necessary competencies and professional development to counsel refugee populations. Two key questions explored in this study were (1) how do mental health professionals provide appropriate, culturally sensitive interventions to incorporate the unique needs of refugees? and (2) what professional development and training have prepared skillful and knowledgeable professionals to provide these services? The following tables outline themes and subthemes that arose through thematic analysis (Braun & Clarke, 2006), determining culturally sensitive practices (Table 1) as well as necessary professional development and training (Table 2).

Table 1

Counselling Practices for Working with Refugees: Themes and Subthemes

Theme	Subtheme
Building Trust in the Working Relationship	Incorporating culture into therapy Incorporating client language into therapy Incorporating self-disclosure Extending the role of the psychologist
Maintaining Ethical Practice	Establishing professional boundaries Self-care and self-reflection Engaging in evidence-based practice Utilizing professional networks and external supports for practice
Attending to the Client's Culture and Context	Familiarizing the client with counselling services Collecting extensive context of the individual client's experience Dismantling cultural beliefs that are a barrier to positive wellbeing
Attending to and Working with Complex Mental Health Concerns	Multiple mental health concerns Trauma

Table 2*Professional Development and Training for Working with Refugees: Themes and Subthemes*

Theme	Subtheme
Helpful Components of Formal Training	Counsellor receiving counselling Foundational approaches Practicum
Helpful Components of Professional Development and Ongoing Training	Post-graduate professional development Informal training
Supportive Consultation and Supervision	Developing traits: self-awareness and extended tolerance of strong emotions Developing appropriate boundaries within the context of support Developing clinical skills Developing clinical decision-making skills Refugee-specific supervision Self-directed development

Counselling Practices for Working with Refugees***Building Trust in the Working Relationship***

This theme refers to the ways counsellors centralize the building of trust in their work with refugees. To provide helpful interventions to the client, the therapist who works with refugees must first direct efforts to build a trusting working relationship with their clients. The mental health professionals in this study build trust by incorporating aspects of the client's culture into early sessions to help to improve client buy-in (for services that may be completely foreign to the client) and later to support the adaptation of particular approaches and interventions to meet the client's needs. Additional attempts at fostering a trusting working relationship can include incorporating client language into the session, incorporating self-disclosure, and extending the role of the therapist to meet cultural expectations and bridge clients to cultural communities to meet the client's unique needs.

Incorporating Culture into Therapy. To appropriately integrate the client's culture into therapy, the therapist will first need to acquire external cultural knowledge of the client's culture and then internally from the client to determine their individual values and beliefs. Then the therapist can check in with the client to ensure the cultural knowledge they have acquired fits with the individual client. Michelle indicated that in her preparation she begins by learning more general, non-counselling information about her clients such as large events that have happened in their country of origin. She explained:

if you're dealing with the refugees from a certain war or a certain period of time, um so like for me working with refugees from central Africa, knowing more about the Rwandan genocide is important...So, I think a lot of like working specifically with refugees for counselling, there's a lot of knowledge that needs to be gained that is not counselling specific.

After obtaining a historical account of major events that the client may have experienced, additional information about the client's culture can be acquired by either formal training or utilizing professional supports such as settlement counsellors, cultural brokers, peers, or supervisors. Artur notes that he begins this process of obtaining cultural knowledge by collecting information "from the person's settlement counsellor, I've looked into their file, I know where they come from, I know the size of their family, I know what language they speak, I know when they came to Canada".

To build the working relationship, Artur attempts to include the client's cultural values in sessions. He explained:

for a Syrian client [who is Muslim], they are very familiar with the Koran. So, you can ask them to tell you about something that they have learned from the Koran in regard to

patience or endurance or gratefulness or some other things, and in that way, something that they are familiar with can be broached and then worked on um psychologically.

After collecting background information, counsellors attempt to acquire counselling-specific information through cultural brokers, peer supports or teams, and self-guided research. For example, Michelle often reaches out to an intercultural education team lead who has experience in intercultural work. She said:

she often was the one I would go to about like trying to figure out ‘Is this something cultural? Is this not cultural?’ and sometimes that would answer my question. So, if I am debating about whether this is a mental health issue, if I could answer if it was a cultural issue or not then that would sometimes give me some clarity around the mental health piece.

Importantly, the counsellor takes the cultural knowledge acquired and explores what aspects fit with the client and what aspects do not seem to fit with them. Michelle provided an example of what she might say to the client to check in with them to ensure the clients’ culture coincides with her cultural assumptions based on the cultural knowledge that she has previously attained. She said:

when I’m in sessions with clients, I’ll generally use the cultural information that I have to kind of check in if it works for them or not. So, I might make statements like ‘you know I’ve heard that blah blah blah is really common for people from your country, is that what it’s like for you or is it different?’, ‘are my assumptions and the knowledge that I have of your culture fit with you, or not?’ And generally, clients respond really well to that when they know that you understand a little bit about their culture and about where they are coming from.

By checking in with the client about whether the culturally specific knowledge acquired by the therapist fits with them, the therapeutic alliance is strengthened as the counsellor attempts to understand the client's experiences better.

Incorporating Client Language into Therapy. In addition to including an interpreter in sessions when the client has English as an additional language, the therapist can demonstrate attempts to include client culture in the session to indicate care of the client and the forming relationship. Artur suggests incorporating the client's native tongue in the session by learning "a few words from the client's language that you can drop to just show that you are making an effort to understand them and their culture". As a result of attempting to use words from the client's language, Artur notices that the clients:

are much less guarded after a short period of time in the first session, they seem to be appreciative, they seem to know that you're making an effort, and there are moments where you're explaining something or practicing something and then suddenly, they get the intervention or get the psychoeducation. At that point the seeds of change are sort of planted and they are sort of growing and that is because of the effort that we put into the relationship or maybe before the interview to select those materials in their language or decide how you are going to phrase it or frame it so that it's familiar to them.

By learning some particular words of the client's language, the therapist can incorporate these words into interventions to make the client feel more comfortable with therapy and the helping relationship. These initial attempts are often the seeds of change later in intervention.

Incorporating Self-disclosure. Artur and Michelle indicated that to build trust with refugee clients, in accordance with their cultural expectations of a trusting relationship, the counsellor discloses personal information as well. Michelle explained:

I have another job where I work with mainstream Canadians, and I self-disclose a lot more with my refugee clients... for many of them, they have come from cultures where it is very normal or almost respectful in a way to ask if you're married or if you have kids or ask about your family situation. So, I will sometimes disclose some of those things if they are point-blank asking me, and I know that this is more of a cultural thing (and) this is how we get to know each other and how we build trust, but I am more open on some of those things than I would be with a mainstream Canadian client.

Michelle was able to draw on her own experiences of being an outsider within a largely unfamiliar environment to relate to her clients. Her use of self-disclosure helped her build the therapeutic alliance and increase her own confidence that she can relate to her client when there was client resonance with her disclosure. Similar to Michelle, Artur explained that he utilizes self-disclosure in his practice to overcome linguistic barriers between himself and the client. He said, refugees:

have different expectations about self-disclosure and that is one of the ways you get around um linguistic barriers because people ask questions about each other... I would still carefully self-disclose, but I would choose to self-disclose more, like the size of my family, that a long time ago was an immigrant...and experiencing some of the stressors that they have, like language, like practical stressors.

Artur chooses to share more personal details of previous experiences of stressors related to the ones his refugee clients might be facing to express empathy and build a relationship of trust.

Extending the Role of the Psychologist. Often when providing helping services to refugee clients, the psychologist's role changes from a traditional role — confined, for example, by the counselling session room and zero tolerance for gift giving — to include additional roles. According to Elle, multicultural counselling requires a willingness to constantly change roles

such as an advocate, an educator, or a counsellor to support clients in their healing journey and growth within the complex nature of integrating into a new society. She said:

there are so many ethical dilemmas that you are faced with um, because as I said, sometimes you are the only lifeline that these clients have. You can't just say, 'okay this is my role, I stop here' you go a little bit uh back, but you have to be constantly checking yourself.

As a counsellor, Artur indicates the necessity of expecting a closer, friendlier working relationship than to traditional forms of helping dyads. Specifically, counsellors need to be aware of the areas in which the counselling relationship needs to be adapted. As put by Artur, counsellors “have to be more flexible with accepting gifts because that’s how business is done in many cultures” or with Arabic clients “sharing Arabic coffee or tea while sitting around a table”.

The role of the therapist, much like a traditional therapist, is to bridge clients to communities and resources when needed. To meet the unique needs of his clients, Artur explained that at times his role is to encourage clients to make connections at their places of worship or to engage with other programs within the agency (such as a men's group). He also encourages connections outside of the agency that provide social interaction such as language circles, language schools, or volunteer programs that match the client with other newcomers. In other cases, the counsellor can provide psychoeducation on the connection between loss of family and feelings of isolation with depression for newcomers. Artur notes that therapy is adapted to not only improving the client’s “cognitions, or behaviours, but part of it is actually developing a social life or a social support network”. Importantly, to build the working relationship and to acquire trust, Artur implements components of building adaptation skills to aid them in their settlement process instead of referring the client back to their settlement counsellor.

Part of the extended role of the therapist includes helping the client adapt to Western society. Counsellors are sometimes “the only lifeline or the only one (the client) knows” so the counsellor will need to have appropriate skills and knowledge of appropriate resources to bridge the client to the client’s cultural community. As noted previously by Elle, the counsellor is potentially the refugee’s only point of contact and individual from Western society that the client trusts. Artur elaborated further on this point by noting that the counsellor might need to “learn some skills on how to connect people to agencies or do some boundary crossings to do some social work or advocacy for the client”. As a resource coordinator, counsellors can refer the client back to their settlement counsellor if they have one. Indicated by Artur, “within the three-dimensional model of multicultural counselling, one of the axes is helping the client with their settlement and acculturation process”. Additionally, Elle indicated that for a counsellor to bridge the refugee clients with appropriate systems in Western society, the counsellor needs to “understand [the] immigration process of the land, wherever that is”. Therefore, her role as a bridge includes having an “understanding of resources within the city and within the community because there is a lot of that you might need to do as well to connect them”. As refugees often arrive in Alberta with little knowledge of transportation and the ability to pay for transportation, counsellors may need to adapt sessions to occur outside of the traditional session room to meet the clients’ unique needs. Elle noted that refugee claimants often face this transportation barrier, so “because they are new or not knowing how to navigate, we go to their place, to their apartment, to their home or somewhere nearby to meet them”. As someone who the client trusts, the counsellor may need to adapt sessions to a setting that is more accessible or familiar to the client.

Summary. All participants highlighted components and parts of the therapy session that can be adapted to meet the client’s unique needs and, importantly, build trust within the working relationship.

Maintaining Ethical Practice

This theme refers to how counsellors maintain ethically competent practice when providing services to refugee clients. Particular elements of the counsellor’s experience identified by the three participants include establishing professional boundaries, utilizing professional networks, and external supports for practice.

Establishing Professional Boundaries. Importantly, to maintain competent practice as a counsellor with an extended role to meet the needs of their clients, Elle identified the need to implement professional boundaries to support self-care. For example, she maintains self-care around refugee claimant work by setting appropriate boundaries such as limiting contact with her clients after their hearing, instructing them that further contact after the hearing is their responsibility. The success of therapy is not dependent on whether or not the client attains status as a refugee in Alberta. Instead, success is aimed at doing all the counsellor can within their professional boundaries to help the client resettle successfully. Relatedly, Elle recommends “focusing on your best [as the counsellor] rather than the success of the client’s [refugee hearing] claim”. She notes that the success of therapy will look different with a refugee claimant population because of the large risk that the client could lose their hearing. To maintain self-care, the counsellor will need to focus on what they can do “in terms of supporting them” as well as “doing a lot of personal work of settling with that”.

Self-care and Self-reflection. All participants described how they take care of their wellbeing in light of challenging work with refugee clients. Michelle engages in producing art as a means of processing her work with her clients, stating that art has “served [as] a source of self-

care, a time of conscious reflection on interactions with clients”. She reflected how engaging in the process of creating an art piece during her graduate degree allowed her to “display a more accurate and honest representation” of her experiences than her words. The use of art allowed for “more powerful processing and realizations”. To illustrate this, Michelle created an art piece reflecting on the process of engaging with this research study (see Chapter 7, Figure 2). Michelle explained that the work has served as a way for her to reflect on her journey as a certified counsellor, returning to processing early life experiences that have contributed to forming her identity as a White-Canadian cross-cultural counsellor who has travelled and lived in a number of foreign cultures.

Artur acquired self-awareness of his bicultural identity when he arrived in Canada “and ha[d] to navigate at least two different cultures”. He noted that he continues to attain self-awareness through “reading and reflecting” literature and previous experience interacting with people from different countries or People of Colour. He explained that “travelling and seeing different ways of life is helpful” in forming an awareness of the counsellor’s identity. Artur also noted acquiring the client’s “language is an important step because you are more familiar with being able to think in the different language” for example, “Chinese is a high context language, so people don’t communicate as directly, you have to infer what is meant when something is said”. In this way, uncovering more information about oneself allows for a deeper understanding of how the clinician might interact or perceive what the client is experiencing or portraying in session.

Engaging in Evidence-based Practice. Artur demonstrated a marked effort to maintain competencies by engaging in self-directed research to remain current in the latest understandings for working with his client populations. Artur identified within his context of providing services to refugee clients:

in most cases, you are not able to implement the treatment exactly as in the manual because there are some barriers, so you would implement a similar treatment that's kind of been shown to work with interpretation or with people that aren't illiterate, or something like that.

To maintain best practice, Artur engages in research, reading cultural adaptation frameworks (e.g., work by Hwang and colleagues), and “reading about how people have adjusted certain therapies to know like what, what areas have flags”. He further explained how he adapted his practice to overcome language barriers by utilizing evidence-based research to guide his practice. He said:

So, for example, with one client that is Congolese and has a low literacy level, there is a cognitive processing group therapy manual about how that was implemented um as a group therapy in Congo and particularly adjusted for the fact that people have low literacy levels and can't do cognitive behavioural therapy homework very well. Another one is, it's quite difficult to implement prolonged exposure therapy if the conversation is interpreted because the interpretation process might maybe block the persons emotional expression, or it might be awkward. So narrative exposure therapy is one way of still doing exposure but um facilitated by an interpreter a little better.

Additionally, Artur recommends becoming a member of associations where members are part of the list-server where professionals share relevant research on particular populations of diverse clients, for example, Asian Americans.

Utilizing Professional Networks and External Supports for Practice. Counsellors rely on the professional networks they have established with significant mentors, supervisors, cultural brokers, and colleagues to maintain competent practice. Elle demonstrated that for her, competency is acquired through relying on social supports and professional networks that

continually push her to explore her biases and assumptions. Additionally, Elle highlighted a helpful counsellor's general disposition to be someone of humility and with a desire to help others in need.

Artur identified that as a psychologist who provides services to refugees within a private practice setting and at an agency surrounded by professionals conducting similar work with immigrant and refugee clients, the agency setting offers the opportunity to rely on peers for additional support for his practice with refugee clients. He stated that what was helpful in his work and professional development has primarily been "peer relationships with people that have a similar experience or doing similar work". As colleagues have also had personal experiences with diversity, he explained that they could provide enlightenment to him: "it helps if you work in a place like [agency name], where most or a lot of your coworkers are from different cultural communities". Artur recommends that if a counsellor is providing services in a private practice setting, they become well-acquainted with agencies that might support the private practitioner. Other professionals that have been of influence in Artur's practice have been mainly researchers in counselling psychology who conduct research Artur has drawn upon within his practice. People of inspiration have primarily been from other countries. He listed Dąbrowski, Adler, Frankl, and other mental health professionals who have been "incorporating a lot of concepts that are not so familiar to Western um psychologists". Incorporating these perspectives into counselling has been helpful for Artur as these psychologists offer alternative perspectives on mental health and overcoming challenges, he said:

from these different therapists or psychologists, you kind of learn that meaning in life is very important, that like fears of inferiority can actually push you to succeed, that people go through tasks in life that are very important, like finding love, meaningful work. From Dąbrowski we learn that there is something called positive disintegration where people

that are gifted have to rip apart everything they believe periodically and put it back together to build like a more consistent and stronger sense of self. So, there's just way more in those inspirations about how suffering or like states of negative emotion, and states of not being happy can actually be very important and helpful.

If Michelle is experiencing difficulty getting her client to trust her, she utilizes existing support networks such as the client's relationship with their settlement counsellor to gain the client's trust. Also, Michelle said that to prepare to counsel a refugee from a cultural background that she was unfamiliar with, she would:

talk with the settlement counsellors a lot about um their countries of origin, as most of the settlement workers are immigrants from the countries that they're serving people from, so they're matched up based on language, but generally that goes somewhat along the lines of culture as well. So, I would have long conversations with them about 'What are their countries like?', 'What is the culture like?', 'What are the people coming in like?', 'What are the challenges that they're facing?', 'What do you see as helpful?', 'What makes a difference?' Lots of those, and honestly, (the settlement counsellors) were probably the best in terms of training for me.

