

Non-Indigenous Therapists' Lived Experiences of Gaps and Challenges in their Multicultural
Competencies when Working with Indigenous Clients

Joyeuse Nereah Felix

A thesis submitted in partial fulfillment of the requirements for the
Masters of Arts degree in Counselling Psychology

Counselling Psychology
Faculty of Education
University of Ottawa

Acknowledgements

This has been a long yet rewarding journey and I would like to thank everyone who has been a part of it.

Thank you Cristelle, my thesis supervisor, for always being so supportive and patient. You have taught me so much, and the knowledge I carry forth is invaluable and will stay with me for life.

Thank you Karoline, my good friend, for forcing me to concentrate, no matter how much I didn't want to. You are the driving force behind my motivation to keep pushing. Plus, you are the most fun business partner ever. Work hard, play harder, for life.

Thank you mom and dad for making me. I'm just kidding, kind of. You have been such strong advocates for education. You have always believed in me and my abilities to achieve big things in the world and I can't tell you how important of a lesson that has been throughout my entire life.

Thank you Jamie, my best friend, for being such a big support in my world. You never gave up on me, and I can't begin to tell you how meaningful that is for me.

Thank you Rosie, my sister, for being my best friend. You're always rooting me on. Know that I am here for you too.

Thank you Rocket, Punkin and Dunkin, my silly cats, and my dog, Bailee for always keeping me fun and grounded.

Thank you food, for being there for absolutely every emotion I wanted to soothe.

Thank you, University of Ottawa for being my home these last few years. We've had our moments, but I will never forget the people I met and the nostalgic times I've experienced.

Thank you universe for allowing me the cognitive capacities, the motivation, the creativity, and the initiative to pursue such an important thesis topic. Thank you for helping me take a chance and to address something so real and vulnerable.

For anyone I forgot, thank you from the bottom of my heart. Everyone who has been in my life at some point has been meaningful. I am so grateful.

If anyone is reading this, I love you already, and hope you enjoy.

Abstract

There have been rising concerns about the lack of accessible mental health services for members of Indigenous communities impacted by colonialism. Previous research highlights a scarcity of Indigenous therapists and not much is known about the multicultural competencies of non-Indigenous therapists providing services to Indigenous clients. As such, this thesis research inquires about the lived experiences of non-Indigenous therapists in relation to the gaps and challenges they experience in their multicultural competencies when working with Indigenous clients. An Interpretive Phenomenological Analysis (IPA) approach was used to inform data collection and analysis. Participants included three psychotherapists who were interviewed using a semi-structured protocol to learn more about gaps and challenges for the following categories of multicultural competence found in the literature: cultural awareness of self, cultural awareness of other, cultural knowledge, cross-cultural skills, and culturally sensitive alliance. Themes were generated for each category from the analysis of interview transcripts as follows: cultural awareness of self (i.e., Awareness of normative Whiteness, Reflecting on marginalized identity, Observing others' lack of self-awareness); cultural awareness of other (i.e., Idiosyncratic understanding of Indigenous culture, Cautiousness surrounding essentializing, Cautiousness around stereotyping, Navigating White-passing privileges, Oppressions towards Indigenous people); cultural knowledge (i.e., Educational programs and resources, Compensating through self-learning, Supervisors' knowledge, Complexity of knowledge, Understanding experiential knowledge, Discomfort with knowledge); cross-cultural skills (i.e., Tensions with Western understandings, Departing from normative practice, Caution in conversations, Repairing relational ruptures); and culturally sensitive alliance (i.e., Inner obstacles, Race-related self-consciousness, Trust building, Cultural empathy, Joining through similarity). Two notable themes were additionally generated outside these categories related to workplace and systemic challenges. Learning how non-Indigenous therapists make sense of their interactions with Indigenous clients by taking a closer look at gaps and challenges in therapy could inform future research, training, and practice on developing competencies that assist therapists in navigating a durable therapeutic relationship with Indigenous peoples.

Table of Contents

CHAPTER ONE	7
Introduction	7
Personal Prelude	8
Thesis Overview	9
CHAPTER TWO	10
Literature Review	10
Indigenous Mental Health	10
Non-Indigenous Therapists and Therapies	12
Tripartite Model of Multicultural Counselling Competencies	17
Gaps and Challenges in Multicultural Counselling Competencies	22
CHAPTER THREE	24
Methodology	24
Research Question	24
Theoretical/Conceptual Framing	24
Interpretive Phenomenological Analysis	25
Researcher as Instrument	27
Participants	28
Procedure	29
Quality and Trustworthiness	32
CHAPTER FOUR	35
Results	35
Cultural Awareness of Self	37
Cultural Awareness of Other	40
Cultural Knowledge	44
Applying Skills Cross-Culturally	51
Culturally Sensitive Alliance	58
Other Notable Gaps and Challenges	62
CHAPTER FIVE	67
Main Findings and Discussion	67
Cultural Awareness of Self	67
Cultural Awareness of Other	70
Cultural Knowledge	73
Applying Skills Cross-Culturally	80
Culturally Sensitive Alliance	84
Other Notable Findings	89
(De)Limitations	91
Future Directions	92
CHAPTER SIX	93

Critical Reflection	93
The Beginning	93
Participant Recruitment	94
Interviewing	95
Analysis, Results, and Discussion	95
References	97
Appendix A: Recruitment Text (Email to my Network)	113
Appendix B : Demographic Information Questionnaire.....	114
Appendix C: Interview Protocol	115
Appendix D: My Pre-understandings	119
Appendix E: Study Description	122
Appendix F: Screening Text	125
Appendix G: Informed Consent Form	128

CHAPTER ONE

Introduction

Counselling research related to Indigenous health often highlights the psychological issues and afflictions—violence, depression, severe alcoholism, and suicide—members of Indigenous communities have and continue to face (e.g., King et al., 2009; Kirmayer et al., 2000; Smylie & Anderson, 2006). Their troubling experiences have been directly linked to the consequences of colonization, systemic oppression, disruption of their connection to the land, and intergenerational trauma (Quinn, 2019). It is well documented that as part of their healing, members of Indigenous communities require culturally appropriate and safe care when seeking psychotherapy. However, most providers of psychotherapy are non-Indigenous and receive little training specific to working with Indigenous populations. As a result, Indigenous people face barriers in accessing resources based on their cultural practices and beliefs (King et al., 2009).

Previous research has revealed that there are only a few Indigenous psychotherapists practicing and that information on non-Indigenous therapists providing services to Indigenous clients is scarce (Durie, 2011). While there are a handful of studies on non-Indigenous therapists providing services to Indigenous clients, the focal point of these studies is solely on intake assessments and do not address later stages of therapy or critical aspects of the therapy process, such as the therapeutic relationship (e.g., Constantine et al., 2004; Parrish, 2008). The existing gap between the needs of Indigenous people and health providers has stimulated debate on the access and appropriateness of mental health services for Indigenous individuals, particularly given concerns of psychotherapy replicating colonial forms of oppression (Wendt et al., 2022). In practice, some non-Indigenous therapists choose to integrate Indigenous healing methods when working with Indigenous clients, while others continue to adopt traditional Western psychotherapy approaches (Dupuis-Rossi & Reynolds, 2018). Regardless of approaches used, professional ethics require psychotherapists to be culturally aware, infusing their practice with multicultural counselling competencies (Collins & Arthur, 2010).

Research investigating cross-cultural therapeutic work with Indigenous clients suggests that non-Indigenous therapists are generally ill-prepared, lacking the capacity to do this work and often utilizing traditional methods that render their practice culturally insensitive, incompetent, and inappropriate (Fan, 2007; McCloy, 2016). While they may experience some success in their work, non-Indigenous therapists who have worked with Indigenous clients may also provide

insight into ways they believe their training did not sufficiently prepare them for cross-cultural sessions specific to Indigenous people. Analyzing actual therapy experiences of non-Indigenous therapists could highlight gaps and challenges in competency development that warrant greater attention, potentially informing future research.

My research aimed to answer the following question: “What are non-Indigenous therapists’ lived experiences of gaps and challenges related to multicultural competency when working with Indigenous clients?”

To answer this question, I applied interpretative phenomenological analysis as the methodological strategy for data collection and analysis. I conducted a semi-structured interview with three non-Indigenous therapists who have worked with Indigenous clients; the interview focused on the gaps and challenges in their cultural self-awareness, cultural awareness of others, cultural knowledge, applying skills cross-culturally, culturally sensitive alliance, cultural relatedness and other topics when providing therapy to Indigenous clients. In this study, I will use the term “Indigenous” to refer to First Nations, Métis, and Inuit communities (Gunn et al., 2011; Luo et al., 2012).

Personal Prelude

This research is a result of many events I’ve experienced while working with the Indigenous community in Ottawa (First Nations, Inuit, and Métis). Though I am an African American woman, I identify as an ally to the Indigenous community. In my profession, I have always taken on roles that are personal in nature. My journey from working in rehabilitation to becoming a psychotherapist who works with members of the Indigenous community has taught me how important, reverential, and fulfilling this work is. Nonetheless, I have also observed the obstacles in my practice when working with Indigenous clients. Even with my previous experiences, at times, I still feel that I struggle with the complexity of my multicultural counselling competencies. I would love to invite other therapists who are also allies of the Indigenous community to reflect on their multicultural counselling competencies when working with Indigenous clients. Furthermore, my interests in social justice and counselling are also factors that inspired this research. As humans, we are impacted by politics and the global social environment. Hence, I believe that being aware of how we relate to others and the world—and what causes certain narratives to unfold—is a crucial characteristic that we must have. Given the history of Canada, research concerning working with Indigenous clients may be controversial,

but, as an ally, I think it's important to have conversations about topics that may be uncomfortable. Although this topic is sensitive, it is pertinent that we continue addressing these important issues to create a platform for people to safely express themselves. We must never be afraid or steer away from these conversations, as there may never be a platform for this safe expression. With this study, I hope to create an opportunity for therapists to share their vulnerable selves, contributing what they perceive to be their lacking or underdeveloped competencies in working with Indigenous clients. With this, I'm aiming to highlight areas in which non-Indigenous therapists may require extra support. I believe that, by having uncomfortable conversations, both therapists and the field of therapy can grow.

Thesis Overview

In the next chapter, Chapter Two, I review counselling literature relevant to my study. I begin by contextualizing mental health needs of Indigenous communities and access to mental health services. I address the role of psychotherapy in Indigenous clients' wellbeing, and implications non-Indigenous therapists providing psychotherapy to Indigenous clients. I end by outlining multicultural competencies expected of psychotherapists intended to ensure interactions with clients that are culturally safe and responsive. In Chapter Three, I delineate the conceptual framing of a multicultural competency perspective used to organize my data collection and analysis, and the trustworthiness efforts implemented in that process. Chapter Four describes the results of the study, with the participant demographics initially outlined and themes developed through my interpretative analysis of interviews categorized under the multicultural constructs of cultural awareness of self/other, knowledge, skills, and alliance. Chapter Five is where I present and discuss the main findings from the research. Additionally, I identify (de)limitations of the study and consider possible directions for future research on this topic. Lastly, in Chapter Six, I offer reflections on my process of conducting this study, from the very beginning to the end, providing insights into how I personally thought about and approached the different stages of the research.

CHAPTER TWO

Literature Review

Indigenous Mental Health

Historical Context: The Indian Act and Residential Schools

The *Indian Act* of 1876 caused separatism between Canadians, legally placing Indigenous people into a different category than all other Canadians. The government decided who would be considered “Indian” and how they could use their land (McMillan, 1995). Moreover, in the mid-1800s, the government established residential schools that promoted the forced assimilation of Indigenous people into Western culture. These schools were populated by Indigenous children who were forcibly removed from their homes and were placed in residential establishments, where they were severely punished for speaking their native languages and practicing their culture (Kirmayer et al., 2000; Robertson, 2006). As a result, many Indigenous people collectively lost their cultural heritage and identities and, due to this cultural genocide, they are still experiencing generational trauma.

Intergenerational trauma is defined as untreated trauma that is passed on from the traumatized generation to subsequent generations (Roy, 2014). The cultural genocide that has occurred in Canada is a cause of intergenerational transmission of trauma and must be acknowledged as part of the historical fabric of the Indigenous population (Shepard et al., 2006). The mental health consequences for Indigenous people because of traumatic experiences have included: anxiety, depression, substance use, post-traumatic stress disorder, and more. These sequelae are attributed to residential schooling and colonization (Heart & Chase, 2016; Elias et al., 2012).

Failing to consider the historical trauma of Indigenous people could lead therapists to ignore psychological injuries suffered due to the continuing oppression of Indigenous people (e.g., discrimination) and historical factors (e.g., European colonization) (Reeves & Stewart, 2016). Conversely, acquiring knowledge of the history of Indigenous people can aid non-Indigenous therapists in understanding the context shaping the social location of clients. Moreover, therapists with increased knowledge of historical trauma—especially mental health trauma—are better suited to facilitate conversations concerning the quality of healthcare provided to underrepresented voices in comparison to those who are not as well-versed in

historical trauma (Nicolai & Saus, 2013). Many non-Indigenous therapists lack critical knowledge of the sociohistorical context of Indigenous people, which they may not have learned in their professional education/training or elsewhere (Bryant-Davis, 2019), which may contribute to challenges in addressing the mental health of Indigenous clients. Being knowledgeable of the history related to health issues is a crucial aspect of multicultural counselling working with Indigenous clients (Yeh et al., 2004) and considered an aspect of cultural competence. Next, I provide a contemporary depiction of mental health needs of Indigenous people for which they may seek psychological services.