As demonstrated in Elle's story, it was through building a supportive network with the help of the Albertan professor that she was connected to her current position. This professor is also serving as an external supervisor for Elle as she attains her registration. She considers this supervisor very important in her journey and an essential component of Elle's success in providing services to refugee and immigrant populations. When speaking about her internal supervision, Elle said:

we have a supervisor who has worked in the field for a really long time, and she is really great in terms of giving us the insight and overview of what to expect...so, we have a very strong supervision.

As further elaborated in a later theme, supervision has served as a way for Elle to maintain ethical practice when extending the role of the therapist when working with refugee clients.

Summary. As presented across the cases, each counsellor had unique ways to gain competencies necessary for providing services to refugee populations. Within a later theme, the counsellor's formal preparation that has contributed to the acquired competencies, knowledge and skills will be reviewed. Importantly, competency and cultural competency is never fully achieved. It is an ongoing process of learning and reflecting that contributes to acquiring competencies over the course of one's practice.

Attending to the Client's Context and Culture

This theme highlights how incorporating the unique needs and perspectives of the client into therapy is done by the counsellor attending to the client's expectations of therapy, the client's unique migration journey and presenting concerns, and cultural beliefs that influence the client's experience. As refugees have recently migrated to Canada, they will most likely be largely unfamiliar with mental health interventions and traditional Western forms of helping. Participants identified barriers to assisting clients such as unfamiliarity with Western mental health services, entrenched cultural beliefs that have become harmful within a new society, and lack of trust in authorities and helping services. Furthermore, participants also elaborated on how they meet or dismantle these unique concerns within their practice. This includes familiarizing the client with counselling, collecting extensive context of the individual client's experience, and dismantling harmful cultural beliefs.

Familiarizing the Client with Counselling Services. This process involves matching therapy to the client's expectations and ultimately acquiring knowledge from resources such as textbooks and other professionals that have created adapted approaches and interventions for diverse populations. As noted by Artur:

things need to be adjusted to be appropriate for their culture, so you have to have that cultural knowledge to be able to adjust that. So, I know that there are some things that have been adjusted, I know there's different workbooks and things like that have been created for African American and American Chinese and different population groups which can be useful and helpful.

As the clients generally present to counselling with limited understanding of why they are there or what the counsellor's role is, clinicians will need to address this prior to implementing helping strategies. The counsellor will generally need to take more time to orient the client to therapy and validate their presenting concerns in relation to the large amount of stress involved in migrating and adapting to another culture. To this end, the participants provide psychoeducation about the role of the counsellor and explain that mental health is impacted by experiences. With the awareness that refugee clients are largely unfamiliar with Western helping services, Elle typically withholds utilizing paperwork in the beginning stages of therapy, whether from attaining consent or completing homework. Elle explained that she utilizes cognitive behavioural therapy in her practice, but instead of using homework sheets during and after sessions she incorporates familiar learning processes into her practice. She said:

most clients, especially refugee clients are very much far from that, so they are very much oral learners, they tell you a story, that's how they learn. So even the confrontation and challenges that we can bring is through those stories and like way of saying rather

than the write up piece. Even though it is good, it doesn't apply to all, there are people that can be okay with that.

Elle further explained that counsellors need to be particularly cautious about bringing in unfamiliar approaches to healing early on within the therapeutic relationship or with particular cultural groups. She said:

like in a normal setting maybe you'd introduce it the first session or second session but with our client population you have to have a very good relationship to bring something as unique and as different as uh body-orientated stuff. So, so there is a lot of education there is a lot of trust that needs to be built first before introducing it so it's a very gentle (process) and some cultures find it very hard to connect to their body as opposed to certain cultures.

To ensure that the client feels safe, Elle ensures that she begins by directing efforts within the first session to building the relationship and slowing down the pace of typical session progression. She said:

I start with the relationship first so people can like take off their guard basically and settle and feel relaxed and so that if there is a question or that they are not comfortable something, so they are open about it. But in the first time it becomes very hard. So, our paperwork comes very later, we try as much as possible in the few early sessions but there's no requirement of like in the first session somebody has to write- sign the consent. So, it's kind of- we try to make it as gradual as possible.

Additionally, counsellors need to be aware of stigma related to mental health and myths or concerns about being deported from Canada due to expressing their mental health concerns. Elle said, "sometimes a diagnosis also is a big deal for many people because they think if you are diagnosed with something, especially mental illness, you might be deported is another myth". To

avoid creating unnecessary concern within their practice, she said: “we try to avoid labelling. So, we would say, ‘so it seems like that you have been really consistently sad’, yeah, ‘let’s work on that’”. But as some clients want validation and to know what condition they meet criteria for, the counsellor will need to gauge what the individual client wants and what would be most helpful for the individual’s recovery.

Michelle noted that she tends to be less directive in her approach to counselling non-refugee clients, she said:

I by nature tend to lean towards indirective but in this role with refugees and immigrants I do tend to be a lot more directive. So, once we’ve kind of established you want to work on this symptom or on this thing, then I am usually a lot clearer on what I want them to do. We’re not necessarily doing that kind of that indirective exploratory work because so many of them don’t understand why I’m asking those questions or what I am trying to get at, and if I am trying to do that, I usually have to try and explain that to them.

By matching the counsellor’s approach to the client’s expectations of a more directive environment, she said, “it kind of boosts their trust in the clinician and then you gain a different skill as a therapist”.

Within his approach to providing services to refugee clients, who are expecting more directive services, Artur stated that as the counsellor:

you don’t ignore that and just practice client-centered counselling like we do with people with Western expectations, you kind of deliver some of that but you’re gradually involving the client more and more, maybe in co-diagnosis or in building goals together with you. Until eventually you are just kind of um showing them some of the ways to get to where they want to go but they’re telling you, you know, where the destination is.

Artur explains that counsellors need to ensure they take time to explain the course of therapy when providing therapy created within a Western context to refugees who are generally unfamiliar with mental health services. Artur said:

they are acculturating to Canadian culture and at the same time to the culture of therapy, so they need a whole lot more explanation about mental health and orientation to how therapy works.

In the explanation of therapy, Artur explained that the counsellor needs to “be aware that clients have cultural values, strengths, and weaknesses and we are trying to promote the cultural strengths, explain therapy to make it make sense with their cultural values”. Also, when explaining aspects of mental health concerns, “certain words or diagnoses aren’t understood so we explain those” and “explaining roles of therapy”. Teaching the client about what they can expect from therapy is needed so that they understand “that therapy is a collaboration and it’s not like taking a medicine where you will feel better right away, there’s a number of meetings, it takes a number of meetings before people are really starting to feel better”. Similarly, Michelle explained that she finds that a lot of what she does as a therapist is:

providing a lot of psychoeducation, so we’ll talk a lot about the process of integration into a new country, we’ll talk a lot about culture shock, we’ll talk a lot about trauma and the impact of trauma on our body and on our system and what that actually looks like in terms of physical symptoms and behaviours and things like that. So, I do find that I do a lot of psychoeducation... but also a lot of education in general. One thing that I have learned with refugees is that most of them don’t understand what counselling is and they don’t understand the difference between my role and the role of their settlement counsellors.

When speaking about beneficial aspects of the counselling that Elle had provided to a particularly challenging and long-term client, Elle demonstrated how she also provided psychoeducation by “explaining what PTSD looks like, how it shows up, how it could be different for people, and when she experiences this or when she feels this, this is what it means, so really understanding what was going on for her was helpful for her.” A particularly helpful component of the therapy that Elle provided was an in-depth understanding of this client’s presenting symptoms allowing this client to understand her concerns and, with this understanding, to seek help when she recognized that her condition needed additional immediate medical attention.

Collecting Extensive Context of the Individual Client’s Experience. Experiences encountered along a refugee’s migration journey are varied across populations and diverse across individuals. The influence of a migration journey is likely considerable, having much influence on how the client is presenting post-migration within therapy. As such, it is important for the counsellor to gain an understanding of the client’s individual context and develop a rich understanding of the client’s migration journey. Elle provides the example of refugee claimants. She defined a refugee claimant as someone who has:

come to the country with a visitor visa or a student visa but decide to stay in Canada and claim refugee or asylum because home is not safe anymore, or they are fleeing suddenly, and then at the border, or after entry, they claim refugee [status].

Elle also noted the variability in experiencing that could occur between populations of refugees as their “journeys are different...this route is direct, sometimes they pass through other countries but it’s a very short period of time that they stay, their intention is to come to Canada and then claim refugee status” whereas with other refugee populations “there is a UNHCR

process, they go to a second country, they stay in the camp, they get processed, and then they come to Canada”.

Elle also mentioned the importance of not assuming the counsellor knows the client’s story or what they might have experienced. Instead, the process involves approaching the client’s experience without the bias of assuming that the counsellor is familiar with a refugee’s migration story:

one needs to have an understanding of the pre-migration experiences of people. Seeking to know that is really important for the therapy process. For example, if someone tells you, ‘Oh, I am from Kenya, they might not have been to only Kenya. They might have gone to another place and have experienced camp life, so knowing that is very important in the process. And because not everybody’s life journey is different in that sense, even in terms of their coming to Canada journey, some people have stayed in camps for long, some people have stayed in another country not in the camps but renting a place so their experience is different from the camp experience, some people come directly from their countries, so that also makes a big difference in terms of how their resiliency and how you can support them. So, I think understanding that there is a big difference and that impacts the process is very important.

Similar to attending to the client’s unique migration journey, Artur noted the importance of attending to the client’s cultural identity (i.e., within-group differences) rather than shared values among their cultural group. He said:

once you have [culturally specific] information you still have to use it appropriately... so there is a skill called dynamic sizing where you are adjusting your intervention on the fly to the clients’ actual values, not their cultural group. So, if they’re not religious, for example, and that’s kind of an outlier in their community you don’t go with a bunch of

religious interventions, if they just happen to be a very individualistic person but are from a collectivistic culture, you know, you take them towards their values and who they are.

Dismantling Cultural Beliefs that are a Barrier to Positive Wellbeing. Once the counsellor has a better understanding of the client's cultural identity, the counsellor can assist the individual in dismantling cultural beliefs that interfere with the client's recovery. For example, Elle explained how the most prominent challenge to providing counselling services to one of her clients was the client family's religious and cultural beliefs. Elle explained:

they considered mental illness as somehow uh spiritual that she must have been, not possessed, but somehow being influenced by some evil spirits. So, the way to get better was by a ritual, a spiritual ritual that needs to happen instead of supporting her get help by going to the doctor... And for her, she gets overwhelmed when they do that, she would say no, but they would really insist because they feel like they have to help her.

Artur explained that if his male clients hold deeply entrenched cultural beliefs about how men are treated within Canadian society, this can interrupt session progress and client trust. He provided examples:

in the Syrian community, there's this belief among men, I don't know where it comes from, that in Canada everything is reversed, and men are always the least priority and least empowered...children are at the top, and then I think pets or women and then men are at the very bottom. Or there was a document circulating for a while about if it comes to divorce, you know, women would be pressured to sign it to uh say that they are going to give custody over to their husbands. But it holds, it's of no legal weight, this document, but people believe that it does.

The examples above are symptoms and causes of further family breakdown and discord in the family unit. He explained how he addresses cultural beliefs that are inhibiting his client's ability to improve, when he stated those clients' beliefs, for example, are:

a challenge to overcome and, in many cases, if you challenge a cultural belief head on you might impact the relationship or the buy in that you have with the client so you might have to do it in some less direct ways or more slowly.

Summary. Participants identified barriers and strategies to helping clients who are unfamiliar with Western helping services become orientated to therapy and how they identify clients' unique experiences and cultural values to provide appropriate assistance. Furthermore, participants also elaborated on how they meet or dismantle these unique concerns within their practice.

Attending to and Working with Complex Mental Health Concerns

This theme highlights the approaches that participants identified as important in addressing refugee mental health concerns. Within this theme, counsellors identified how they approach providing services to refugees who are typically presenting with several concerns when arriving to therapy. Participants noted that although refugees are likely to present with trauma and stress related to trauma, the counsellor may need to utilize an approach that targets trauma symptoms less directly until the client is ready to return to these issues.

Multiple Mental Health Concerns. Participants identified refugee clients' mental health concerns which include client relationship stress and adapting to Canadian culture. All the participants indicated that refugees most often present with mental health concerns that are trauma-related, whether this is PTSD, acute stress, adjustment issues, depression, or anxiety related to adjustment issues. This could also include relationship stress such as family discord like domestic violence or relationship issues like parenting conflicts as a result of acculturation.

Artur described that presenting concerns often involve “changing, acculturation, or settlement stressors or general settlement stressors that are general, such as, winter season and doctor’s appointments”. Michelle explained:

the majority of what we actually see and work with in counselling probably falls under adjustment so because we are doing short-term and often working with recently arrived refugees then we are doing a lot of helping them adjust, figure out culture shock and along with that there is a lot of anxiety and depression.

Along with Michelle, Elle indicated that clients could present with interrelated issues such as “adjustment issues, but depression related to that”. To add to the complexity of presenting health concerns, Michelle explained that the stigma around mental health could cause clients to portray symptoms differently. This presentation can have implications for appropriate interventions:

a lot of cultures actually you know there is a lot of stigma for mental health, and so they don’t always even identify their symptoms in the way we do. They do complain a lot more of somatic issues... so they’re usually willing to work on those somatic issues and so we don’t always necessarily connect them to the trauma or to other things.

Similarly, Artur explained that the significant challenge of providing counselling to refugee populations are:

the complexities of the clients. So, clients may have too many settlement issues, so they’re not ready to work on their trauma. Um, clients maybe having financial and health issues at the same time, um which makes it harder, and um much slower for them to recover from just therapy, you know those are additional stressors or pressures on them.

To provide appropriate mental health interventions, first and foremost counsellors need to ensure that the client has their basic needs met to be able to attend sessions and take in the help

of the service as these basic needs can also influence and maintain presenting concerns. Michelle explained that:

if they have kind of a pressing, basic need around their settlement, we can't always make any progress in terms of their mental health until we address some of these needs...they are connected because if you're missing all your medical appointments and you don't know how to read an address don't know how to get around, it's not going to be helpful for you to work on any of your mental health. You're going to be more stressed out, you're not going to be able to deal with things, and there's no part of that that is going to feel good.

To provide appropriate care for each client, the counsellor will first need to meet the client's basic needs such as transportation and orientation to a new system before they can adequately provide mental health services. The client's presenting issues can be further complicated by the influence of culture and stigma around accessing mental health. Additionally, counsellors in this study identified that a large portion of their clients present with trauma symptoms, which contributes to the complexity of their presenting issues.

Trauma. All participants indicated that refugees present with issues related to trauma primarily experienced either pre-migration or during migration. All the counsellors acknowledged that attending to the trauma directly might not be appropriate for each client. However, when and how the counsellor addresses symptoms of trauma are influenced by the counsellors' approach. Michelle and Artur assume that a traumatic experience has occurred. In contrast, Elle assumes the client may have experienced difficulties migrating but does not assume that each client has had a traumatic experience. Although Michelle assumes that refugees have experienced trauma, she focuses her interventions on stabilization. She said, "I'm focusing

a lot on stabilization, they're so new in Canada, it's not the correct time to be processing their traumatic memories". Artur explained that some of the difficulties of working with refugees are:

the complexities of the clients. So, clients may have too many settlement issues, so they're not ready to work on their trauma. Clients may be having financial and health issues at the same time, which makes it harder, and much slower for them to recover from just therapy, you know those are additional stressors or pressures on them.

Elle offers an alternative approach to working with clients that have likely experienced trauma. Instead of assuming trauma, Elle approaches trauma utilizing a strengths-based and resiliency perspective. She explained:

I know that just because you experienced trauma doesn't mean that you have a disorder, or you have some kind of illness, but rather it might impact your life one way or the other... I have to be open enough for both possibilities rather than jumping to a conclusion.

Instead, within her approach, Elle focuses:

on the strengths, and see what helped them to get here, because I think the fact that they are here tells me they're a survivor, already. So, I start from that and if they fulfill all the criteria for diagnosis, definitely I will work with the symptoms, but I think I wouldn't start from there just because there is a trauma experience. So, I think that is very important to really see the resiliency first, to see the person who survived first, to see what they've brought first before putting them in a specific box is a very key thing working with trauma clients in in our work.

Participants indicated that often refugee clients can present with symptoms of trauma but are unable or unwilling to attend to these experiences for a number of reasons. Some might include the cultural stigma of mental health, fear of being deported, disinterest in voicing painful

experiences, disbelief of mental illness, or desire to focus on future life instead of returning to previous hurts.