Mental Health

In 2011, Health Canada collected statistics on Indigenous mental health, revealing that 11.9% (78,000) of Indigenous people perceived their own mental health to be poor, and that 36.9% (252,470) had seriously contemplated suicide. These statistics comprised information from all Indigenous identities in Canada (Corrado & Cohen, 2003). The British Columbia Aboriginal Survivor study (2003) found that only two of 127 survivors of residential school were completely mentally healthy, with no trace of mental illness. Furthermore, the study's findings revealed that 30.4% of residential school survivors experienced major depression at least once, 64.2% experienced post-traumatic stress disorder, and 26.1% experienced chronic depression. The First Nations Information Governance Centres (2012) studied mental health from 2008 to 2010, finding that 83% of respondents from Indigenous communities (e.g., both on and off reservations) revealed their primary concern to be the misuse of alcohol and drugs. The high rate of mental health struggles within Indigenous communities emphasizes the importance of accessible mental health services for these communities. In the following section, I expound on prevalence of and barriers to accessing mental health services by members of Indigenous communities.

Service Utilization

Although certain mental health issues are disproportionately present among Indigenous populations, the availability of Western services—whether for medical, psychological, or other health issues—is lower for this population compared to other ethnic groups (McIntyre et al., 2017). Western services tend to be among one of the many possibilities for Indigenous people. In a study conducted by Wardman and colleagues (2005), 86% of Indigenous people felt that overall health services were readily accessible, with the only exception being appropriate mental

healthcare. Another 45% claimed that they had to travel to another community to receive health services, including mental health services. The authors also stated that surveys measuring the utilization of mental health services among Indigenous populations are not as comprehensive and standardised as similar surveys distributed amongst the general population, leaving critical gaps in understanding mental health service utilization among Indigenous populations.

Indigenous people experience limited access to proper mental health services due to obstacles such as: (a) the lack of local resources, (b) the lack of education on mental health, (c) novice or inexperienced mental health workers, (d) scarcity of mental health resources in the geographic region, (e) cost, (f) health, and (g) the cultural appropriateness of the services being provided (Anderson et al., 2004; Minore et al., 2004; Ralph & Ryan, 2017). It is particularly unfortunate that, because of colonialism's heinous, long-lasting intergenerational effect on Indigenous communities in Canada, certain mental health services remain inaccessible (Isaacs et al., 2010; Shepard et al., 2006). Another critical influence is that many individuals seeking assistance experience mistrust in non-Indigenous mental health professionals and systems (Conway et al., 2017), raising the question of what role can non-Indigenous therapists play in the mental health efforts of Indigenous clients.

Non-Indigenous Therapists and Therapies

By utilizing psychotherapy with a multicultural focus on professional ethics in counselling, I intend for the information this study provides to add to a more in-depth comprehension of psychotherapists' multicultural competences in an Indigenous context. I would also like to provide non-Indigenous psychotherapists with correct information and improved support in addressing the challenges of working with Indigenous clients more efficiently, allowing them to ameliorate their clients' experiences during the therapeutic process. Non-Indigenous therapists may have various reasons for working with Indigenous people, including: (a) working in communities or organizations that primarily support Indigenous people; (b) feeling drawn to the work; (c) receiving an incentive to do so (e.g., direct billing); and (d) responding to calls to action stemming from the Truth and Reconciliation report (Ralph & Ryan, 2017). Despite such motivations, what is less clear is what Indigenous clients may need from a therapist for therapy to work for them.

Below, I will begin by examining the literature on Indigenous healing methods practiced by Indigenous people. Next, I start a discourse on the ongoing debate over the involvement of

non-Indigenous therapists in these traditional Indigenous approaches to healing, compared to those engaging in Western approaches. Lastly, I discuss the role and importance of cultural competence for non-Indigenous therapists when working with Indigenous clients.

Indigenous Healing

Generally, Indigenous communities have some common values, including respect for elders, holistic healing (mind, body, spirit, and nature), and a community-based approach to healing (Weaver & White, 1997). Stewart (2008), who identifies as Yellowknife Dene First Nations and who is an associate professor and a registered psychologist in Ontario, noted that Indigenous people regard community healing that acknowledges and addresses colonization as a crucial part of community mental health. Stewart also believes that having a strong Native identity helps the healing process, as doing so allows for self-growth and can increase self-esteem and resiliency (Stewart, 2008).

Engagement in Indigenous traditional spiritual acts, such as dances and ceremonies, can increase interconnectedness within communities (Turcotte & Schiffer, 2014). The most effective interventions used by Indigenous healers in a therapeutic context are those with features of Indigenous traditions, such as talking circles and other traditional ceremonies (Gone & Trimble, 2012; Goodman, 2015). In support of this view, Goodkind et al. (2012) conducted a study that focused on the effects traditional practices have on the well-being of Indigenous people. The study's objective was to provide an understanding of how Indigenous people use traditional practices to address historical trauma, and findings revealed that Indigenous people often sought out non-judgemental healing environments in which their well-being was positively affected and sustained for a long period. The Goodkind et al. (2012) study examined healing methods for and by Indigenous people but as mental health assistance from outside the Indigenous community becomes more common (e.g., via government programs, non-profit counselling agencies, and Indigenous self-referrals), concerns about this non-Indigenous involvement also emerge. I will expound on this in the next section.

Non-Indigenous Therapist Involvement in Indigenous Healing

There is ongoing discussion on the involvement of non-Indigenous therapists and to what extent they may include Indigenous traditions in their services to Indigenous clients. Some argue that it is pertinent for non-Indigenous healthcare providers—doctors, nurses, psychologists, counsellors—to welcome traditional practices when working with Indigenous people, regardless

of the provider's background (Mehl-Madrona, 2009). According to the study conducted by Mehl-Madrona (2009), the Indigenous elders perceive this openness and welcoming attitude to Indigenous ideas as a form of respect, as well as a way to enable mental health practitioners to strengthen their communication skills and form stronger bonds with their clients. Stewart (2008) noted that, for non-Indigenous therapists to effectively serve Indigenous clients, they must be willing to learn about the culture's ceremonies and traditional healing practices.

There is a clear link between Indigenous people and their use of traditional healing practices, as such practices increase certainty in the person's cultural identity, enhance resilience amongst Indigenous communities, and strengthen Indigenous support systems (Hartmann & Gone, 2012; Kirmayer et al., 2012; Moorehead et al., 2015). The importance and influence of traditional healing could grow because of non-Indigenous therapists being open and accepting of Indigenous culture. Some believe that this could even mean combining Western methods of therapy with traditional healing (Arguelles et al., 2006; Everett et al., 1983; Garwick & Auger, 2000; Gone, 2012; Rowan et al., 2014). Garwick and Auger (2000) offer a viewpoint regarding greater therapist involvement in Indigenous healing, positing that multicultural mental healthcare providers could consider taking the initiative to incorporate traditional tribal practices when providing services to Indigenous individuals and communities. Some researchers stress that non-Indigenous therapists need to receive the proper training to enable them to engage with Indigenous values, customs, and traditions; this should be done to ensure they provide appropriate care (Dauphinais & Rowe, 1981).