When clients are not willing to talk about their trauma but processing needs to happen, Elle utilizes a body-orientated approach to target somatization. She said:

when it becomes very evident that that the trauma has impacted them and its really interfering with their life, and there needs to be processing happening, and it's very difficult for them to even narrate the trauma and all that ...when it's that severe, the body-orientated approach comes. I would just say, 'you don't have to tell me what you've gone through but let's see what you are like feeling right now, and where do you feel that pain? And where do you feel that sadness?' ...so really making it present-focused and again, practical for them even in that deep and tough work.

Although Michelle might assume there is some experience of trauma, she does not necessarily attend to the trauma if the client wants to attend to their symptoms of trauma that have manifested as pain. Michelle said:

Um, so a lot of cultures actually you know there is a lot of stigma for mental health, and so they don't always even identify their symptoms in the way we do. They do complain a lot more about somatic issues. Um, and so they're usually willing to work on those somatic issues and so we don't always necessarily connect them to the trauma or to other things.

When the client is willing to attend to trauma symptoms, she utilizes a pain protocol from her training in eye movement and desensitization reprocessing (EMDR) therapy. For a client who had experienced multiple trauma and physical abuse while imprisoned, Michelle explained the course of treatment to approach the traumatic memories:

So, we discussed different places in the city where he could go and feel safe and be in nature and kind of have that retreat that he was looking for sometimes, and we incorporated that into some of the resourcing and development in the EMDR preparatory stages. I think we did one session specific around trying to process some of those traumatic memories which was based on a sound. And then he got on the medication and then he didn't have that anymore, and so then he didn't want to address it. So, we kind of ended at that point when the medication really started working for him and he found that the one memory that really was bothering him basically went away or wasn't impacting him.

She then explained that the client no longer wanted to return to the rest of the trauma experiences:

he didn't want to go into the rest and address the rest which didn't surprise me. This is very common from what I hear from almost all of my refugees. Once the symptoms are taken care of, they do not want to go back into it [trauma memory].

Summary. Participants identified ways that counsellors can attend to the complex mental health concerns that refugees present with. Within the context of the increased likelihood of having experienced trauma while fleeing from conflict zones, counsellors are prepared with appropriate interventions and approaches, notably, meeting the client with what they want to focus on.

Professional Development and Training for Working with Refugees

Helpful Components of Formal Training for Refugee Populations

Helpful components of formal training for refugee populations highlight the particular components of the counsellor's graduate training, otherwise known as formal training, that helped prepare counsellors to provide appropriate counselling services to refugees. These

experiences include personal counselling and cultural diversity courses where the counsellor develops self-awareness. Additional helpful components of formal training included developing foundational approaches utilized in their approach to services and practicum experiences in multicultural counselling. Finally, participants identified aspects of their formal training that were insufficient in equipping them to provide service to refugee populations.

Counsellor Receiving Counselling. For Elle, what stood apart from her largely theoretical, formal training was a mandatory twenty hours of counselling where she could experience what it was like to be on the other side of the therapeutic relationship. She said: “the fact that we were like- I was exposed to that therapy process by itself has helped me a lot as a therapist”. She described how this experience helped her recognize that counselling services are not only beneficial for individuals experiencing marked difficulties and poor mental health, but also can provide support for a larger spectrum of experiences — a place to process life experiences, gain self-awareness, and progress personal strengths.

Instead of personal counselling sessions, Artur suggested that a graduate-level diversity course would be an appropriate setting to organize personal experiences, develop cultural self-awareness, and understand how this identity might influence how a diverse client is perceived. He said:

well certainly it is helpful to have a diversity course so having something where you can organize your experiences according to some kind of theory as you will have clients that are not from here eventually or have a different cultural background from you, so that’s helpful.

Within his graduate training, Artur took a diversity course. Although he found it helpful, he said “it wasn’t enough because you don’t learn enough about every individual cultural group

there...in general, with cross-cultural counselling, I find its theory heavy and it's missing quite a bit about the practical application".

Foundational Approaches. Within their graduate training in counselling, all three participants were introduced to foundational counselling approaches. For Artur, the approach that he primarily gravitated towards at the beginning of his professional career as a student clinician (an Adlerian approach), is still primarily utilized in his current practice with refugees. Artur adapts the overall approach utilizing evidence-based practices and includes aspects necessary for his work with each client (see Appendix F, diagram of the model Artur utilizes in his approach to refugees). He also elaborated:

So, at the beginning, there is a database phase. So basically, I learn something from the person's settlement counsellor, I've looked into their file, I know where they (are from), I know the size of their family, I know what language they speak, I know when they came to Canada. Um, so then I actually meet the person, and then in Adlerian therapy there is a subjective and objective interview. So, the subjective part, is the person is just telling me their concern from their point of view, and then the objective, I am trying to follow-up and do some of my own assessment with them (which may include structured questions or sometimes, later on, translated questionnaires).

Although Artur has found his graduate training helpful in this approach, not all counsellors have found specific courses within their graduate training to be helpful in their practice. When participants were asked to identify particularly beneficial courses that have assisted in the counsellor's preparation, Elle said:

I don't think that there is a direct course that I can think of that has prepared me for this specific work. It's [graduate training] very broad, and it's very Western-based so it is not specific enough to help me in the line of work that I am doing right now.

Practicum. All three participants engaged in an extensive practicum and experiential learning in their graduate training where they had the opportunity to counsel individuals of varying cultural identities. However, none of the participants gained professional experience working with refugees or other immigrant populations within this training. Unique to Michelle's graduate training experience, she obtained knowledge of diverse populations through a cultural diversity course and three practicum experiences with counselling culturally diverse populations as she attended a university in the United States.

Although Michelle had the experience of providing counselling services to diverse populations in her graduate training, all three counsellors identified that they did not have training specific around providing services to refugee populations. Participants primarily explained that the training they underwent in preparation to serve diverse populations was overall insufficient. They suggest that refugee-specific training is something that developing counsellors are provided with, whether within their graduate training or in their professional development. Michelle stated: "I don't necessarily feel like I was prepared for this" as she began at her current place of employment with "zero training, zero direction, nothing" specific to prepare her to provide counselling services to refugee populations. Artur explained that refugee populations are "underserved, underfunded, the need is high, there isn't too many people that are doing this work, and there needs to be more, as well as more training about how to do it".

Summary. Participants identified valuable components of their formal training courses; however, all participants identified the need for additional training to prepare them to work with refugees. Counsellors suggested training include larger practical components with additional, specific training on particular cultural groups. As the participants indicated missing components of their graduate training, they indicated they acquired necessary competencies and skills

through post-graduate training and more informal outlets to be prepared to provide counselling services to refugees.

Helpful Components of Professional Development and Ongoing Training

As participants identified that formal training had not been sufficient in preparing counsellors for working with refugee populations, they indicated it was through post-graduate training and ongoing professional development that they became prepared to provide services for refugees. The specific components that counsellors found to be helpful are courses that target refugee specific experiences of migration and trauma and particular interventions that address refugee experiences of trauma.

Post-graduate Professional Development. All three participants have found post-graduate training specific to trauma to be foundational in their practice. Elle attained competencies primarily through professional development in body-based approaches. Although she noted many additional useful training approaches, she said “I’ve done quite a bit of body-orientated therapy, um mostly sensory-motor psychotherapy but I’ve had an introduction to Hakomi as well...CBT, crisis counselling, existential analysis...in terms of couple’s therapy I did emotion-focused therapy for couples work”.

Artur identified that the most helpful training to manage trauma has been training in prolonged exposure and cognitive processing. Artur indicated that training specifically in interventions to address symptoms of trauma have been vital to his success. He said, “the trauma training was the most helpful, so, knowing how to do prolonged exposure and cognitive processing”. He also said:

I don’t think it is advisable to work in the field of refugees if you don’t have some evidence-based trauma training. So, if I were hiring for the job, I would expect that at

minimum somebody knows cognitive processing therapy, prolonged exposure or EMDR or something kind of similar.

Michelle has acquired post-graduate training in trauma-focused cognitive behavioural therapy, emotion-focused therapy, treatment of survivors of sexual violence, and eye movement desensitization and reprocessing (EMDR). This training has been essential for her development and especially useful when adapted to meet a refugee client's unique concerns and cultural perspectives. As indicated previously, Elle approaches therapy by gaining in-depth insight into the client's immigration journey. She explained professional development that explored the pre-migration experiences of immigrants and refugees has been foundational to her success, finding this refugee-specific training could be helpful for all developing professionals. She said the course was:

an eye-opener, even for people who have experience with working uh with refugees. It really helps you to understand what people's experiences could be, and how to delay your interpretation or judgment of what you see. So, it really gives you that understanding.

Elle also recommends to developing psychologists that they attain training in cultural diversity courses, as the combination of these courses together:

are going to be very helpful because you would be a champion of better understanding of peoples experience and it would help you if you are working in any capacity, so you don't have to be a therapist to use those skills that you've learned or that knowledge that you'd learned, but it really gives you a different worldview of the newcomer population, like you don't have to be like "oh my god, I don't know this person, their background, what do I do with this person" you know? So, you would be comfortable in any capacity to work with that population.

All three participants attained necessary competencies specific to refugee populations after their formal education through engaging in informal development.

Informal Training. Participants indicated that formal training and knowledge of client culture only sets up the counsellor so much. Instead, counsellors gain a tremendous amount of knowledge by just getting started and engaging in ongoing development. Elle suggests that learning a theory of counselling and particular cultural knowledge is important. However, she also learns a lot about the client's culture just by gaining personal experience through hands-on work combined with appropriate supports such as supervision. She said:

being immersed in the work is the only way to learn, so you can also kind of see which part of you gets touched and all that and through that you learn. And a lot of consultation and supervision. Because I have worked in this field nine years, I still need supervision, I still need to check things out, I still need new insights, so it's a continuous learning practice.

Artur described that in addition to formal training such as cross-cultural counselling, he suggests being exposed to places where diverse populations are congregating or where other professionals can support a counsellor is important. He said:

exposure and practice help, so maybe actually being present in some of the places where, you know, diverse people are congregating or asking for help. So, like sometimes, so some of those places could be schools that offer ESL courses, they could be certain doctors' offices, because clients might show up to the doctors when they have a psychological problem instead of coming to us. Um, what else, certainly maybe having some exposure to the agencies around town that either provide practical settlement help or counselling to uh, uh diverse clients I think would be helpful to maybe field trip or some volunteering or something.

Additionally, to gain experience providing services, Artur explained that the counsellor can depend on acting in good faith and learning as they begin providing services, as demonstrated here:

Interviewer: Are you suggesting that it takes kind of a level of expertise to then be able to work with these clients? Like a certain number of years or a certain number of training?

Participant: Yeah, certainly and it doesn't mean that you can't be good enough just kind of starting the job and, working with the clients in good faith and trying to understand them and work together. But to get better at it, uh training and experience are quite important.

Competent counsellors can draw from their own experiences, whether they are professional or personal. Sometimes these experiences are of discrimination as a minority, just as Artur has experienced. Although, not all counsellors have the same lived experience as refugees or other categories of migrants. Sometimes, having a similar migration story can bias the counsellor. Elle, a counsellor with personal experience migrating to Canada said:

you don't need to leave (this country) or have that experience (of migration). Yeah, it would have been better in a sense but just because we have an experience doesn't mean we have a good understanding, because it might bias us, like I might only look at certain way according to my own experience which is not the reality.

Elle identified that to provide helpful counselling services, the counsellor does not have to share the same experience, they only need to develop a self-awareness that provides insight into personal experiences and privileges. Regardless of the counsellor's migration history, Elle emphasizes the need for the counsellor to have a humble approach. Elle also talked about additional counsellor traits, such as:

openness and being curious and humility, that cultural humility rather than competence, like sometimes you might know some things but not all, so just being humble enough to learn and be okay with not knowing... You don't have to have that experience (of being an immigrant). Why I say that is that I've seen people who work with us that are born here and you know, no experience, and sometimes they would say 'I only know English, like that is all I know, like even language I have nothing to offer' but they have a good understanding of what it is to work with.

She said, as a counsellor begins counselling, they acquire awareness of themselves and how their life experiences are either similar or much different. When speaking to the interviewer, a White-Canadian woman, Elle encouraged the interviewer and other developing professionals that by engaging in providing services to diverse populations:

you would understand your privileges in that way, like when you hear different stories, 'oh I didn't have to think of that', you know. When you are moved out of your comfort zone that's when you understand yourself, so I think there would be a lot of personal growth, that would happen, even for you.

Cross-cultural counsellors will need to remain flexible within their role as psychologists as they will need to change their role depending on the client's individual needs. Elle said in the context of cross-cultural therapy, "it requires a therapist or any person who is who is willing to be flexible...if I'm the kind of person who is really organized and likes structure and predict things, it's very hard work". Additionally, this flexibility can include providing the client with equitable access to services, allowing the client additional time to get to session, or adapting sessions to occur outside of the traditional counselling room. She said:

if they are fairly new it could apply to another newcomer but because they might not work right away, they might not have enough money to come, they might not know how

to use the public transport. So, I have to be flexible enough to work with them like that's why we do provide, for example, bus tickets. Sometimes flexibility means that you have to give them more time just in case they are late, maybe it's the first time they are trying to find your office, you know? That kind of flexibility is very important.

In addition, Elle has adapted traditional therapy by travelling to the client. Elle would "travel longer to [her client], so that helped so that [her client] was able to access services in that way, so she didn't have to travel".

Elle also explained that counsellors working with refugees will require the flexibility to improvise sessions depending on the client's immediate need as well as the comfortability to be uncomfortable stretching past routine practices. She said, "you have to constantly be on the edge, and you have to improvise and be comfortable with discomfort of what you are faced with".

Summary. Within the context of providing psychological services to refugee clients, counsellors identified a gap between theory and practice largely due to limited training that incorporates necessary cross-cultural components and refugee-specific supervision and support. All the above traits were identified as being essential for practice with refugees. Notably, many of these traits such as humility, competence, and flexibility can be acquired and further developed over the course of providing services to refugees. This process is further nurtured and supported through appropriate training and supportive supervision.

Supportive Consultation and Supervision

Supportive consultation and supervision highlight the participants' success in providing services to refugee clients partially due to the supportive mentorships and supervision that have helped equip them with their current competencies and continued development. This theme includes developing traits, developing appropriate boundaries, clinical skills, and clinical decision making to explain helpful components of these supports. Additionally, within this theme

are components of supportive consultation and supervision that is lacking, which is refugee-specific supervision, and the participant's engagement in self-directed activities to mitigate the effects of having not received this support.

Developing Traits: Self-awareness and Extended Tolerance of Strong Emotions. All participants indicated that they have found supervision to be helpful as a place to reflect on their current practice and invest time into gaining an awareness of themselves, their biases, and assumptions. Within Michelle's supervision experiences post-graduation, she identified: "it was good [the supervisor] made me do a lot of good reflecting on what I was doing and why I was doing it but again, not specific to my work [with refugees]". Additionally, supervision provides a setting where counsellors can assess how they are potentially unknowingly being affected by listening to clients' experiences of trauma. Michelle explained that supervision provides

a place to go and talk about those things [and] that was part of the reason why I did fight for clinical supervision because um I think that it's a really important piece, and it's a piece that I still wish I had a clinical supervisor who had experience with refugees, um because I think that's a piece that is still missing.

Although participants identified the need for refugee-specific supervision, they have still found supervision from non-specialized counsellors to be helpful. Artur said that even if somebody isn't an expert in cross-cultural counselling, they can still help you look at a situation from a number of different lenses and also help you to be more humble and challenge your assumptions um and uh so even if they don't know too much about the specific clients' culture or they are not experts they start a reflection process. For me, or for us, um we're able to get there and provide the service and understanding of the client in the end.

Additionally, supervision has been useful for stretching comfortability and extending tolerance of uncertainty and strong emotions. Michelle has found that supervision within a practicum experience in the United States where her clients' anger and attitude resulting from the discrimination and homelessness challenged her. With the support of her supervisor, this experience challenged Michelle to stretch her abilities to tolerate these situations, explore how each client's life circumstances lead to their attitudes, and increase her self-understanding.

Developing Appropriate Boundaries Within the Context of Support. Counsellors need to be aware of what they can or are doing to adapt practice, which is possible through strong supervision and the flexibility to adjust sessions as it works with clients. Elle explains that within the context of the agency she works for, appropriate supervision allows the therapists to work independently because that allows the counsellor to implement adaptations, or flexible boundary, when a client needs additional support to access services. She said:

for example, if everyone has to come to the office kind of rule there are people who you would miss. Uh or if you say you have to do only home visits like that might not be appropriate for some. So there has to be a lot of options as long as it contributes to the progress of the client in one way or another.

Elle also said:

there are so many ethical dilemmas that you are faced with, um because as I said, sometimes you are the only lifeline that these clients have. You can't just say, 'okay this is my role, I stop here' you go a little bit, but you have to be constantly checking yourself.

Additionally, stating that supervision has:

really helped me to see beyond what I see in front of me and to help in understanding and empathy for the process rather than what looks like one thing or the other. So, I think, if it

wasn't for the supervision, I think it would be very difficult because you get stuck along the way and wouldn't know what to do or you would do something and feel like you have done something wrong because in your heart you felt like that was the right thing to do but maybe ethically you broke all the rules. So, you needed somebody to support you in that, I think the supervision did that for me. It provided me with a different way of conceptualizing the case but also supported me in helping me uh go through the decision process.

It was through professionals who have many years of experience in the field working with refugees along with other populations of culturally diverse individuals that Elle felt she was able to attain skills of probing the client's experience further than what appears on the surface as well as receive necessary support in preventing boundary violations.

Developing Clinical Skills. Some participants highlighted the importance of attaining skills through supervision and group supervision that have been important in providing support to refugee clients. Michelle explained that despite her supervisor's lengthy experience providing services and supervision to individuals, they "never really had experience working with refugees, or with immigrants". However, the supervisor had much experience providing short-term therapy "which worked well for (supporting refugees) and taught me a lot of really good short-term skills".

Elle benefited from group supervision, or peer supportive learning, where colleagues have shared materials in which they have been trained. Additionally, through collaborating with peers in group supervision, she has become more familiar with alternative approaches to therapy and perspectives for appropriate practice.

Developing Clinical Decision Making. For Elle, supervision has been largely a positive experience in which she has acquired the necessary skills to attend to the salient pieces of

information in session with refugee clients. Michelle has found that supervision lacked practical utility and has not been facilitative of her development of refugee-related clinical decision-making skills. Michelle provided an example of how she would have liked supervision to be more practical to help support these refugee-related clinical skills. She said:

you know when you're trying to do these dual processes of like thinking and listening and like where's the next move? And if the clients- clients will go on about twenty different things that are all important and I know there is still sometimes where I'm like, huh 'did I go off on the train that was the best train to go off on? Or should I have taken that other one?' those sorts of things I think are more helpful if supervisors can provide more clear feedback in the moment.

Michelle explained that she would have benefited from further evaluation of her practice and guidance in clinical decision making, "I don't remember very much direct feedback about what I was actually doing. I felt like [supervision] was quite removed and taken back up to that theoretical framework". She also said:

it was a very good theoretical discussion not necessarily specifically reflected on, 'you did this good but that you know, maybe you should have done this, or did you think about this?' I felt like it was a lot of theoretical discussion removed from the actual events of providing therapy.

Refugee-specific Supervision. Elle indicated that supervision has been largely helpful by also providing appropriate support in boundary crossings that are necessary when providing services to refugee populations. She said that her supervisors:

have a good understanding of the work so I think if it was another supervisor, I think it would sometimes very hard to support me because I might not practice the traditional way. So, somebody has to have that understanding of what the work requires so that they

can support me or allow me to practice and also to keep reminding me to be conscious and purposeful in what I do and why I do it.

Additionally, stating that supervision has been important in providing appropriate support through boundary violations:

really helped me to see beyond what I see in front of me and to help in understanding and empathy for the process rather than what looks like one thing or the other. So, I think, if it wasn't for the supervision, I think it would be very difficult because you get stuck along the way and wouldn't know what to do or you would do something and feel like you have done something wrong because in your heart you felt like that was the right thing to do but maybe ethically you broke all the rules. So, you needed somebody to support you in that. So, I think the supervision did that for me, [it] provided me with a different way of conceptualizing the case but also supported me in helping me go through the [ethical] decision process.

Artur and Michelle indicated an alternative perspective to Elle. They identified that although supervision has been helpful in their development, they have primarily had to rely on the support from peers and professionals with limited experience counselling immigrants and refugees within their social network for support in their practice with refugees. At the agency where Artur is employed, there is group supervision once a month and individual supervision:

however, our individual supervisor (doesn't work cross-culturally to the same degree we do) but is a seasoned counsellor anyway. So, we do have regular, kind of general-purpose supervision including with our peers working in the refugee counselling program, so at least uh, uh so we have that, but I would say that's closer to an extensive consultation than to supervision.

Michelle said that her supervisor “didn’t really work with trauma and didn’t work with the population that I worked with. So again, not really the greatest supervision” and “none of these supervisors have had experience working with refugees.” She further stated, “I think that’s probably like one of the biggest gaps for me is that I am doing this work and supposedly good enough that other people are recommending me for the study, but I feel like I haven’t got a lot of guidance or support in it”.

Self-directed Development. Instead of relying on the experience and insight of supervisors with experience providing services to refugee populations, Michelle and Artur engaged in much self-directed preparation to provide appropriate services to refugees. Michelle’s development was attributed to reading books on culturally diverse issues and “relying on other people maybe some informal ways instead of a more formal training and supervision”. Instead of relying on supervision, she has primarily found support through other people such as settlement counsellors, colleagues, and cultural brokers as well as other self-directed initiatives.

Artur also said, “I had to do a lot of [development] myself because of how small and underfunded maybe the field is in Edmonton, so a lot of supervision has been peer [consultation]”. Similarly, Michelle noted that the field is much too small with not enough refugee specific supervision available to developing professionals, whether a novice or someone who is considered particularly experienced, she said:

you know thinking about your research I was surprised to be one of the nominated but... maybe it will show that there needs to be better supervision that’s specific for working with refugees...when I talk to other people, I know very few apart from the ones who are already in the work with immigrants, that have very much experience with it. So, it’s kind of a little bit of a niche that maybe should grow and maybe everyone should get a bit more experience because we bring in lots of refugees every year.

Summary. Through the participants' varied experiences, counsellors across Alberta will likely have alternative perspectives on the usefulness of their supervision experience.

Recommendations from participants indicate that refugee-specific supervision may be necessary to provide vital support to counsellors in practice, prevent unethical boundary violations, and make appropriate clinical decisions in practice.

Chapter Six: Discussion

The purpose of this study was to determine how Alberta-based mental health professionals provide useful, culturally sensitive interventions to incorporate the unique needs of refugees and what professional development and training have prepared knowledgeable mental health professionals to provide these services. Seven themes emerged from the six interviews conducted with three participants. In this chapter, several of these themes are discussed within the context of literature on counsellor training and refugee mental health. First discussed is how counsellors develop trust with their refugee clients and the unique considerations in their practice while establishing a trusting working alliance. Secondly, the discussion visits how counsellors maintain competent client care, including reliance on self-awareness and reflexivity developed through formal supervision and the acquisition of knowledge and skills learned from colleagues and other professionals. Third explored is how they utilize supervision and supportive networks to discuss difficult emotions, acquire cultural knowledge of their clients, and discuss the influence of culture on client presenting concerns. Fourthly, the counsellor's unique experiences that were considered an essential component of their professional development are discussed and the implications of such findings are considered within the current sociopolitical environment. Finally, the limitations of the study and future directions are presented.

Building Trust with Refugee Clients

Building trust is a significant theme within this study. This is particularly relevant within the context of providing services to refugee clients who may experience fear of being in a largely unfamiliar environment, often distrust authority figures (as a result of related negative pre-migration experiences), and have difficulty navigating Western healthcare systems (Bemak & Chung, 2021). The counsellors identified that trust is mainly developed as a result of their willingness to extend their counsellor role when working with refugee clients, mainly when the

therapist is the only point of contact who knows these Western systems. This finding is similar to the literature on counselling minority clients which identifies various roles the multicultural counsellor takes in response to their clients' needs, including being a resource coordinator (Interiano-Shiverdecker et al., 2020; Kuyini, 2013, an advocate (Cohen et al., 2021; Ratts, et al., 2015) or an educator (Atkinson et al., 1993). What is less emphasized within the literature, but just as significant, is the impact of extended roles on strengthening the working alliance. The practitioners in this study viewed extending their traditional role as a counsellor to facilitate meeting their clients' basic needs and reduce barriers to accessing their services as essential for strengthening the working alliance. Previous research indicates the usefulness of providing support to refugee clients through equipping them with navigational knowledge and social capital skills (Bemak & Chung, 2017a, 2017b; Kuyini, 2013). Similarly, to establish trust, Michelle extends her role as a counsellor to that of a settlement counsellor, ensuring that she addresses the client's basic needs before providing more traditional interventions. When clients are having trouble accessing their clinic because they are unfamiliar with the local address system, Michelle takes the time to walk the client around the clinic, teaching them how to operate using local navigation tools like street numbers, addresses, and maps. Extending the role of the counsellor outside of the counselling session to teach clients to operate within their surroundings is rarely done in traditional counselling settings. However, within the context of providing services to refugee clients, it was identified as a necessary extension to meet specific needs and earn the clients' trust.

Counsellors are often at risk of rupturing client trust by making culturally bound assumptions (Constantine, 2007) and enacting racial microaggressions (Hook et al., 2016; Sue et al., 2007). Yet counsellors who are culturally humble can avoid these ruptures by having an awareness of their cultural identities, being open to the many cultural aspects of others, and

openly discussing culture in counselling (Owen et al., 2016). Additional culturally sensitive practice recommendations include incorporating the client's culture into sessions by accounting for culture within problem conceptualization, interventions, and the goals of therapy (Hwang, 2016). Counsellors in this study identified ways they deliberately incorporate their clients' cultures into sessions. In addition to strengthening general therapeutic processes, their actions serve as micro-validations that strengthen trust with their clients. Artur does this by incorporating the client's traditions, such as serving Arabic coffee with his Arabic clients, directly into sessions. He also attempts to make his client feel more comfortable and trusting in sessions by self-disclosing more often than within mainstream counselling. For example, he is more likely to disclose his migration journey, his experiences of discrimination, or topics he knows his clients value such as his own family. These strategies are also reported as suitable alterations to traditional counselling within refugee practice models (Bemak & Chung, 2008, 2021; Chung & Bemak, 2011). Additionally, Artur makes attempts to include phrases from the client's language in counselling which is consistent with recommendations from the American Psychologist Association's *Multicultural Competencies Guidelines* (APA, 2017). That is, competent and helpful multicultural counsellors also aim to understand and use language that is sensitive to the language utilized by individuals and communities. At the same time, the counsellor is also seeking to understand how they influence the client interaction through their own language and communication style [Guideline 3 (APA, 2017)]. The counsellors in this study modelled cultural humility and competency by sharing aspects of their own experience with clients and demonstrating an openness to learn about and incorporate their clients' cultures into counselling sessions. Their narratives and examples of practice suggest a high level of cultural sensitivity and humility which in turn appears to strengthen trust with their refugee clients.

Obtaining formal or informal training on the socio-political and historical contexts and cultural knowledge specific to the refugee communities one is serving can also contribute to building trust within the working alliance. As Michelle and Elle identified, it is important to acquire in-depth knowledge of the client's migration journey and relevant historical events (e.g., periods of genocides, of wars, etc.) of the client's home country. This finding is consistent within recent literature by Interiano-Shiverdecker and colleagues (2020), who recommend the counsellor first develop a rich understanding of the refugee's pre- and post-migration context (e.g., knowing whether the refugees fled involuntarily and the host country's attitudes towards the general population of refugees).

In addition to developing an understanding of clients' sociopolitical context and cultural identity, counsellors in this study highlighted the importance of uncovering their own cultural identities and subsequent influence on the working alliance through self-reflection and maintaining reflexivity.

Counsellor Self-reflection and Reflexivity

Across cases, the counsellors revealed that essential components of their previous training and current practices involved the development of cultural knowledge, awareness, and skills through self-reflection and reflexivity. Narrative statements revealed that counsellors engaged in distinctive and multiple professional and personal development avenues to acquire competencies necessary for appropriate intervention with refugee clients. As previously outlined in the literature review, according to the first multicultural counselling guidelines created by Sue and colleagues (1992), clinicians are required to (a) have knowledge related to their clients' cultural background, (b) display the ability to reflect on and increase awareness of their values and biases, and (c) appropriately apply skills and interventions when serving ethnic minority clients (Sue et al., 1992). Counsellors in this study demonstrated all three elements of this model,

and these were developed through self-reflection and reflexivity. Beyond this foundational model, counsellors demonstrated competencies included in the updated *Multicultural Counselling Guidelines* by the American Psychological Association (2017). The counsellors sought to understand the multiplicity of their clients' identity as a refugee within sociopolitical contexts. That is, counsellors seek to understand and recognize that identity and self-definition are complex and they appreciate that intersectionality is shaped by the multiplicity of an individual's social contexts [Guideline 1, (APA, 2017)].

Clinicians noted that through their own counselling and engaging in supervision (whether refugee-specific or not) and peer consultation, counsellors can approach conceptualizations and client presenting concerns from multiple perspectives. This is consistent with APA's *Multicultural Guidelines* (2017) that states that counsellors aim to recognize and understand they hold attitudes and beliefs that can influence their perceptions and interactions within clinical conceptualizations. As so, mental health professionals endeavor to move beyond conceptualizations rooted in categorical assumptions, biases, and formulations based on limited knowledge about individuals and communities [Guideline 2 (APA, 2017)]. Engaging in self-reflection during supervision was one way the counsellors learned to become aware of their reactions, biases, and interpretations to ensure ethical practice. Artur indicated that supervision from a professional with vast experience counselling refugee populations would be most beneficial to the developing clinician. However, if this is not possible, receiving supervision from any professional with experience in cross-cultural counselling would still be helpful. Supervision creates a space for reflexivity, viewing conceptualizations and assumptions from a number of different lenses, and providing opportunities to be humble and challenge counsellor assumptions. For example, Michelle noted that supervision served as a place to develop a tolerance for strong emotions and an understanding of how culture could influence the

presentation of distress in her clients. Elle indicated that an understanding of oneself does not necessarily need to come from training, but instead can be attained by interacting with culturally diverse clients and having the reflexivity to understand what the counsellor's biases are according to how they were raised or perceive the world. This self-awareness has been extremely well documented within the literature as an imperative component of attaining multicultural counselling competencies (e.g., see Arthur & Achenbach, 2002; Basma et al., 2020; Cohen et al., 2021; Houseknecht & Swank, 2019) and cultural humility (e.g., see Cohen et al., 2021; Hook et al., 2016). Beyond training, Elle identified that supervision with experienced professionals helped her develop a deeper understanding of client circumstances and behaviour beyond the surface or first reactions to the refugee client's presenting concerns. This is consistent with the guideline that states that psychologists strive to gain an awareness of the client's social and physical environments [Guideline 4 (APA, 2017)].

Although supervision was identified as a foundational space to develop counsellor self-awareness, it is not the only place to develop reflexivity. Cohen and colleagues (2021) suggest that Canadian training programs attend to creating an environment that involves both an intra- and inter-personal openness to reflexivity and acknowledging themselves as a cultural being. The purpose here is to foster a willingness to strive to understand the identities and cultures of others and instill a genuine curiosity that works against existing biases. Cohen and colleagues (2021) further suggest training programs integrate foundational movements (e.g., feminist movement) that are essential to multicultural counselling and social justice competencies. This allows counsellor trainees to reflect on what it means to adopt a socially just and inclusive stance within their personal and professional identities. Killian and Floren (2020) identified that issues with cross-cultural training include utilizing old-school, limited, and more narrow definitions of multicultural competency, ignoring intersectionality and the multiplicity nature of identities.

Within the document review, this is not the case; instead, it appeared that most courses reviewed clearly state that the course aims to develop an awareness of the multiplicity of identity.

However, within interviews there was minimal mention of power dynamics with refugee clients resulting from intersectionality and how counsellors have conversations of power with their clients. Although not explicitly discussed within interviews, the counsellors' approach to practice with refugee clients notably includes incorporating directive approaches, utilizing more self-disclosures, and slowing down the pace of sessions to meet the client's expectations and comfort with therapy.

According to the literature, identity is multifaceted and offers the potential for individuals to be differentially privileged or disadvantaged because of one or multiple salient aspects of their identity (Hays, 2001). The power dynamic and potential for privileges to influence the working alliance exists within the working alliance's context across all multicultural counselling settings. Michelle, a White Canadian counsellor, named this tension as feeling underqualified to counsel culturally diverse populations. Importantly, Michelle requires a place to process these kinds of emotions or work through these experiences to help her clients. Notably, this research is occurring in the context of blatant xenophobia in the media alongside more subtle stigmatization of refugees as needy and disempowered (Yohani, 2020). Furthermore, within the current sociopolitical climate are movements gaining public recognition of the injustices occurring against Black and Asian populations. I was surprised that topics such as power and privilege within the context of therapy did not often come up within the interviews with participants. As identified within previous research (Chang & Berk, 2009), the clinicians' lack of knowledge of power and privilege within the context of therapy are associated with client dissatisfaction. Gaining an awareness of the complexities of power, privilege, and prejudice in our society is likely essential to providing appropriate work with any client (Patallo, 2019). Assumptions of the

client's culture and other knowledge of the marginalized group may help prepare counsellors to work appropriately with these populations. However, that knowledge should not be applied without open discussion of its relevance and accuracy to the client's experience because "the power imbalance between therapist and client may make such assumptions go uncorrected" (Patallo, 2019, p. 230). Conversations regarding race and the current sociopolitical climate appear still to be difficult conversations within the field of psychology and in broader culture as identified within the literature (Sue, 2013). Within the current study, it appears that conversations of power are still challenging to raise within practice despite many actions taken by the therapists to address systemic barriers.