Still, there is ongoing concern about non-Indigenous mental health practitioners having the competencies required to provide culturally appropriate services to Indigenous individuals (Gone, 2014; Walker et al., 2015). Instilling non-Indigenous providers with the knowledge to deliver proper mental healthcare to Indigenous clients has not always been effective; in some instances, it has even been linked to heightened distress and a reduced likelihood of healing (Gone, 2014, 2016; Goodman, 2015). Durie (2011), an Indigenous Māori scholar from New Zealand, cautions against "Indigenizing" therapy—or the appropriation of healing practices—as non-Indigenous professionals partaking in or leading Indigenous practices, such as leading healing circles. Stewart (2008) states that the Indigenization of counselling services is not appropriate, can be harmful or patronizing, and must not occur. The participants in her study suggest that it is an act of appropriation for non-Indigenous clinicians to provide services that

include tribal ceremonies, which the Indigenous community could view as a breach of trust and respect. Overall, there is no clarity and common consensus concerning the involvement of non-Indigenous therapists in Indigenous healing practices. As a result, the type of involvement that may be most therapeutically beneficial for Indigenous peoples remains vague. In the next section, I will detail the effectiveness and considerations of Western therapeutic approaches for Indigenous individuals.

Using Western Therapy Approaches with Indigenous Clients

Western therapeutic approaches are generally insufficient and can sometimes have an adverse effect when attempting to address the concerns of individuals from diverse backgrounds (Aisenberg, 2008). These findings also show that evidence-based practice is not often assessed for its capacity to implement a culturally competent approach. This is prominent as treatment outcomes for specific racial/ethnic minority communities are often not included and not addressed (Gone, 2013; Wendt et al., 2015). This concern also applies to therapy for Indigenous people in terms of what treatments may be effective and appropriate, as no evidence-based practice has been developed yet for Indigenous communities (Walker et al., 2015). Yeh et al. (2004) stress the need for mental health services that are culturally sensitive and are an amalgamation of both Western and Indigenous approaches to mental health healing. Nonetheless, non-Indigenous therapists who take a Western approach do need to consider that Indigenous people may be hesitant about Western-based psychological interventions. Hence, non-Indigenous therapists must take into account the origins of their Western approaches and how such a background impacts the historic relationship between Europeans and Indigenous people (Nuttgens & Campbell, 2010).

That said, a “common factors” approach suggests that it is not a therapist’s chosen modality of therapy that contributes most to positive therapy outcomes, but rather a way of being that fosters the therapeutic relationship, motivation, corrective experiencing, and self-efficacy (Bailey & Ogles, 2023). Nonetheless, the benefits of Indigenous practices are sometimes similar to those of common factors (Nuttgens & Campbell, 2010). For example, in some Indigenous cultures, the practice of healing circles is similar in nature to group therapy in Western culture. This does not mean that the Western practices should replace Indigenous practices, but it does point to potential similarities between the two cultures (Yeh et al., 2004). Despite potential similarities, critical analysis of how Western therapies may be oppressive in different cultural

contexts needs to continue (Wendt et al., 2015). To this end, professional ethics recommend that therapists maintain a multicultural perspective that respects diversity and all value systems (e.g., Canadian Counselling and Psychotherapy Association, 2020), addressed further below.

Importance of Cultural Competence

Recent discussions between Indigenous communities and the federal government have resulted in the creation of the Truth and Reconciliation Commission of Canada. This commission was tasked with ensuring that the stories of the survivors of residential schools were recorded as part of Canadian history (Boksa et al., 2015). From this action, the Non-Insured Health Benefits (NIHB) program for First Nations and Inuit was established to provide Indigenous people with medical coverage, encompassing a multitude of health benefits that are not provided by private insurance plans, social programs, and health insurance (provincial/territorial).

Due to the unclear instructions for therapists to become an NIHB provider, individuals with limited experience with and knowledge of Indigenous cultures can be allowed to practice and provide care (“Guide to Mental Health Counselling Services,” 2020). This may be problematic due to the negative consequences if practicing in a culturally insensitive manner. Therapists in Canada are expected to honor and uphold the profession’s core value of respect for diversity when providing care to Indigenous clients, whether they are NIHB providers or not (Canadian Counselling and Psychotherapy Association, 2020). Most professional ethics advocate that mental health professionals need to have multicultural competency. In fact, the Canadian Counselling and Psychotherapy Association recently added an entire section to their Code of Ethics (2020) and Standards of Practice (2021), titled Section I. Indigenous Peoples, Communities, and Contexts.

Multicultural competence is crucial to fostering meaningful bonds with Indigenous clients (Collins & Arthur, 2010; Vera & Speight, 2003), yet the vagueness of what such competence entails, specifically with Indigenous clients, is concerning. Non-Indigenous therapists lacking certain competencies when working with Indigenous populations can unknowingly cause harm. Fracturing the bond between the therapist and client is, in this situation, the biggest concern (Nuttgens & Campbell, 2010). Nuttgens and Campbell (2010) emphasize that such fractures can occur in several ways, including not being knowledgeable of the clients' sociopolitical and historical narratives, engaging in ethnocentric or racist behaviours

with the client, and not providing appropriate culture-specific counselling based on the individual client's worldview.

One criticism in the literature is that cultural competence implies that it is feasible to know all that needs to be known about any specific culture (Danso, 2018). Cultural humility is an emerging concept counter to the idea that anyone can “know everything” about a particular culture and therefore must remain open to the limits of their knowledge and accept a lifelong stance of (un)learning (Danso, 2018). To this end, therapists must attend to knowledge about, and be empathetic towards, their Indigenous clients' pre-existing views on healing and health (Canfield et al., 2009)—in essence modify their practices to meet the cultural needs of their clients. Unfortunately, the literature does not mention the development of specific curricula for Indigenous-focused counselling, many pedagogies in cultural counselling continue to be guided by the more general tripartite models of multicultural counselling (e.g., Collins & Arthur, 2010; Sue et al., 1982), addressed in the following section.

Tripartite Model of Multicultural Counselling Competencies

Professional therapists who work with multiethnic/multicultural clients should generally strive to (a) develop cultural *awareness*, (b) possess cultural *knowledge*, and (c) apply *skills* in a culturally appropriate manner (Coleman, 2006; Sue et al., 1992). This 3-pronged model of multicultural competency, established by Sue, has been noteworthy in the field of counselling for the last few decades (e.g., Sue et al., 1982, 1992; Sue, 1998). Each of the 3 components is addressed individually below, as they provide the framework for learning about non-Indigenous therapist's experiences of gaps and challenges in their competencies when working with Indigenous clients.

Awareness

The first part of this model requires a professional awareness of self. The assumption that one must know oneself before learning about others is a prevalent assumption in the field of helping professions (Collins & Arthur, 2010; Pieterse et al., 2013). Awareness is intended to help therapists with not assuming that they share the same worldview and experience with their clients (Pedersen, 2001). Understanding how a person's social location shapes their perspectives and worldview is crucial to practicing cultural competency. It has also been acknowledged that

therapists focusing on their biases, assumptions, and judgments can benefit the therapeutic relationship (Williams et al., 2008).