According to the aforementioned *Multicultural Guidelines*, counsellors aspire to recognize and understand historical and contemporary experiences of power, privilege, and oppression [Guideline 5 (APA, 2017)]. They seek to address institutional barriers related to inequalities and disproportionalities and seek to promote justice, human rights, and access to quality mental health services. Within the current study, counsellors highlighted that they extend the traditional role of the counsellor to provide services to refugee clients, taking on the additional role of an advocate to address systemic and cultural barriers limiting access to mental health services. Echoed throughout the literature, the counsellor can serve to provide social and cultural capital as an advocate (Interiano-Shiverdecker et al., 2020; Kuyini, 2013). As mentioned in the literature review, refugee populations face potential barriers to accessing culturally appropriate mental health services which include cultural, structural, and refugee-specific barriers that might account for underutilization and underservice of this population (Byrow et al., 2020). Although not always explicitly discussed in conversations with the counsellors, mentioned throughout all conversations with counsellors were attempts to extend their role as a counsellor to meet the basic needs and equip clients with the tools to tackle challenges while

adapting to Canadian culture. Elle explicitly tackled conversations of stigma around mental health to challenge potential cultural barriers. She also attempted to dissolve pertinent structural barriers such as a lack of understanding of how to access services by taking the counselling session outside of the typical session room to a space that was more easily accessible to the client. Additionally, barriers specific to the refugee experience including uncertainty of immigration status, concerns about confidentiality, and lack of social support were all directly addressed. As demonstrated previously, Michelle ensures client stabilization by addressing the client's basic needs before providing typical therapeutic interventions.

Supervision and Supportive Networks

Clinical supervision has been a component of successful training programs for counsellor trainees at the graduate-level (Kuo et al., 2019). Supervision based on the Multicultural Counselling Competencies (MCC) tripartite model (Kuo et al., 2019) or incorporating cultural humility into supervision (Patallo, 2019) has been identified as useful for preparing trainees to counsel culturally diverse clients. As previously mentioned, the two counsellors who did not receive refugee-specific supervision and had to rely on consultations with colleagues and other professionals to determine culturally bound presentation of symptoms and refugee-specific issues stated they would have benefited from refugee-specific supervision. Michelle noted that her supervision has generally been helpful. Nevertheless, the knowledge of refugee experiences and discussion of the influence of culture on client presenting symptoms was lacking throughout her formal education and professional development experiences. Elle, on the other hand, indicated the refugee-specific supervision she had received was foundational and essential in her ability to establish ethical boundaries and additional supports for practice. Primarily, all participants indicated a preference for utilizing a clinical supervisor with many years of experience serving refugee clients to have the space to discuss difficult emotions and the influence of culture on

presenting concerns. Yet, they also saw the value of supervision with individuals who may not have refugee-related experience.

Implied throughout conversations on unique considerations of refugee clients is the notion that counsellors may need to be additionally conscientious of power and potential microaggressions when working with this population. Also, operating from a place of caring and attempts at building trust can potentially lead to boundary violations. Each of the participants continued to access formal or informal supervision and highlighted this as an essential aspect of their work with refugees. They also reflected on critical learnings from supervision during their training. To illustrate, Michelle identified that with the support of her supervisor throughout her graduate practicum experience she was able to increase her tolerance and comfort in listening to strong emotions or opinions by connecting these strong emotions with their previous life struggles. Elle identified that she had acquired skills and confidence for navigating various roles while maintaining ethical practice through close supervision. As Elle has explained, counsellors who serve refugees can often feel like they are the client's only source of support; therefore, they may experience additional pressures to meet the client's needs. According to the literature (Engstrom et al., 2010; Paone & Malott, 2008), this additional stress is amongst numerous stressors for early-career clinicians providing counselling services to culturally diverse populations (e.g., including interpreters in session, incorporating and communicating cultural differences between therapist and client). In conjunction with previous research, the counsellors within the current study were among counselling psychology students who have reported feeling undertrained and ill-prepared to offer competent services to diverse clients upon entering the field after graduation (Arthur & Januszkowski, 2001; Collins et al., 2015).

As the counsellors indicated from their formal education and professional development, there are recommended certifications for developing counsellors entering the field. All three

counsellors frequently indicated that the best training occurs by starting to practice under appropriate supervision. Artur indicated that as the field of multicultural counselling is an even smaller population of providers who have experience counselling refugee populations, refugee-specific training is sparse and there are few supervisors with ample experience providing services to refugee populations. Given this disparity of training and development, the counsellors identified the need for additional supports within their professional networks such as utilizing colleagues within the same agency, cultural brokers, or even settlement counsellors. Artur explained that although he does not currently have a supervisor with experience working with refugee clients, he still values the space to discuss cases and uncover assumptions. He finds additional support regarding cultural-specific knowledge of his client's backgrounds through dialogue with culturally diverse colleagues and research disseminated across association memberships. As mentioned before, Artur counsels refugee clients within a private practice setting. Artur indicated that meeting the client's needs is more difficult without reliance on supportive positions. So, he has found it helpful to utilize research connections within organizational memberships to attain current empirical support for practices with culturally diverse clients. Members of Elle's professional network have served as essential points of informal education such as acquiring knowledge of the Canadian legal system to assist clients in navigating the same system. Elle noted that within her role as an advocate to her client, she had to attain additional knowledge of the legal system, undergo hearing procedure preparation, and familiarize herself with the legal processes of a hearing. Michelle did not have access to refugee-specific supervision, so she utilized her connections with cultural brokers within her agency to engage in accurate cultural assessments. Consistent with *Multicultural Guidelines* (APA, 2017), training recommendations (Basma et al., 2020) and *Multicultural Counselling Competencies* (Sue & Sue, 2016) acquiring population-specific cultural knowledge is commonly endorsed.

However, applying cultural insights developed prior to sessions with an individual client often relies on and poses a risk for stereotyping (Patallo, 2019). Therefore, the most accurate and specific way of attaining cultural information pertinent to the individual client is gained through direct conversation with the client (Patallo, 2019). Furthermore, creating personalized explorations of culture, power, privilege, and prejudice within supervision and the therapeutic relationship might be useful for developing trainees in their ability to counsel culturally diverse clients (Patallo, 2019). The counsellors within the current study extend this finding to indicate that counsellors entering the field of multicultural counselling could benefit from the close supervision of professionals with much personal experience meeting refugee clients' specific needs and adapted counsellor roles. Supervisors with personal experience and skill providing helpful services to this population would create a space for counsellor development and informed support.

Counsellor's Lived Experience as Informal Training Ground

Within the scope of training, both counsellors and the document review suggest that refugee-specific training at the master's level is limited in Alberta. Of the courses reviewed, three of the six courses had dedicated class time and reading materials specific to refugee populations. Although not considered part of their formal training, all three counsellors had critical informal experiences that provided them with insight and sensitivity into cultural differences that they draw on in their work with refugees. These experiences include being a migrant, being immersed in culturally diverse settings, and being a member of a minority group. As demonstrated within the *Layered Ecological Model of the Multicultural Guidelines* (APA, 2017), the individual holding the role of the counsellor has an influential role within the bidirectional relationship. Each counsellor has lived experiences that will influence how they interact within the context of therapy and within the larger society. Specifically, narrative

statements revealed multicultural counsellor characteristics that make them knowledgeable and skillful individuals in their field. Of those identified, the counsellor's ability to utilize their own experiences to relate to their culturally diverse clients was found to be helpful; specifically, Elle was a migrant herself and utilizes her personal experience to normalize aspects of her clients' experiences. Artur had experiences of discrimination and uses these experiences to address experiences of marginalization with his clients. Michelle, who has had a lifelong desire for diversity, applies the same curiosity and openness that fueled travelling and residence in multiple countries to learning with her clients. This finding is supported in research by Diaz-Lázaro and Cohen (2001), where cross-cultural contact is highlighted as important in the developing multicultural counselling competencies. More specifically, the greater the prior exposure to cross-cultural life experience, the higher students' multicultural counselling competencies measured at the beginning of the course. So, just as the client's worldview and migration journey contribute significantly to their presenting concerns (Prendes-Lintel, 2001) and goals in therapy (Hwang, 2006), the counsellors' lived experiences, cultural identities, and worldviews influence the dynamic within the working alliance with refugee clients.

Yet, Elle said that the counsellor does not need to have experienced migration to be a helpful counsellor. She even identified that having this shared experience with clients can put the counsellor at risk for making assumptions. When a counsellor has little personal experience of discrimination and migration, she suggests that the counsellor gain an awareness of their own privileges as they witness lived experiences that are much different from their own within practice. She said that when providing services to refugee clients, the counsellor moves out of their comfort zone and grows to understand their own identity. These findings suggest that practicing efficaciously with this population requires a certain kind of person, a person who has been exposed to culturally diverse populations throughout their life or has an innate curiosity to

encounter diverse cultures and alternative perspectives. Additionally, a helper who is able to tolerate being removed from the comfort of operating on more familiar terms within the context of counselling (e.g., sessions in a clinic, manualized interventions, matched first language). This contrasts previous research that emphasizes the importance of counsellors being matched racially with the client (Cabral & Smith, 2011; Hook et al., 2016). Instead, this study suggests that a good entry point for working with refugees is a counsellor who is curious, has humility, desires to explore a variety of experiences, has built a tolerance for strong emotions, and is aware of their own identity and how they might influence the working alliance.

While a counsellor's lived or shared experience can positively influence the working alliance, it poses a threat to making assumptions based on the client-therapist shared experiences; as Elle revealed, this can include potential biases of shared experiences of migration and settling in Canada. As such, the counsellor will need to remain aware of how their own cultural identity, beliefs, and assumptions influence practice [Guideline 2 (APA, 2017)]. Perhaps the counsellor's consistent self-reflection and persistent desire to have initial assumptions altered through consultation has contributed to their successful practice or humility to learn from the client as the expert of their cultural identity and experiences (Arredondo, 1999; Hook et al., 2013). Interestingly, only one of the counsellors in this study explicitly referenced humility when discussing practice elements with refugees; however, humility was implicit in all aspects of the work described by all three counsellors. For instance, despite the number of years Michelle has been in the field and the large number of professionals who made nominations recognizing her as a skilled and knowledgeable multicultural counsellor, she still questions whether she is competent or skilled enough to work with culturally diverse populations. Although this may stem from a concern that she may misunderstand or invalidate a client's experience, her potential insecurity could also be viewed as an indicator of cultural humility.

Since I had similar concerns about being unfit to counsel racial and ethnic minorities, I explored this issue further with the counsellors in the interviews and in the literature. According to the literature, an essential component of best multicultural practice is understanding what the counsellor brings into the counselling relationship by exploring biases and assumptions regarding cultural and racial issues (Hook et al., 2016). It may be especially difficult for counsellors who identify with privileged cultural identities to acknowledge and own their stereotypes and biases (Hook et al., 2016). Hook and colleagues (2016) suggest normalizing that all counsellors have certain biases and limitations for appropriate practice. Instead, counsellors should be encouraged to identify and explore underlying assumptions and biases to individuals or groups that counsellors have negative reactions towards. They also suggest seeking education or supervision to process those reactions and continue to make consistent efforts to engage in relationships with culturally diverse others.

Ultimately, counsellors in training are encouraged to utilize these strategies to become helpful multicultural counsellors with an awareness of one's own privileges and culturally bound assumptions. Finally, gaining self-awareness and awareness of client cultures is not an end state. Whether one is a novice or a counsellor considered to be particularly skilled and knowledgeable in the field, competency includes continuous reflection on the influences of culture on one's professional role as a counsellor. Considering refugee-specific needs, experiences of migration, acculturation, and barriers to receiving appropriate care, counsellors should seek supervision from professionals that have experience working with this population.

Implications for Counsellors

Findings from the present study shed some preliminary light on the experiences of counsellor practice, training, and professional development in relation to counselling refugees.

The following are recommendations for training and practice for developing mental health professionals.

Recommendations for Training

The findings indicate that master's level programming may benefit from including experiential activities as, within Alberta, a counsellor may register as a psychologist after receiving their graduate degree. This finding is consistent with recent research that has identified the importance of experiential activities (Kim & Lyons, 2003; Cohen et al., 2021) and multicultural practicum (Dickson & Jepsen, 2007; Kuo & Arcuri, 2014). Dickson and Jepsen (2007) reported that trainees who had exposure to multicultural practica reported higher levels of multicultural awareness above the exposure to other multicultural training interventions such as directed lectures, reading, guest speakers, simulation activities, and role-plays.

As counsellors indicated they primarily utilize training received post-graduation such as specific trauma approaches, student clinicians would benefit from receiving this training soon after completing their formal education and prior to working with refugee clients. As such, counsellors would benefit from receiving additional training that exposes them to trauma-focused interventions (e.g., Prolonged Exposure therapy, trauma-focused CBT, body-based approaches). Additionally, although refugee-specific training is uncommon, a counsellor within the current study has identified having benefited from additional training on specific knowledge about refugee migration journeys.

Refugee-specific supervision has been highlighted as a missing component of student counsellor development and later professional development within the field. This study implicates the need for additional efforts in engaging counsellors to work in this field. Efforts could include incorporating culturally diverse practicum components in conjunction with population-specific supervision (i.e., supervisors with ample experience providing therapy to

populations that offer unique challenges and concerns). Suggestions for training programs and the potential structure of these multicultural training opportunities can be found in Kuo colleagues (2019).

Additionally, despite recent research that indicates the benefit for developing counsellors by integrating culturally diverse issues within more than one course (Basma et al., 2020), five of the six courses reviewed in the current study offer training in culturally diverse issues within a single course of master's level training. While most institutions included in the document review may include aspects of culturally diverse training into the structure of each class, these institutions have not made particular statements regarding these attempts. As course structures at the master's level are packed with essential foundational training, this research is among the many studies that indicate the importance of integrating cross-cultural experiences and knowledge into all training courses required within a master's level degree (see Basma et al., 2020; Cohen et al., 2021).

Recommendations for Practice

Highlighted within this study are counsellors engaging in self-awareness strategies throughout their professional development, including creating art, receiving counselling for themselves, and engaging in consultation and supervision. The findings presented within this study suggest potential avenues outside of formal training for early career counsellors to develop self-awareness relating to mental health practices with refugees, an essential component of multicultural competency.

Counsellors might benefit from self-reflection strategies by engaging in what are often uncomfortable conversations related to their automatic perceptions and opinions of the current sociopolitical climate referring to blatant forms of discrimination against Black and Asian populations across Canada. While these conversations concerning race and injustices might be

challenging or somewhat uncomfortable to have within sessions let alone outside of the context of therapy, these conversations are essential for ensuring the counsellor is aware of potentially biased and harmful opinions as well as potentially increasing micro-validations within the context of therapy.

Counsellors identified appropriate skills and culturally adapted interventions utilized with their refugee clients as reflected in APA's current *Multicultural Guidelines* [Guideline 6 (APA, 2017)]. That is, it is recommended that counsellors implement interventions that target symptoms of trauma depending on client perceptions of their presenting concerns. They should initially attempt to meet their client's basic needs to stabilize the client before implementing psychotherapeutic interventions such as teaching clients Canadian transportation systems. Within conversations, counsellors provided examples of how they address presenting concerns related to symptoms of trauma. Elle utilizes body-based approaches to target trauma symptoms and Michelle utilizes an EMDR pain protocol to stabilize her clients. The counsellors alter their approach and helping strategies depending on the client's goals especially if the client is unwilling or unable to attend to symptoms of trauma and experiences encountered along their migration journey. Coinciding with previous literature (Hwang, 2016) and the *Multicultural Guidelines* (APA, 2017), counsellors also incorporate client expectations into therapy, such as a more directive approach (e.g., trauma-focused CBT) compared to indirective talk therapy. Additionally, among counsellors, Elle most evidently actively utilizes a strengths-based approach when working with refugee individuals, families, and organizations to build resilience and decrease trauma within the sociocultural context [Guideline 10 (APA, 2017)]. This study and other research highlight the importance of utilizing a strengths-based approach to develop resilience through equipping clients with navigational and social capital knowledge and skills (Atari-Khan et al., 2020; Bemak & Chung, 2017a, 2017b; Kuyini, 2013).

As counsellors identified that they rely heavily on their professional networks to maintain competent practice, a developing counsellor should become well-acquainted in the multicultural counselling field. If they are in a private practice setting, recommendations include the use of other avenues such as a membership with Canadian Psychological Association (CPA) to access relevant articles on the population they serve. Membership to associations such as the CPA connects counsellors with pertinent, recent, and evidence-based practices as well as practice-based evidence. Counsellors can also join refugee-specific networks including international and local coalitions that focus on social justice and other healthcare issues of refugees to be updated with relevant literature in the field. These include virtual networks via signing up to recent list-servers and joining online communities. Additionally, as the field of multicultural counselling is small and the number of counsellors serving refugee populations is smaller, this study implicates the need for counsellors to expand their professional networks between major cities across Alberta.