Multiple researchers (e.g., O'Brien et al., 2007) have reported that the lack of self-awareness in non-Indigenous health professionals is troublesome. Some mental health professionals with multicultural/ethnic clients have been revealed to have discriminated based on race and culture, which compromises their quality of care (Henry et al., 2004; Sue, 2015). Similarly, a study by Durey, Wynaden, and O'Kane (2014) that focused on Indigenous clients and discrimination revealed that some healthcare providers that engaged in the study did not know of the various forms of racism—personal or systemic—and their effects on Indigenous clients. These findings communicate the need for therapists to examine their own beliefs and biases and to consider the impact they have on their delivery of mental healthcare services.

Addressing the awareness component of the tripartite multicultural model, Collins and Arthur (2010) proposed that counsellors focus on 3 core competency domains: (a) cultural awareness of self (i.e., awareness of one's biases, values, and presumptions); and (b) cultural awareness of the other (i.e., understanding the client's worldview); to form (c) a therapeutic alliance that is culturally sensitive. In this model, the socio-cultural identities of both the therapist and the client are considered and the therapist is requested to create space for the client to fully express their understanding of their culture without the therapist imposing cultural assumptions upon them. This includes the therapist's awareness of power, privilege, and social identities as it relates to social location. For example, even though it is commonly assumed that most Indigenous people value holistic/collectivist approaches, the therapist should not automatically assume that every Indigenous client holds that belief; instead, the therapist should seek out each client's individual viewpoints. By not holding preconceived assumptions, the therapist can learn that not all Indigenous people value the same therapeutic approach. Therapists having a strong awareness of their own social identities and social locations—as well as those of their clients—may be beneficial to the therapeutic relationship (Kohl Jr, 2006). When therapists take their own values into account, the likelihood of imposing such values upon Indigenous clients may decrease, which can prevent micro-invalidations that strain the therapy relationship (Nuttgens & Campbell, 2010). Allowing the client's narrative to unfold authentically may help the therapist to become aware of the potentially harmful biases and presumptions they have for their own and their client's sociohistorical contexts (Parrish, 2008).

Therapists lacking cultural self-awareness pose a risk to the therapeutic relationship in the form of ethnocentrism (Nuttgens & Campbell, 2010). Ethnocentrism is defined as a tendency to view and judge people who are culturally different through the lens of our own culture (Howard, 1995). Its roots lie in the belief that a person can assume superiority based on their own worldview and cultural beliefs, imposing these beliefs on groups who are thereby viewed as inferior (Cunningham et al., 2004). The psychological effects ethnocentrism has had on the Indigenous people of Canada have been profound, resulting in the loss of the traditional culture and identity of Indigenous people due to the forceful imposition of the dominant, colonial culture on a culture that was perceived as being less-than (Shepard et al., 2006). Ethnocentrism is a major concern in the therapeutic field because therapists who are not aware of how they relate to their clients may unknowingly re-enact forms of oppression within the therapy (Nuttgens & Campbell, 2010). Hence, therapists' self-awareness—while maintaining awareness of sociopolitical histories—is a particularly important consideration for non-Indigenous therapists working with Indigenous clients.

Therapists' awareness of both self and others has been explored from the client perspective and a lack of therapist awareness has been shown to have far-reaching implications in therapy (Constantine et al., 2002; Paulson, Truscott, & Stuart, 1999). For example, Pope-Davis et al. (2002) conducted a study where they allowed clients to share their perspectives of their therapists' multicultural competencies. Some clients revealed that they blamed themselves for their therapist's lack of openness and empathy. In these cases, there is a high possibility that the therapist's lack of awareness created new psychological issues, rather than assisting clients in working towards their goals. Thus, therapists must—at all times—be mindful and aware of how their clients may internalize their engagement during a therapy session. Therapists can avoid this problem by providing their clients more space—for example, allowing the client to determine what the content of the sessions will be (Bedi, 2018; Nuttgens & Campbell, 2010). This also increases a therapist's attunement to the client's culture. Even though the Pope-Davis et al. (2002) study was conducted with a multiethnic/multicultural group of clients, there exists the possibility that Indigenous clients may have similar experiences.

Besides the aforementioned issue, another problem resulting from a lack of cultural awareness is when therapists assume that the issues Indigenous clients face are related to the client's race. This thought process imposes and enforces a detrimental stereotype (Nuttgens &

Campbell, 2010; Stewart, 2008). Multicultural counselling researcher Bedi (2018) states that, in addition to these issues, therapists lacking awareness can engender ethnocentric judgments, avoid of discussing prominent cultural and racial topics in therapy sessions, dismiss cultural power dynamics, and neglect different worldviews. To minimize the likelihood of subconscious racism, therapists must vigilantly evaluate their own potentially harmful beliefs and assumptions, as these could disqualify the beliefs, values, and practices of Indigenous peoples (Nuttgens & Campbell, 2010). Sasakamoose, a self-identified Anishinaabe (Ojibwe) from M'Chigeeng First Nation in Ontario, and colleagues (2017) further cautions that neglecting such critical self-examination may further hegemonize the Indigenous population to the colonial agenda.

Knowledge

The second pillar of the tripartite model of multicultural competency regards cultural knowledge, which focuses on how well therapists know and understand the culture of a client (Collins & Arthur, 2010). Cultural knowledge refers to a certain interest in a client's culture or elements of it, as well as its context, such as beliefs, customs, and practices (Arthur & Januszkowski, 2001). Some multicultural researchers explain that it is not always possible to have prior knowledge of Indigenous customs when working with such clients; hence, it is crucial that therapists gradually acquire this information (Day-Vines et al., 2007; NiaNia et al., 2016). Doing so is beneficial for both the therapist and the client, as the therapist gains crucial information about the client and the client may experience the therapist as acknowledging meaningful aspects of their life, in turn strengthening the therapeutic relationship (Bedi, 2018; Stewart, 2008).

Therapists can cultivate their knowledge about Indigenous communities by utilizing practical methods, such as supervision and consultation (Robinson et al., 2000). Thomason (2012) offered additional suggestions for therapists developing knowledge about Indigenous communities based on a survey of 68 mental health professionals who worked with Native Americans. The author states that therapists should cultivate a bond with people from the community—including leaders of the community that they serve—to better understand the culture, concluding that the best way to be effective as a therapist is to be knowledgeable of the community's traditional healing practices and ceremonies, in addition to their spiritual significance (Thomason, 2012). When working with Indigenous clients, non-Indigenous therapists can greatly benefit from obtaining general knowledge of Indigenous history— for

example, knowledge about colonization, Truth and Reconciliation's intent to contribute to healing, and the continuing negative effects of the *Indian Act* (Fan, 2007). Nevertheless, how a client engages with their culture could affect their experiences in the world. Therefore, while taking these cultural and historical factors into account, therapists must still respect the notion of individual differences within Indigenous communities (France et al., 2017; Nuttgens & Campbell, 2010; Shepard et al., 2006). To this end, it is highly recommended that therapists remain open to the clients' subjective experiences of their own cultures (Pope-Davis et al., 2002).