Limitations and Future Directions

A particular issue involved in conducting a collective case study is ensuring that a rich, thick description of the phenomenon is formed, which may be challenging as these rich descriptions of each case can be time consuming and create a lengthy project (Stake, 2005). Although I invested a significant amount of time into generating a rich and contextualized account of the counsellors' practices and unique experiences, each case could be infinitely developed further with additional time for exploration.

Due to the nature of researching during a pandemic and its associated stressors, the research was limited by the number of individuals willing to take the time to be involved in the current research study. For example, many individuals did not respond to emails requesting their involvement in the recruitment phase across Alberta or in their involvement with the study.

Additionally, some of the potential participants' publicly available emails bounced back due to professionals being out of office for weeks at a time to follow Alberta health restrictions.

Although these professionals could have had access to their email accounts while isolating at home, the numerous stressors of adapting to the COVID-19 pandemic may have inhibited their interest in being involved in research.

The document review provided the researchers and the reader with additional context of current cross-cultural training practices for master's level institutions across Alberta, however as this project took place during the COVID-19 pandemic the courses included in the review may be adapted from their traditional delivery, including more or less of the same content, materials and activities. Additionally, the program review was limited in providing contextual information of the participants' formal education experiences considering only one of the participants received their master's training from an Albertan institution.

Given the proximity to the key informant, the majority of the potential participants who were invited to participate in making nominations in the study were primarily from Edmonton and surrounding areas. Similarly, many participants nominated were from Edmonton and surrounding areas. Given potential nominators were initially determined based on existing professional networks, this limitation may reveal the lack of professional connections with refugee-serving mental health practitioners across Alberta. However, this was still the case despite my attempts to involve participants from other cities by posting recruitment write ups, posters, and requesting the help of various organizations in posting the recruitment advertisement via their list-server. Another explanation could be the reality of few refugee-serving professionals and associated narrow range of professional networks being confined to urban hubs. Finally, the nature of the nomination process could be a limitation as nominations were often made between professionals who had been nominated by individuals they had nominated.

Future research can expand the nomination process time and the nature of nominations to ensure that a broad collection occurs across Alberta.

As indicated within the current study, refugee-specific supervision was found to be helpful for counsellor development; however, the helpful aspects or contributing factors for counsellor development within refugee-specific supervision have not been identified. Additional research could examine what aspects of supervision are helpful for developing professionals who provide services to vulnerable populations such as refugees.

The present research indicated that Albertan master's level programming could be improved by involving additional experiential activities and practica experiences. Despite recognition that Canadian counsellor training should include multicultural practicum experiences and other experiential activities to promote counsellor preparedness, there is still very little research on how to design, teach, and implement experientially based multicultural training (Kim & Lyons, 2003) and multicultural practica (Kuo & Arcuri, 2014). Future research could attempt to integrate and assess the impact of additional programming suggestions made by researchers (e.g., Kuo et al., 2020). Although the current study had very little discussion of the potentially intimidating process of including an interpreter in sessions (Engstrom et al., 2010; Houseknecht & Swank, 2019), potential research may wish to examine how to best incorporate an interpreter into practice and counsellor training.

Future research can evaluate whether course structures have changed to provide an integrated approach to address culturally diverse issues in light of such growing evidence. Furthermore, given the nature of the study, only Albertan institutions that offered a master's level cross-cultural training course were included in the review. Future research could expand this exploration to include doctoral-level training and programs across Canada.

Additional research may wish to explore the impact of the current sociopolitical climate on refugees, recognizing the impact of anti-Black and anti-Asian discrimination and xenophobia on client-therapist relationships.

Finally, while the current study has offered the perspective of counsellors providing services to refugee clients with suggestions on how training and practices influence the counselling setting, the client's perspective is missing. Future research may wish to explore the perspectives of both a refugee client and the counsellor in dyads.

Conclusion

This study was an initial in-depth exploration of how skilled and knowledgeable mental health professionals provide services to refugee populations. They offered insight into how they implement culturally sensitive interventions and maintain a strong working alliance despite challenges of language, settlement concerns, cultural expectations, and values. Finally, they outlined the process they underwent to receive appropriate training and professional development to provide best practices for refugees. Considering these findings, counsellors should have culturally sensitive training included within master's level education as well as supervision under a multicultural counsellor who has experience within the field. When working with diverse refugee populations, a counsellor should ensure they continue to learn, rely on their client for their cultural expertise, and practice humility along the way. The present study bridges the gap between counselling theories and practice to enlighten the educational experiences necessary for developing multicultural counsellors working with refugee clients.

Chapter Seven: Epilogue

It seems fitting to end this document with a reflection on my experience and relationship with this research. In my introduction, I spoke about my initial curiosities with providing counselling services to diverse populations. I initially expressed much concern with my own identity and qualifications that would permit me to provide impactful, lasting, and healing services to underserved and often misunderstood populations. I had no idea what the journey I was about to embark on would entail, so in my final chapter I share some closing reflections on the process of growth and development I experienced while conducting my thesis.

Ever since I began my journey as a counsellor two years ago, there has been a part of me that doubted I could attain the ability to provide services to clients, let alone clients I shared little association with, primarily for the fear that I would be seen as an “untrustworthy other”. Throughout this journey, I have encountered many developing professionals who shared the same concerns. However, I was surprised to find that one of my participants, Michelle, also shared these concerns. Speaking for myself, this fear of inadequate service or not being able to empathize or understand my client is likely due to an insecurity in providing counselling within mainstream settings let alone with culturally diverse others. Individuals who I could potentially upset, accidentally invalidate, or offend through microaggressions and microinvalidations. To add to the issue, counselling appropriately and ethically relies on attaining knowledge, skills, and awareness to respectfully encounter clients, incorporating the client’s individual cultural values and beliefs appropriately into the session. Once the interview with Michelle ended and I had learned that she had a background in art therapy using art as a means of self-care, I hesitantly asked her whether she would consider creating a reflection piece for the purposes of this study. Despite her packed working schedule, she agreed. The reflection piece of created by Michelle is found below.

Figure 2*Reflection Piece, Created by Michelle*

Note. This piece is a visual representation of my life timeline created for the research project “Exploring Beneficial Practices of Mental Health Professionals Working with Refugees”. The production was unique due to the previous written statements in the timeline guiding the imagery. However, after planning the major images to be included, the production followed my typical process-oriented style. This mix-media piece includes acrylic ink, ink, and oil pastel, which were chosen for specific applications, finishes, and layering techniques. I gathered the images from items that were already part of my life. To draw on concrete meaningful and symbolic images was the most authentic representation to accompany the timeline.

Speaking with Michelle provided me with a more complete understanding that the feeling of being underprepared and underqualified may never go away and in fact might indicate that I am on a journey towards becoming like the counsellors and professionals that I respectfully

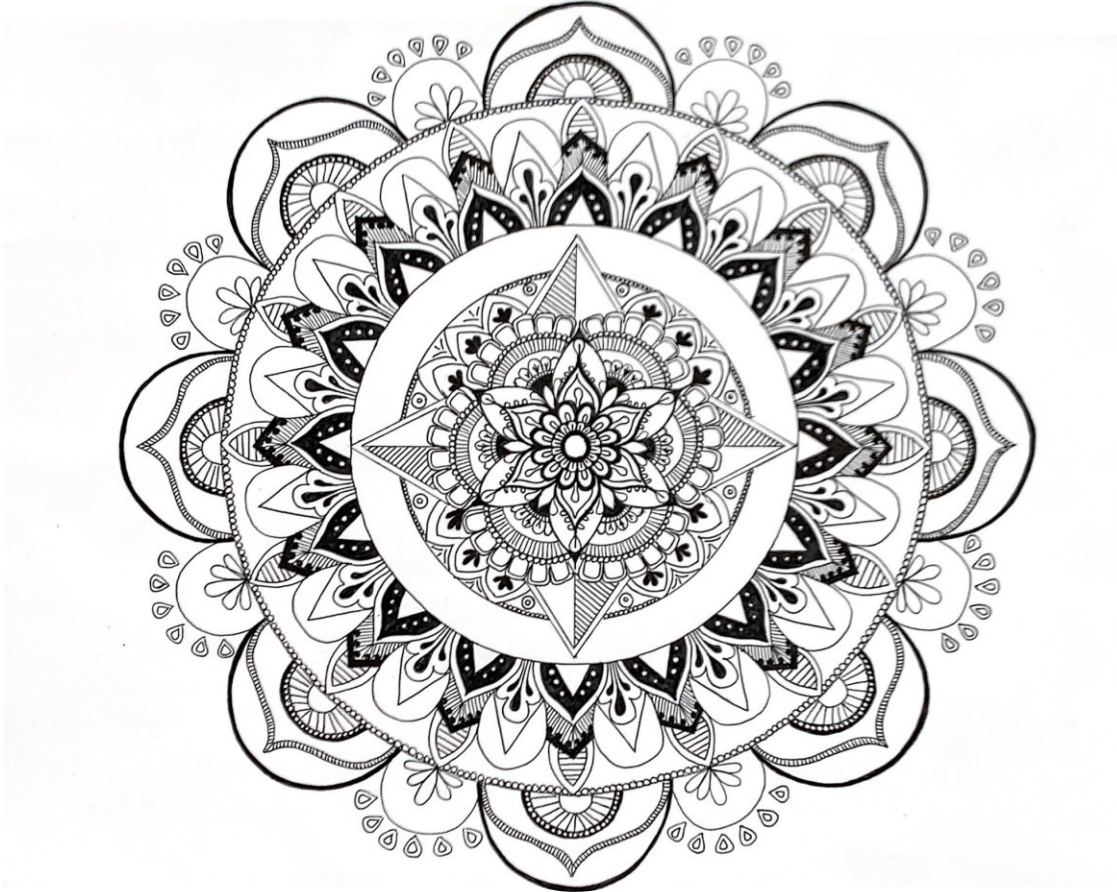
admire. I desire to become a counsellor who approaches their clients with sincere humility, allowing the client to teach the counsellor about their experience.

The journey of completing my thesis has been one of the biggest educational challenges I have faced so far. Throughout the many hours of interviews, transcriptions, analysis, and my biggest demise—the results section—I had a desire to process the stress through creative outputs. Since I was a child, I have been doodling and creating images that start from loosely created patterns that seem to appear in my mind. I find the process of creating a repetitive pattern to be incredibly relaxing. Sometimes while working, without warning a swirl, a loop, or a sharp triangle amongst other acute angles and long curves will suddenly appear in my mind. Since beginning my master's, these images largely went away and I stopped doodling as a form of rest. Shortly after completing interview transcription, I became inspired—largely by Michelle.

I began to create a concentric repeating image, a mandala-like design, which led me to begin reflecting on how the process of creating the mandala was much like the process of developing more generally as well as how this design relates strongly to my development as a multicultural professional. As represented by the general flower-like structure, by engaging in this research journey I have blossomed; the student who sat down two years ago attempting to determine a research topic feels like a different person all-together.

Figure 3

Image of Multicultural Identity and Development, Created by Kate Rozendaal



Note. This piece is a visual representation of my life timeline, developed for the purposes of reflecting on impactful life events that brought me to the current research. It was created using pencil freehand and finished with black ink.

Within the initial layer of processing, while I was drawing out the details of the mandala in pencil and before tracing over the design with ink, I was reminded of how the act of doing so felt a lot like beginning my own professional journey. Similar to beginning the counselling process with clients, I started with theoretical knowledge as a foundation. I began by measuring dimensions using a pencil, much erasing, and referencing mandalas from the internet for additional creativity. Quickly, I began straying from measuring distances between patterns

within the design. Like training, even while utilizing theoretical models or even practice modules as a guideline, they do not always seem to fit perfectly once I began practicing with real individuals who have multiple and ever-changing needs. Sure, there is still structure in my practice, there must be to remain ethical and competent. Therefore, I am still planning to practice by following some structure but there are likely to be mistakes along the way; however, hopefully nothing that is too far from repair.

The overall structure of the mandala is a representation of my timeline and the everchanging development to come as I uncover more and more of my personal and professional identity. There are loosely three layers within the mandala, each representing important phases of my life with the details captured within each layer representing foundational moments and experiences that have brought me to the person I am today. The innermost circle represents early formations of my identity prior to entering post-secondary education where the numerous interactions and experiences encountered largely within the context of a secure, stable, and loving household forming a view of the world that is overall safe. I have a very different experience than someone who has feared deportation or feared the harm that their neighbours could cause them. I have not had to wonder where my next meal was coming from, and I have always had a roof over my head or the privilege to choose not to have a roof over my head when “roughing it” while exploring the backcountry of Alberta. The stability and security of my upbringing is represented by the four triangles, on which the rest of the inner circle appears to rest.

The second circle represents the beginning of my professional identity forming within the context of acquiring counselling skills. Developing my professional identity and engaging in this research project has drastically altered my perception of self and the field of work I am entering. Exploring my identity as a researcher, I have discovered my tendencies to gravitate towards

setting strict timelines, something I learned to adapt as the project came into fruition amongst the current global pandemic and as I finish the project two months past my original timeline.

Throughout the long process of research, I have acquired a passion I did not know I had for narrative research, for listening to the participants speak about the journey that brought them into their current practice, and then attempting to portray these stories as accurately and as clearly as possible. I was overcome with a sense of gratitude for being able to witness such unique lived experiences. I am overwhelmed by the human condition and our resilience despite such drastic changes within previous political turmoil, migration patterns, or the current global crisis.

The third circle represents the future life stages to come. I intended for the outer ring of the mandala to appear as a finished project, as I finish this degree off with a basic understanding of the counselling profession. However, I intentionally left room for additional designs or another layer as my educational journey is not finished and the journey of my professional identity will never come to a close. I value striving towards continually uncovering my identity and developing as a person, a professional, and a vessel of light to others I encounter in or outside of my practice.

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Appendix A

Initial Email to Nominators

Dear XXX,

My name is Kate Rozendaal, and I am a master's student in the Department of Education, Counselling Psychology program at the University of Alberta completing research under the supervision of Dr. Sophie Yohani. I am inviting you to participate in our research study pertaining to developing an understanding of Albertan counsellors' experiences providing counselling services to refugee clients. This study titled, *Exploring Best Practices for Albertan Multicultural Counsellors*, aims to develop an understanding of effective practices and useful training which has equipped mental health professionals to provide counselling services to refugees. The research will provide an understanding of the current interventions, approaches and training that have been considered helpful for working with this growing population. The University of Alberta Research Ethics Board has approved this research study.

With your help, I am seeking nominations for mental health professionals that are considered "experts" or knowledgeable and skillful in working with refugee clients. This nomination approach is considered a useful sampling approach when selecting participants for studies that seek the input of experts.

SEEKING:

- Participants will need to have completed graduate training in mental health services qualifying them to provide mental health services and are recognized underneath a governing body (professional association) or are in the process of attaining such recognition.
- A mental health professional that you would either a) consult with to provide effective helping services to a refugee client, or b) refer any refugee clients onto to receive appropriate care.

TO NOMINATE:

- Reply back to this email (krozenda@ualberta.ca) to nominate up to three professionals who meet the criteria above. Reply to me indicating the name(s) and work email address(es) or telephone number (i.e., publicly available) of the professional(s) you would like to nominate.

TO CONTINUE THE NOMINATION CHAIN:

- Forward this email on (attachments included) to additional professionals who you think might know some exceptionally knowledgeable and skillful Albertan mental health professionals who could be nominated for this study.

PARTICIPANT SELECTION

- I will rank the list of nominees by frequency of nominations and will contact the top six to participate in this study.

Please also consider sharing this email to your fellow colleagues and mental health professionals who might want to nominate professionals within their professional circles. Only reply to this email address with the name and contact information of individuals you would like to nominate but feel free to continue the nomination chain.

If you have any questions about the research, please do not hesitate to contact me or my supervisor, Dr. Sophie Yohani, at the addresses below. Thank you for your assistance and participation in this research study; it is greatly appreciated!

Warmly,

Kate Rozendaal, BSc

Master's Student, Counselling Psychology
Education Psychology, University of Alberta
krozenda@ualberta.ca

Sophie Yohani, Ph.D. RPsych

Associate Professor, Counselling Psychology
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Appendix B

Information and Consent Form

Study Title: Exploring Best Practices for Albertan Multicultural Counsellors
(Ethics ID number: 00099238, Version: September 2020)

Research Investigator:

Kate Rozendaal, BSc Educational Psychology, University of Alberta
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(780) 263-XXXX

Supervisor:

Dr. Sophie Yohani, Ph.D., RPsych Educational Psychology, University of Alberta
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(780) 492-XXX

Background

- You are being asked to be involved in this study because you have been nominated by professionals who recognizes you as being an experienced mental health professional with particular skills providing effective helping services to refugees.
- I have received your contact information from a colleague or organization that has nominated you as a mental health professional who has superior experience providing effective services for refugee clients.
- The results of this study will be used in support of Kate Rozendaal's graduate thesis, a requirement for her master's degree.
- Before you make a decision, I encourage you to read over this form and upon request, one of the researchers will go over this form with you. You are encouraged to ask questions if you feel anything needs to be made clearer. You will be given a copy of this form for your records.