Cultural knowledge also encompasses historical and sociopolitical knowledge about a client's social location (Parrish, 2008). From an ethical and social justice viewpoint, therapists are specifically expected to be knowledgeable of and acknowledge the socialization, history, and values of the Indigenous client's cultural group (McCormick, 1998; Nuttgens & Campbell, 2010). Knowledge of racism and poverty experienced by Indigenous people is intended to, in part, help situate and counter the psychological effects of cultural oppression (Hanna & Cardona, 2013; Nakash & Saguy, 2015; Nuttgens & Campbell, 2010). Therapists who wish to provide therapy to Indigenous clients should recognize that, as Indigenous clients may share stories that contain elements of discrimination or oppression (Blue & Darou, 2005), they should take the time to learn about the implications of oppression, racism, injustice, and more (Bedi, 2018). This knowledge can be obtained through collaboration and consultation with community resources and organizations that work towards addressing social injustices (Nuttgens & Campbell, 2010).

Skills

The third and final pillar of the competency model concerns the skills therapists require to engage with clients within therapy sessions in a culturally responsive manner (Collins & Arthur, 2010; Parrish, 2008). Doing so is deemed crucial for the sustenance of a mutually beneficial therapeutic alliance (Bedi, 2018). A therapist who is open to a client's individual experience can easily become more aware of the client's context and the meaning these experiences hold for the client (Pascual-Leone & Greenberg, 2007). Hence, therapists should consider choosing interventions that are respectful of the client's beliefs and values on healing and mental health (McCormick, 1998; Morrissette & Gadbois, 2006). Some theorists have stated that multicultural counselling interventions must champion client-specific (i.e., etic) instead of culture-specific (i.e., emic) interventions (Ho, 1995; Punnett et al., 2017). With an "etic"

approach, therapists can learn about the client's authentic lived experiences within their culture. Therapists must remain open to each individual client's experiences, but also recognize certain themes of concern commonly shared by Indigenous clients (Van Oudenhoven, 2017).

Gaps and Challenges in Multicultural Counselling Competencies

As a field, the mental health profession expects its professionals, such as counsellors and psychotherapists, to continuously develop competencies that are verifiable through documentation (e.g., certificates obtained in specialized areas). Such documentation does not, however, depict a professional's actual competency, and the extent to which a professional's competency is reflected in actual practice may vary (Bennett-Levy, 2006). In many instances, regulatory colleges and professional associations have quality assurance programs to monitor the competence of their professional members, but they, unfortunately, cannot measure how effectively a professional engages their declared competencies—thus, it is discretionary (Fairburn & Cooper, 2011).

Providing services to clients while lacking competence may cause direct or indirect harm to the client's well-being, especially since therapy is quite sensitive in nature. Therapists should also take into account the importance of providing clients a safe space in which they can navigate the therapeutic process. More specifically, a therapist can be experienced in a particular area—such as addressing depression, addiction, or anxiety—yet this expertise may not favor Indigenous clients if the therapist does not know of multicultural counselling competencies (MCC). Some Indigenous clients claimed unfavourable psychological distress caused by a therapist's lack of sensitivity and knowledge, as well as the ignorance that some mental health professionals display (Howell-Jones, 2005). Therapists lacking MCC can practice and perpetuate relational harm, even though the professional standards of practice warn against these behaviours (Sue, 2015; Wendt et al., 2015).

It is well documented how crucial it is for counsellors to possess MCC, yet very little literature highlights how counsellors learn and incorporate MCC when working with multicultural/ethnic clients (Rubio Rodriguez, 2015). The notions of “gaps” and “challenges” of counsellor competency have been alluded to in the MCC literature and may serve as a useful heuristic for identifying areas of competency development. Yet, neither of these two notions—the “gaps” and “challenges”—have been clearly defined as constructs. Often, when the MCC literature mentioned the word “gaps,” it was to address clinicians' deficit in knowledge or

multicultural training before or during their work with clients from diverse backgrounds (Kassan et al., 2017). When the MCC literature mentioned the term “challenges,” it was to address difficulties counsellors may experience while working with clients from different backgrounds. Challenges cited in the MCC literature include experiencing countertransference toward the client and difficulties finding ways to appropriately care for the client. For example, the literature discussed “keeping in mind the client’s cultural context while reducing their distress in a culturally sensitive manner is challenging” and “staying within professional boundaries while feeling the need to rescue clients” (Rubio Rodriguez, 2015, p. 101).

In this study, gaps will be indicated as deficits in multicultural competency when working with Indigenous clients, while challenges will indicate difficulties presented by engaging in the counselling process with Indigenous clients. Discovering the factors that non-Indigenous therapists deem to be gaps and challenges in their work could assist them in pinpointing key areas of competency that may require more support and development. In my proposed study, the terms “gaps” and “challenges” will be used when prompting during interviews and discussing the findings of non-Indigenous therapists who provided therapy for Indigenous clients.

CHAPTER THREE

Methodology

Research Question

The primary reason for doing this project is because non-Indigenous psychotherapists are increasingly providing therapy services for members of the Indigenous community; however, there is very little information on the difficulties that psychotherapists may face in their own cultural awareness, knowledge and/or skills when working with Indigenous clients. Aligned with the multicultural focus within professional ethics in counselling and psychotherapy, my hope was that the knowledge generated in this study would (a) contribute to a deeper understanding of psychotherapists' multicultural competence in an Indigenous context; (b) inform ways to improve supports for non-Indigenous psychotherapists who work with Indigenous clients so that they may address the gaps and challenges more effectively and ultimately, and (c) ultimately enhance client experience within the therapeutic process.

The main research question that I addressed in this study was: What are non-Indigenous therapists' lived experiences of gaps and challenges related to multicultural competence when working with Indigenous clients? Specifically, I inquired about gaps and challenges non-Indigenous therapists experience related to the following domains of interest within multicultural competency:

- (a) cultural awareness of self (counsellor) and other (client),
- (b) developing a culturally sensitive relationship,
- (c) cultural knowledge, and
- (d) applying skills cross-culturally.

Theoretical/Conceptual Framing

My approach to understanding this phenomenon is through a social constructionism lens that focuses on the learning that takes place in people's lives when they interact with one another (Burr, 2015). Social constructionists claim that individuals' understandings of the world are historically and culturally specific (Willig, 2013). Learning how non-Indigenous therapists make sense of their interactions with Indigenous clients could inform research on what supports might assist therapists in culturally responsive counselling.

Within this constructionist lens, I used Sue's tripartite model of multicultural competency to provide a general frame to the types of experiences I sought from non-Indigenous therapists.

The tripartite model of competence within the field of counselling psychology focuses on three domains: attitudes/beliefs, knowledge, and skills. Each of these domains of interest were explored with participants in the context of their working cross-culturally with Indigenous clients. I also drew upon the work of Collins and Arthur (2010). In a general sense, their model of culturally infused counselling focuses on (a) counsellor awareness of their own culture, (b) counsellor awareness of the client's culture, and (c) culturally sensitive relationship between counsellor and client. While a blending of these two models provided structure to the interview in terms of existing domains of interest depicted in the literature, participants were invited to offer their unique experiences within and beyond this framing that they felt were relevant to gaps and challenges in their multicultural competence when working with Indigenous clients.

Interpretive Phenomenological Analysis

Examining lived experience is a valuable form of inquiry that comprises the basis of phenomenological research (Smith, Flowers & Larkin, 2009; van Manen, 1990). In phenomenology, the participant is required to describe their lived experience using their own words and expressions (Giorgi, 2014). The phenomenological method aims to access participants' unique understanding and worldviews related to the phenomenon (Ponterotto, 2013), making it an appropriate approach for this study. The objective of phenomenological research is to transform the recounting of lived experience to a textual form that then leads to the development of an in-depth and comprehensive description of the phenomenon being studied (Moustakas, 1994; van Manen, 2016). The phenomenon of focus in this study was that of non-Indigenous therapists' lived experiences related to gaps and challenges when applying multicultural counselling competencies when working with Indigenous clients.

Specifically, I used interpretive phenomenological analysis (IPA), which aims to unveil the participants' personal meanings of their experiences (Cooper et al., 2012; Smith, Flowers & Larkin, 2009). IPA is a participant-oriented approach useful for exploring subjects that are ambiguous and emotionally charged and/or controversial (Alase, 2017; Smith & Osborn, 2015). It also allows for an in-depth examination of lived experiences as well as of the underlying meanings of specific events within the context of the participants' life space (i.e., their all-encompassing social world; Smith et al., 2009). Thus, IPA is an appropriate choice for unveiling the lived experiences of non-Indigenous therapists in their work with Indigenous clients. The foundation of IPA is hermeneutics, which is the practice of interpretation (Dallmayr, 2009). IPA

involves double hermeneutics, which is displayed through the researcher attempting to make sense of the participant's inner world while the participant is simultaneously trying to make sense of their inner world (Smith, 2004). Furthermore, IPA is idiographic in that it includes in-depth exploration of a participant's experience in terms of behaviour, emotions, thoughts, and speech (Noon, 2018; Smith et al., 2009), allowing for an analysis that is rich and multidimensional. The goal of this qualitative study was not to achieve representativeness and generalizability of its findings. As each participant had a distinct worldview, attempting to generalize findings may dishonour the individual's experience.

Research Instruments

Two research instruments were developed to generate data: a demographic questionnaire to gather information about participants and a semi-structured interview protocol. Due to the hermeneutic nature of IPA, as the researcher, I was also considered a research instrument. These instruments will be discussed further below.

Demographic Questionnaire

A brief demographic questionnaire (Appendix B) was provided to participants to gather background information about them. The questionnaire gathered information including age, gender, education/training (general and specific to multicultural competency), cultural background, number of years in practice, and the context in which their practice takes place. This was important in considering participants' context and situatedness in relation to the research topic and helped contextualize the findings.

Semi-Structured Interview Protocol

An important feature of IPA includes its flexibility in data collection. Data were gathered using an open-structured conversational approach (Kovach, 2015). Parameters were not set on the participant's narrative, thus there was a lot of fluidity in the conversation between the participant and me as the researcher. The questions were developed to prompt participants to share their experiences of gaps and challenges in their multicultural counselling competencies and how this has informed their work with Indigenous clients. IPA allowed for the ability to follow the participant's lead in reflecting deeper into their world in relation to the phenomenon. Thus, this provided participants the opportunity to guide the dialogue in a way that is most meaningful to them. As the interview was semi-structured, it allowed me as the researcher to establish a rapport with the participants while providing them with the opportunity to share what

is important to them (Smith & Osborn, 2015).

I consulted the writings of Smith and Osborn on guiding the development of the semi-structured interview protocol and questions for this study. While space was made for fluidity in conversation, I nevertheless wanted participants to address the domains of interest consistent with my conceptual framing. The domains of interest represented a blending of Sue's tripartite multicultural model (i.e., awareness, knowledge, and skills) and Collins and Arthur's culture-infused counselling model (i.e., awareness of culture—self and other, and culturally sensitive alliance). Awareness of culture (self and other) is inspired by both Sue (2001) and Collins and Arthur (2010). Knowledge of culture and applying skills cross-culturally is influenced by the tripartite model (Sue & Torino, 2005). Finally, developing a culturally sensitive alliance derived from the culture-infused counselling model (Collins & Arthur, 2010). The interview protocol (Appendix C) was divided into the domains of interest and focused on experiences of gaps and challenges related to working with Indigenous clients, namely: (a) cultural awareness of self (e.g., "Tell me about 'cultural awareness of self' when working with Indigenous clients," "Can you give me an example of a gap (deficit) that you have experienced related to your cultural self-awareness when working with Indigenous clients?"); (b) cultural awareness of other (e.g., "Tell me about 'cultural awareness of other' when working with Indigenous clients."); (c) knowledge of culture (e.g., "Tell me about 'knowledge of culture' as a multicultural counselling competence."); (d) developing a culturally sensitive alliance (e.g., "Can you give me an example of a challenge (difficulty) you have experienced related to developing a culturally sensitive alliance when working with Indigenous clients?"); and (e) applying skills cross-culturally (e.g., "Tell me about 'applying skills cross-culturally' when working with Indigenous clients.").

Researcher as Instrument

In qualitative studies, the researcher influences what is asked within interviews and how the data are interpreted. Thus, the worldview of the researcher will inevitably affect the collection, analysis of data, and interpretation of findings. To ensure that I comprehend my own experiences in relation to those of my participants, as characterized by double hermeneutics in IPA, I kept a research journal which contained my pre-understandings of the phenomenon, personal reflections on the research process, notes after each interview, and self-observations during the data analysis process (Alase, 2017). As an African American woman, I identify as a non-settler Indigenous ally. A preliminary reflection on my experience and understanding of the

phenomenon (gaps and challenges in working with Indigenous clients as a therapist), written before data collection began, can be found in Appendix D.

Participants

Sample Size

In general, qualitative research supports the use of small samples of participants due to the rich nature of the information that can be derived in the analysis of a phenomenon (Giorgi, 2014); this has also been specifically shown to hold for IPA (Smith et al., 2009). Due to the intensive nature of IPA research, a small number of participants was appropriate for the aims of my study. Smith, Flowers, and Larkin (2009) suggest that a sample size of three participants is the default for a Masters-level IPA study, thus in my study I recruited three participants.

Purposive Sampling

IPA favours a homogenous sample as this ensures that the study holds a personal significance for participants, and it enables researchers to closely analyze details in how participants have experienced the phenomenon (Noon, 2018). According to Noon (2018), purposive sampling can be particularly useful to gain a richer understanding of a phenomenon. This sampling technique is used to identify and select information-rich cases, relying on individuals who are particularly knowledgeable about or experienced with the phenomenon under study. Thus, a sample of participants was recruited using purposive sampling through my professional network. The reasoning for choosing members of my professional network is due to a pre-established relationship based in trust and openness. Based on their openness and comfort during the interview, the fact that we had a pre-established relationship and understanding of one another mobilized the interview.