Purpose

- The purpose of this study is to develop an understanding of the effective practices and useful training which has equipped mental health professionals to provide culturally appropriate and trauma-informed interventions for. The research will add current practices that are found to be helpful for vulnerable populations, such as refugee clients.

Study Procedures

- This study will involve participating in two 60-90-minute, semi-structured, audio-recorded interviews that will occur over secure online software. All in-person interactions will be put on hold until social distancing requirements have been lifted.
- Interview questions will be open-ended in nature, addressed to develop an in-depth understanding of each participants' previously established route of professional development. Additionally, interview topics will include therapeutic approaches and interventions found to be helpful in providing helping services to refugee clients.

- Participants are responsible for providing information regarding their personal professional development as well as information which includes particular interventions and therapeutic approaches that their refugee clients have found to be helpful.
- Following the 60-90-minute interviews, the primary researcher will contact you to verify data collection, ensuring that all researcher assumptions and reported themes are accurately represented (“member checks”). o Involvement in this member-checking procedure will be voluntary.

Benefits

- Participants will not directly benefit from their involvement in this study.
- The participants may indirectly benefit from their involvement in this study to determine effective approaches and professional development available to acquire necessary skills and competencies to provide services to vulnerable populations, such as refugees.

Risk

- Risk is considered to be minimal for this study. Participants have the potential to encounter some fatigue as a result of the interview process (e.g., natural mental fatigue as a result of sitting with interviewee for 60-90 minutes).
- To mitigate any identified risks participants will be invited to talk to the researcher about any discomfort within the interview, request to return to the question at a later point or request a break from the interview.
- There may be risks to being in this study that are not known. If we learn anything during the research that may affect your willingness to continue being in the study, we will tell you right away.

Voluntary Participation

- You are under no obligation to participate in this study. Participation in this study is completely voluntary. Likewise, you are not obliged to answer any specific questions even if participating in the study.
- Even if you agree to be in the study you can change your mind and withdraw up until dissemination of the results. Dissemination of the results will occur approximately in February 2021.
- In the event that you choose to opt out from the study, we will use the data that we have collected so far, unless you have indicated that you would like to remove the data previously collected. In the case that you withdraw and indicate that you would like to remove the information you supplied; all of your information will be immediately deleted.

Confidentiality & Anonymity

- The intended uses of the research will be primarily, the completion of a graduate thesis. Other intended uses of the research will be to inform current understanding of critical educational and professional training available to practicing mental health professionals by dissemination of results of the research as a research article(s) or conference presentation(s). Participants will not be personally identified in any of these intended uses.
- Interviews will be conducted online using a secure software platform. Zoom Meeting (5.0) has been reviewed and is found by both researchers to provide a secure video

conferencing platform which will accommodate audio-recording requirements. The researchers have much experience using Zoom Meeting online platform and are aware of the privacy and security conditions. The researchers are aware of the numerous security enhancements available for Zoom Meeting (5.0).

- Interviews will be audio-recorded using Zoom’s audio-recording feature for transcription and analysis purposes. Participants will be reminded at the beginning of the interview that their responses will be recorded and the purpose of recording interviews. Audio recordings will be stored on a password protected, encrypted external hard drive until transcription is completed. Transcripts will be anonymized.
- Anonymity will be guaranteed, with participants will not be identifiable in the dissemination of the research.
- Data will be kept confidential. The primary researcher, Kate Rozendaal, and her supervisor, Dr. Sophie Yohani, will have access to the data. Additionally, the Research Ethics Board that has approved this study has the right to review study data to ensure research was conducted ethically.
- Data are to be kept in a secure place for a minimum of 5 years following completion of research project. All electronic data will be password protected and stored on an encrypted external hard drive. When appropriate, all identifiable data will be destroyed in a way that ensures privacy and confidentiality.
- Participants are able to receive a copy of a report of the research findings upon their request. Additionally, the primary researcher will ask you if you would like to receive such information within the interview.

Contact Information

- If you have any further questions regarding this study, please do not hesitate to contact:
 - Kate Rozendaal (krozenda@ualberta.ca) or Dr. Sophie Yohani (sophie.yohani@ualberta.ca)
- The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta. If you have questions about your rights or how research should be conducted, you can call (780) 492- 2615. This office is independent of the researchers.

Consent Statement

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form. I will receive a copy of this consent form after I sign it.

Participant’s Name (printed) and Signature

Date

Name (printed) and Signature of Person Obtaining Consent

Date

Appendix C

Recruitment Poster



SEEKING NOMINATIONS

Do you know Albertan mental health professional(s) that you would consider to be superiorly knowledgeable or skilled in providing services to refugee clients? We are requesting nominations for their potential involvement in our approved research study titled, *Exploring Best Practices for Albertan Multicultural Counsellors* (Pro00099238).

Criteria:

1. A mental health professional who has completed graduate training in mental health services qualifying them to provide mental health services and are recognized underneath a governing body (professional association) or are in the process of attaining such recognition.
2. Currently provide mental health services in Alberta.
3. A mental health professional that you would either a) consult with to provide effective helping services to a refugee client, or b) refer any refugee clients onto to receive appropriate care.

To nominate:

Send an email to krozenda@ualberta.ca to nominate up to three professionals who meet the criteria above. Respond by indicating the name(s) and work email address(es) or telephone number (i.e., publicly available contact information or you have received permission to share) of the professional(s) you would like to nominate.

To continue the nomination chain:

Share this post with additional professionals who you think might know some exceptionally knowledgeable and skillful mental health professionals who could be nominated for this study.

Participant selection

I will rank the list of nominees by frequency of nominations and will contact the top six nominated individuals to request their participation in a 60-90-minute interview.

If you have any questions about the research, please do not hesitate to contact me (krozenda@ualberta.ca) or my supervisor, Dr. Sophie Yohani (sophie.yohani@ualberta.ca). Thank you for your assistance and participation in this research study; it is greatly appreciated!

Appendix D

Participant Timelines

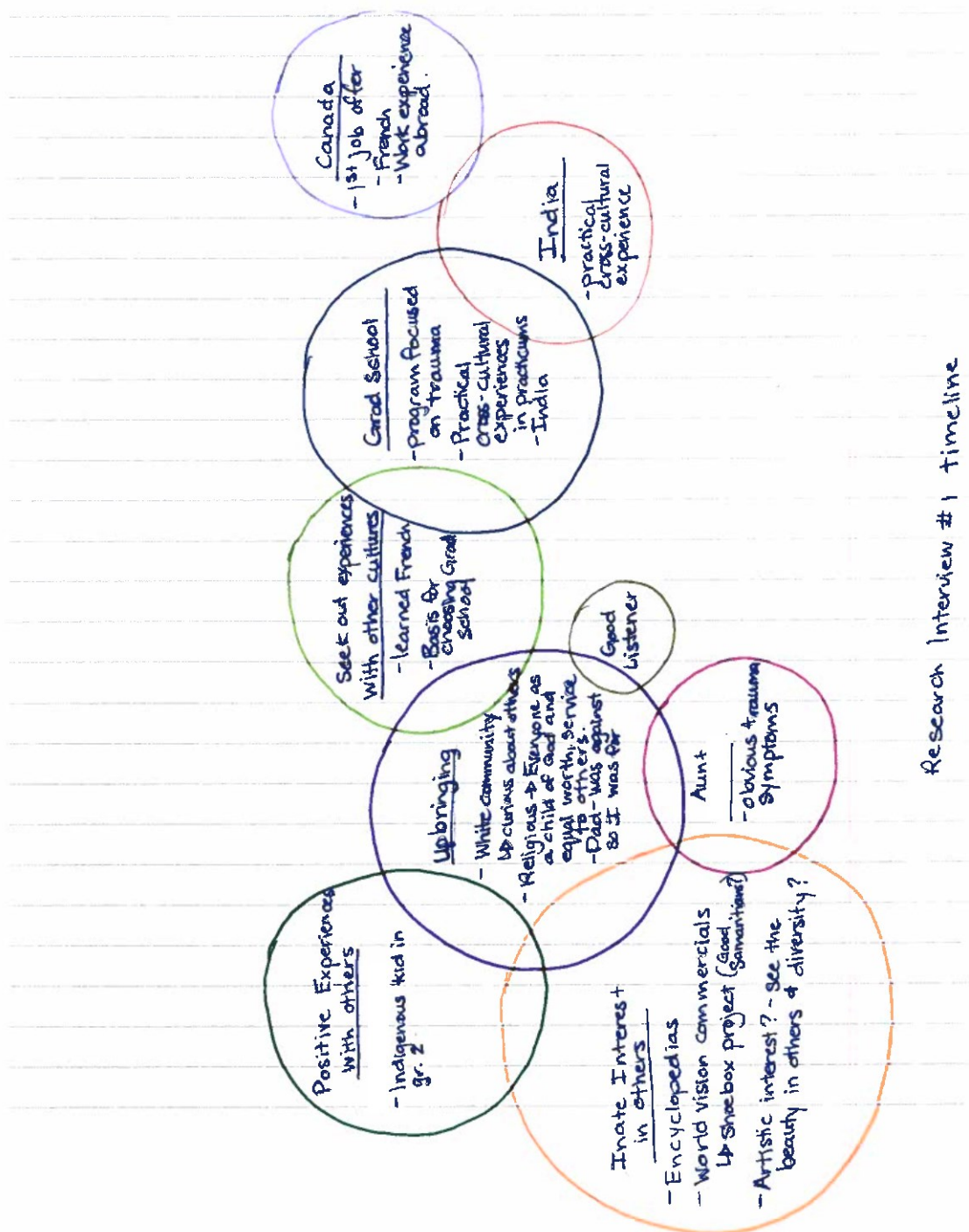


Figure D1. Michelle Timeline.



Figure D2. Artur Timeline.

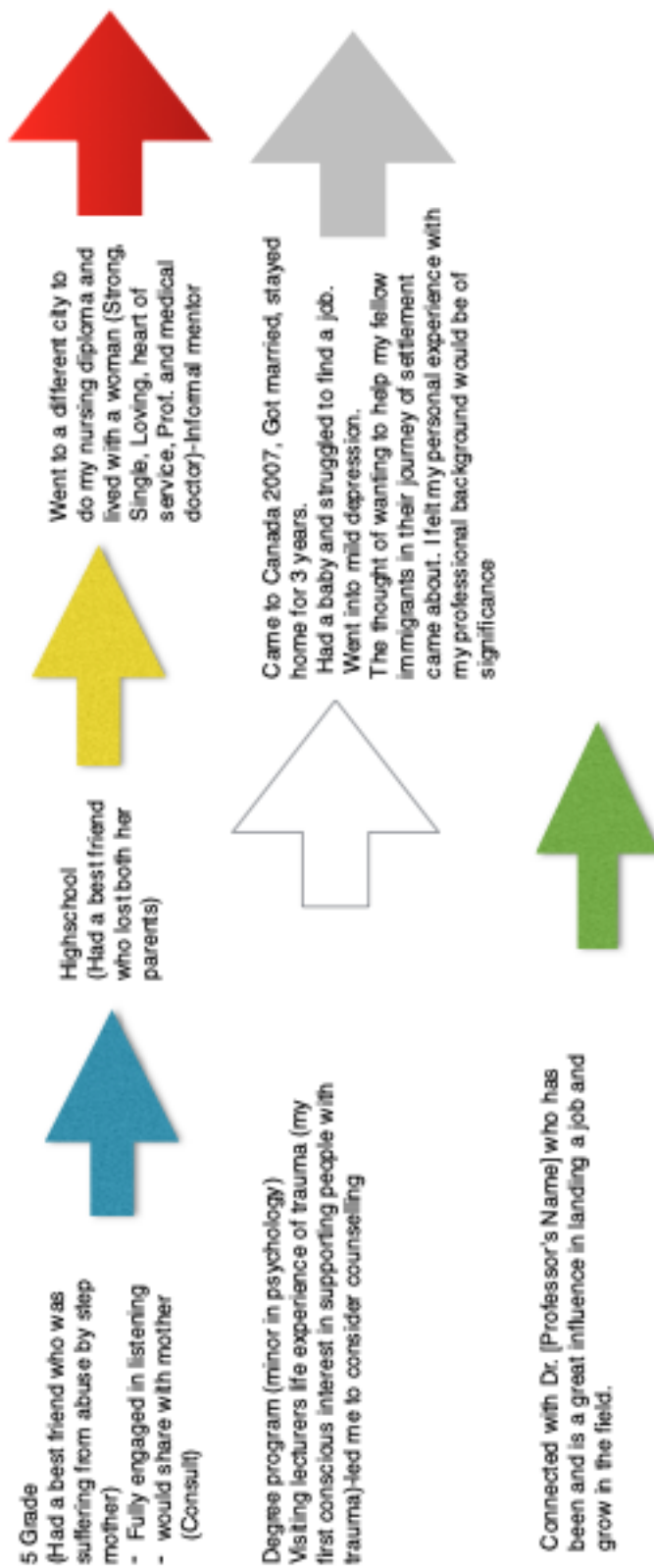


Figure D3. Elle Timeline.

Appendix E

Second Interview Protocol

Interview #2

1. Tell me briefly about the nature of your work including years of practice, population of clients served, and nature of mental health issues seen.
2. Tell me briefly about your training
Probe:
 - (a) Tell me about your formal professional training, including practicum and supervision experiences.
 - (b) Tell me about any significant post-graduate training and/or supervision you have undertaken that influences your current practice.
3. Please share with me when and how you began working with people with refugee experiences.
4. How would you describe your work with refugee clients? Are there any unique considerations relative to your work with non-refugee clients?
5. A major consideration in working with refugees is their high likelihood of having significant losses or traumatic experiences (including the nature of being a refugee). How do you address trauma in the context of your work with refugees?
Probe:
 - (a) What are the unique considerations for addressing trauma with refugees?
 - (b) What therapeutic approaches have you found useful to address trauma with refugees?
6. I asked you to think about a couple of clients prior to our interview today¹. Tell me about one of these clients with appropriate anonymity (i.e. presenting concerns and how you worked with them).
Probe:
 - (a) Tell me about the approach you took while working with this client?
 - (b) What went well for you and your client?
 - (c) What challenges did you encounter, if any?
 - (d) How did you meet the unique needs of this client?
 - (e) Were any particular interventions reported to be helpful by the client?
7. Considering your current work with refugees, as I start on my own journey, what training would you deem helpful or recommend for working with refugees?
Probe:
 - (a) What other experiences were helpful for working with refugees?

¹ Prior to beginning interview, we will request participants to think about two or three refugee clients they can remember clearly and that they would feel comfortable talking about with appropriate anonymity. We will ask them to imagine how these cases are exemplary for working with refugee clients, including the presenting concerns and how they worked with them.

Appendix F

Adapted Adlerian Approach Diagram

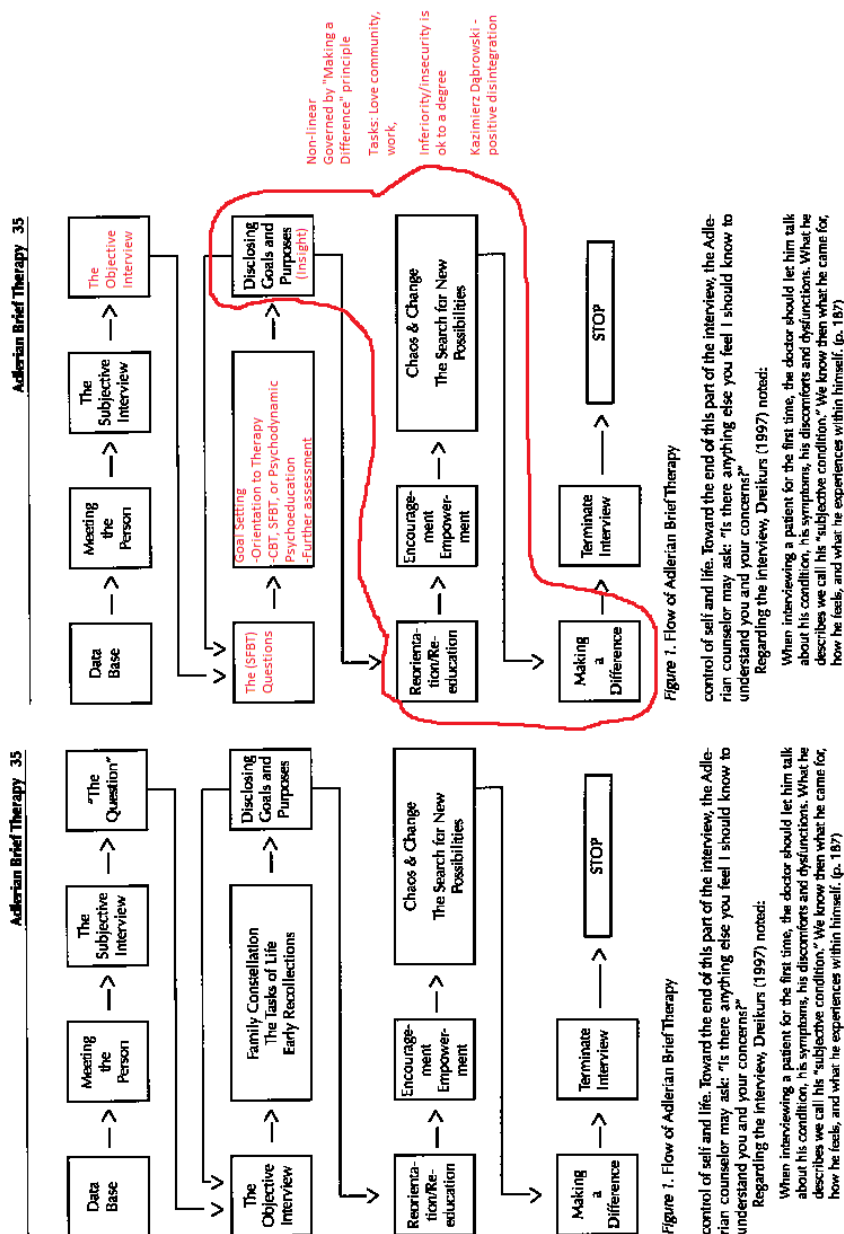


Figure F1. Adapted Adlerian Approach Diagram. This diagram was adapted by Artur (red colouring) to provide an example of how he utilizes the Adlerian approach in his practice with refugee clients.

Appendix G

Document Review

	Short Description	Objectives/Outcomes	Course Activity	Refugee-specific content and readings
1	<p>This course is designed to enhance students' professional competencies in working with not only individuals or groups from non-dominant populations but also from dominant populations. The course will facilitate the development of self-awareness, ethical awareness, theoretical knowledge, and advocacy skill acquisition. The focus of the course is on enhancing understanding of and effectiveness in addressing client issues and multiple identities related to age, (dis)ability, gender, affectional orientation and identity, race, ethnicity, nationality, religion, spirituality, socioeconomic status, and other intersecting aspects of identity. In alignment with the program's social justice value statement, as well as the CPA Code of Ethics, the course emphasizes counselling psychologists' roles and responsibilities for social justice and advocacy. Professional practice considerations are addressed through course readings, experiential learning, interactions with peers, and learning assignments. Students are expected to examine their attitudes, behaviours, perceptions, and biases in this course as part of increasing self-awareness as a foundation domain of professional competence.</p>	<ol style="list-style-type: none"> 1. Demonstrate an awareness of personal values and biases, focusing on issues of age, (dis)ability, gender, affectional orientation and identity, race, ethnicity, nationality, religion, spirituality, socioeconomic status, other aspects of cultural identity, and intersectionality. 2. Describe the dynamics of prejudice, oppression, discrimination, and stereotyping (such as racism, sexism, ageism, ableism, classism, and ethnocentrism) and their implications to professional practice. 3. Identify systemic issues in local, national, and international contexts and their impacts on individuals and groups from non-dominant populations. 4. Demonstrate skills in foundational skills in advocacy work that is grounded in the scientist-practitioner model. 5. Develop a conceptual framework for adapting personal counselling practice that is responsive to the issues of diversity, equity, and inclusion. 6. Identify professional roles and responsibilities associated with social justice. 	<ol style="list-style-type: none"> 1. Family Genogram – students will develop and discuss a family genogram that attends to sociopolitical contexts, multiple and intersecting cultural identities, and the social locations of your family members and those of yourself. 2. A 6–7–page analysis of the familial, cultural, social, and political influences on genogram. The analysis describes the students' understanding of diversity and inclusion, focusing on how intersections of power, privilege, and oppression have operated (either consciously or unconsciously) throughout the students' life. 3. Guideline Analysis & Annotated Bibliography - Professional organizations such as CPA, Canadian Counselling Psychotherapy Association (CCPA), APA, and American Counseling Association (ACA), publish practice guidelines to work with specific marginalized populations, as well as statements on controversial issues. 4. Cultural Visit or Interview with Cultural Leader, Activist, or Service Provider - Students attend a public community event hosted by the cultural group or will conduct an information interview (approximately 30–45 minute) with a community leader, activist, or service provider who has experience working within the cultural community that you have selected. 	<p>Refugee specific information is covered during a single class period dedicated to discussing newcomer populations and religions. Particular research on newcomer populations and the negative attitudes towards newcomer populations such as xenophobia (Yakushko, 2009) and additional readings from Arthur (2018) Chapter 11 on Religion</p> <ul style="list-style-type: none"> □ Yakushko, O. (2009). Xenophobia: Understanding the roots and consequences of negative attitudes toward immigrants. <i>The Counselling Psychologist, 37</i>, 36-66. □ Arthur, N. (Ed.) (2018). <i>Counselling in cultural contexts: Identities and social justice</i>. Springer. Available as e-book at https://ebookcentral-proquest-com.ezproxy.lib.ualgary.ca/lib/ualgary-ebooks/detail.action?docID=5632048
2	<p>This course is designed to establish a theoretical and practical understanding of the factors that influence the nature and effectiveness of the cross-cultural counselling process. The course content includes a focus on group and cultural differences in the Canadian context and their relationship to Canadian Multicultural Policy, multicultural counselling competencies, models of acculturation and racial and cultural identity development, a critical evaluation of theories and counselling approaches for culturally different clients, multicultural assessment procedures, and culturally based (emic) and universal (etic) helping styles. The interaction between cultural differences and differences in age, gender, socioeconomic status, sexual orientation, and disability will also be addressed to promote a broad understanding of diversity across the course topics. Seminar discussions include experiential activities, movies, and guest presentations aimed at facilitating students' self-awareness, cultural knowledge, culturally sensitive helping skills, and ethical decision-making with hypothetical cross-cultural counselling interactions.</p>	<ol style="list-style-type: none"> 1. Increase awareness of beliefs about healthy emotional, familial, and social functioning and the differences between these beliefs and of those from groups in the Canadian context. Additionally, the impact of privilege and racial/cultural oppression on the experiences of dominant and non-dominant groups. 2. Acquire knowledge about the values, behaviours, conceptions of health and emotional adjustment, and cultural practices of diverse groups residing in Canada and their implications for counselling. 3. Develop the ability to critically assess the appropriateness of various assessment methods, theories, and counselling techniques when working with culturally different clients. 4. Understand and be able to apply a wide range of helping skills as relevant to hypothetical cross-cultural counselling situations simulated in class. 5. Develop skills in culturally informed ethical decision-making. 	<ol style="list-style-type: none"> 1. A 6–10-page reflection paper identifying the key themes in a novel. How these themes were reflected in the book, and how each theme has triggered an understanding of the family experiences, experiences of oppression and life difficulties, or privileges associated with the students' cultural group membership. 2. A 15–20-page paper outlining the culturally diverse norms, and presenting issues of a culturally diverse group of interest and possible counselling theories, approaches, and strategies appropriate for working with clients from that group. 3. Creation of a PowerPoint Presentation with detailed notes pages to teach members of the class about key issues or challenges in counselling members of a specific group based on the research paper, and design of a related self-directed learning activity. 	<p>A single class is dedicated to knowledge and practice with refugee clients. Additional reading materials on refugee specific information is included in readings below.</p> <ul style="list-style-type: none"> □ Chung, R. C. Y., & Benak, F. P. (2011). <i>Social justice counseling: The next steps beyond multiculturalism</i>. Sage Publications. □ Silove, D. (2013). The ADAPT model: a conceptual framework for mental health and psychosocial programming in post conflict settings. <i>Intervention, 11</i>, 237-248.

Figure G1. Document Review Table. This table continues over the following two pages.

	Short Description	Objectives/Outcomes	Course Activity	Refugee-specific content and readings
3	<p>This course offers an introduction to the theory, ethics and practice of counseling diverse populations. Students will critically analyze the sociocultural context of counseling and the influence of both counselor and systemic bias on case conceptualization and treatment planning.</p> <p>Therapeutic cultural competence is developed through a rigorous exploration of students' culture-bound identities, experiences, values, and beliefs. Topics examined include culture, ethnicity, gender, sexuality, intersectionality, power, privilege, and ethics.</p>	<ol style="list-style-type: none"> Critically analyze patriarchal, hetero-normal, ethnocentric, and systemic discrimination and inequity practices to counselling theory and practice. Assess the impact of the bi-cultural transition process (e.g., Aboriginal norms, immigration transitions, refugee populations). Assess the impact of personal values, belief systems, and philosophies on counsellor/client relationships and interactions. Evaluate the relationship between power and oppression within the context of therapeutic practice. 	<ol style="list-style-type: none"> Mid-term Exam: Exam content will focus on definitions of terms and course concepts discussed throughout the first half of the course. Group Presentation: Students will assemble into groups of 4 or 5 and prepare 45-minute class presentations on one culture-bound syndrome identified in DSM-IV (eg. Latah, Koro, Dhat). Self-Assessment of Cultural Group Membership (DEJ): Understanding the impact of culture on the individual is best approached by first understanding the impact of one's own culture. Using a Double-Entry Journal (DEJ), students will record select excerpts from the course readings or other peer-reviewed articles that they find particularly significant in terms of understanding their cultural group membership. 	<p>A single class is dedicated to immigrant and refugee populations. Recent articles were utilized within the course but were not made available for the review.</p>
4	<p>This course examines unique gender and cultural issues faced when working with diverse populations. Multicultural competence is enhanced by studying the historical, sociological, familial and societal influences placed upon each ethnic or minority group. Strengths and weaknesses of current therapeutic models will also be discussed along with the recognition of one's ethnicity, prejudices and beliefs that may have an impact on the therapeutic relationship. Multicultural interventions, trends, research and future directions will also be explored while the important topic of ethics is prominent throughout the course. This course is designed to provide a reflective, reflexive, collaborative, dynamic and interactive learning process drawing on the contributions of both students, instructor, and guest lectures. The structure of the weekly lessons is intentionally developed to ensure that students are challenged to engage in critical thinking skills.</p>	<ol style="list-style-type: none"> Articulate the ethical value of identifying and adhering to multicultural counselling competencies by exploring how one's culture, gender, values, privilege status, and assumptions foster cultural competence. Examine the cultural context and systems (i.e., institutional, social, personal, political, etc.) that serve to create and maintain barriers that impede access, equity, and success for all, particularly those from non-dominant groups. Develop a conceptual framework for adapting personal professional practice to reflect sensitivity to issues of diversity. Demonstrate an awareness of personal values, worldviews, and multiple intersecting identities and their relationships to privilege/oppression in the Canadian context. Establish awareness of the existence and impact of personal values and biases, focusing on issues of age, ability, gender, sexual orientation and identity, race, ethnicity, spirituality, socioeconomic status, etc. Demonstrate an understanding of prejudice, oppression, discrimination, and stereotyping, such as racism, sexism, ableism, etc. and the impact of these factors in the counselling. Describe the psychosocial issues and needs of refugees and immigrants, with a special emphasis on individuals and families within a Canadian context. Explore professional roles and responsibilities associated with social justice and advocacy strategies to confront oppressive social structures that impact access, equity, and human development. 	<ol style="list-style-type: none"> Cultural Interview Professional Paper - Conduct an information interview with an adult from a non-dominant population whose cultural background is different from the student's. Gather information about the individual's worldview, value systems, cultural experience and beliefs, the experience of multicultural identity and so on. Personal Cultural Competence Reflection - To reflect on students' cultural competencies as a counsellor- in training and how such knowledge will inform your future practice. Cultural Reflection Journal - Active participation in class and on the DFAs as measured by the breadth, depth and quality of students' responses. 	<p>A single class is dedicated to migrant populations which included a guest lecturer with experience providing services to refugee populations. Additionally, readings within this course included knowledge and practice specifically to working with refugee populations. Many refugee-related readings for the course on migrant-populations: Djuraskovic (2019), pp. 203-226 Oudshoorn et al. (2020). Resettlement of Syrian refugees in Canada (2020). <i>Journal of International Migration & Integration</i>, 21, 893-908. Yohani, S. (2020). Culture, Mental Health, and Refugees. In Moodley, R., & Lee, E. (Eds.), <i>The Routledge International Handbook of Race, Culture and Mental Health</i> (pp. 326 – 338). Routledge. Yohani et al. (2019). Syrian refugee families with young children: An examination of strengths and challenges during early resettlement. <i>Journal of Contemporary Issues in Education</i>, 14, 13-32. Supplementary Reading: Li et al. (2013), pp. 139-156 Kurymik (2013), pp. 157-170 Sue et al., 2019, Ch. 20, pp. 393-407</p>

	Short Description	Objectives/Outcomes	Course Activity	Refugee-specific content and readings
5	<p>This course examines the sociocultural influences on psychosocial and cultural identity development and management, attention to the social determinants of health, the impact of cultural oppression on non-dominant populations, and the importance of applying a contextualized and systemic perspective to case conceptualization.</p> <p>Culture is defined broadly to emphasize diversity across ethnicity, Indigeneity, gender, gender identity, age, ability, sexual orientation, religion, spirituality, and social class. A multicultural and social justice lens is applied to understanding within- and between-group differences, dominant and nondominant sociocultural discourses, life and cross-cultural transitions, as well as cultural and worldview differences in perspectives on development, health, and healing. Students will enhance their competencies for culturally responsive and socially just counselling. Critical, feminist, multicultural, and constructivist metatheoretical lenses will be applied to analyses of the influences of cultural identities and social locations on the counsellor, the client(s), the therapeutic relationship, and the counselling process.</p>	<p>None listed</p>	<ol style="list-style-type: none"> 1. Professional Writing Learning Plan 2. Risk-Taking Journal 3. Cultural Profile 4. Cultural Interview, Participant Consent Form 5. Learning Activity and Discussion Leadership 6. Problem-Based Learning 	<p>Refugee-specific knowledge is potentially presented within the course assigned readings.</p> <ul style="list-style-type: none"> □ Collins, S. (2018). Embracing cultural responsibility and social justice: Re-shaping professional identity in counselling psychology. <i>Counselling Concepts</i>. https://counsellingconcepts.ca/ □ Collins, S. (2018). Culturally responsive and socially just counselling: Teaching and learning guide. <i>Faculty of Health Disciplines, Athabasca University</i>. https://crsiguide.pressbooks.com/ <p>No assigned readings on refugee populations. Perhaps discussed in single class which describes discussing "Cross-Cultural Transitioning, Internalized Oppression, and Trauma".</p>
6	<p>This course is an introduction to the theory, ethics and practice of diversity counselling. Students will examine the sociopolitical nature of counselling, the impact of counsellor and systemic bias, the multiple dimensions of identity, and the goals of diversity counselling competence. The course develops competencies through the student's personal and professional exploration of value and belief systems, factors of power and oppression, racial/cultural/gender/sexual orientation identity formation, and ethical practice.</p>	<ol style="list-style-type: none"> 1. Assess the impact of the cultural transition process (immigration, sojourning, refugee status) on client issues and behaviours. 2. Explain the challenges involved in adapting Euro-Western counselling approaches to diverse populations. 3. Demonstrate an understanding of the dynamics of power and oppression with the multiple dimensions of diversity. 4. Assess the impact of values and belief systems on client-counsellor behaviour and the counselling relationship. 5. Evaluate the impact of mainstream, Western, Caucasian, thinking on counselling theory and practice. 6. Articulate how the societal system impacts individual cultural, ethnic and racial identity. 7. Identify the stages of racial/cultural/sexual orientation. Identify development and analyze their potential effect on counselling and client-counsellor relationship. 8. Demonstrate understanding of the dynamics of power and oppression and their relationship to ethnicity and culture. 	<ol style="list-style-type: none"> 1. Self-Assessment of Cultural Group Membership: Understanding the impact of culture on the individual is best approached by first understanding the impact of one's own culture. This assignment involves educating yourself about the culture in which you are primarily and most intensely immersed. 2. Group Presentation: Students (groups of 2-3 students) will participate in a group presentation and present on a topic relevant to culture-infused counselling. 3. Self-Assessment Part II: Revising and expanding first Self-Assessment paper by integrating students' experiences with concepts and insights learned in this course. Creating a model for working with aspects of diversity and power imbalances in the therapeutic relationship. 	<p>Perhaps refugee-specific knowledge and practice considerations were covered within the assigned text</p> <ul style="list-style-type: none"> □ Arthur, N. (2018). <i>Counselling in Cultural Contexts Identities and Social Justice</i>. Springer Nature Switzerland AG. <p>Other readings and information about class content were not available within the review.</p>