Inclusion Criteria

The most important criterion that participants had to meet is that they do not self-identify as Indigenous. Participants could be from any background (e.g., White, Black, etc.) other than Indigenous if they did not identify with being Indigenous. This was essential as this study homed in on the experiences of non-Indigenous therapists who have provided therapy for Indigenous clients. Though there are many different groups of mental health professionals, the perspective of psychotherapists was closely being considered in this study as there is a lack of literature on the experiences of therapists. As I focused on the region of Ontario where psychotherapy is a controlled act, participants needed to be registered with the College of Registered Psychologists

of Ontario (either fully registered or qualifying) to be considered for this study.

Next, participants were required to have provided a minimum of five one-on-one personal therapy sessions to at least one Indigenous client. As it can take time to build rapport with a client, it was important that therapists had some experience working with a client over a period. Therapy sessions were also required to have taken place within the past five years and preference was given to therapists who had an Indigenous client who is engaging in long-term therapy. Research tends to highlight that it is beneficial to interview participants whose therapy sessions have occurred in the recent past due to the accuracy of the information they may provide in interviews (Henkelman & Paulson, 2006; Hodgetts & Wright, 2007). The more recent a therapist has worked with a client, the more likely they are able to recall and richly describe the details of their interactions and, more importantly, the challenges and gaps they have noticed. Non-Indigenous therapists with long-term Indigenous clients were prioritized to ensure the interviews would be as rich as possible. If a therapist believed that they would face difficulties during the interview in terms of delving into the challenges and gaps they have experienced in working with Indigenous clients and believed that this might impair their current work with Indigenous clients, they were discouraged from participating. This was made clear when the informed consent was being explained to participants. They were asked how this interview may affect their work at the time of the screening as well. If they faced difficulties during the interview, they were allowed to withdraw their consent; however, none of the participants opted out of the study and all expressed willingness to answer the research questions fully.

Procedure

Participant Recruitment

Following ethics approval from the University of Ottawa, a recruitment text (Appendix A) was emailed to fellow colleagues that I have worked with in a mental health private practice, with a request for anyone who was interested in participating to contact me by email. I also asked colleagues to share the recruitment text with anyone they believed may be interested in participating. The text included inclusion criteria to aid potential participants in self-selecting. Participants were invited into the study on a first-come first-served basis with consideration given to those who had long-term therapy experiences with Indigenous clients.

When potential participants corresponded through email and expressed interest in participating in the study, I provided them with the study description (Appendix E). To

determine eligibility for study participation, I emailed those who expressed interest in the study a set of screening questions reflecting the inclusion criteria (Appendix F) and asked them to complete and return it to me by email.

Participants who met the screening criteria were formally invited to participate in the study and were emailed the consent form (Appendix G) for review prior to scheduling for an interview. Together, each participant and I coordinated a date and time for the interview to take the place. Due to the nature of the pandemic and its limitations, participants had the option to choose to meet through a phone or video interview. All participants chose the video interview option. Secure Video is a secure platform that can protect the confidentiality of participants and was used to conduct the interviews. Secure Video has a built-in recording feature that was used to record the interviews.

At the time of the interview, the study procedures and the consent form were reviewed with the participant prior to the recording. Participants were made aware that they could withdraw their consent at any time, especially if they felt uncomfortable at any point during the interview. They were also allowed to refuse answering certain questions and could take breaks whenever necessary, but these did not occur during any of the interviews. I began recording once the participant had an opportunity to raise any questions or concerns they had about their participation, all the terms were agreed upon, and the consent form was signed.

Data Collection

The interview began with the administration of a demographic questionnaire, then interview questions followed. All interviews began with the first question in the interview protocol (Appendix C), but there was space left for further exploration. I remained as present as possible and did not take notes throughout the interview. Though, there were points in time in which I was curious about the participant's experience and prompted them to share more about their internal (e.g., thoughts, emotions, memories, etc.) and external (e.g., events, situations, etc.) experiences. After each interview, I recorded observations and reflections in my research journal. Interviews took place in November 2020. Participants were given a maximum of 90 minutes for their interview, though, no participants surpassed an hour. Once I transcribed completed interviews, the transcripts were emailed to the respective participants with an invitation to review their transcript and offer feedback. Any feedback offered would have been included for data analysis; however, during the follow-up no participants offered additional feedback.

Data Analysis

Data consisted of interview transcripts and demographic information from all participants. Finlay (2011) posits that IPA abides by an idiographic approach which unveils experiential themes through active exploration and openness. Smith and Osborn (2015) and Pietkiewicz and Smith (2014) provide an outline of the steps of IPA that I used during the analysis. I applied these steps with the aim of generating themes inductively (bottom-up guided by participant experiences) that deductively fit within the pre-determined categories of multicultural counselling competency (top-down guided by MCC models in the counselling literature). The steps are described below:

1. *Reading and taking notes.* I read and re-read the text of the transcript while noting any thoughts, reflections, and/or observations pertaining to the participant's experiences. This step also helped in familiarizing myself with the transcript. Though there was no specific guideline as to how the data should have been approached, it is important to familiarize oneself with the data.
2. *Developing themes.* The next step of IPA involved developing provisional themes from the participant's thoughts, reflections, and/or observations identified in the first step. The left-hand margin of the transcript was used to record brief phrases or words to describe the participant's experiences and perceptions. For example, one participant detailed her guilt surrounding Canada's history with Indigenous peoples; thus, I placed the word "Guilt" in the margin to encapsulate the participant's embodied experience. This was done to capture the essence of what was found in the text related to gaps and challenges in multicultural competency.
3. *Identifying connections between provisional themes within the transcript.* The next step required the analysis of the provisional themes developed in the previous step. Provisional themes with common connections were clustered to create a new theme. For example, participants who discussed feeling "guilty" or "embarrassed" in their work with Indigenous clients would have these feelings categorized under the main theme of "Inner Obstacles." The main themes were then compared against the original transcript to ensure they closely fit with and were representative of what the participant had expressed.
4. *Generating a table of themes.* A table of the final main themes generated from the

- analysis of the transcript was created. The pre-determined categories of cultural awareness of self, cultural awareness of other, cultural knowledge, applying skills cross-culturally, and culturally sensitive alliance, were placed in the first column of the table and were used to guide which main themes related to each of the competency categories. The themes deductively corresponding to each category were placed in the second column of the table. Themes were accompanied with quotes and page numbers where the quotes were located in the transcript.
5. *Continuing the analysis with subsequent transcripts.* Steps 1 to 4 were repeated for the remaining transcripts. At this stage, each transcript was analysed separately and not compared against others (Smith, Flowers & Larkin, 2009). A separate table of themes (see step 4) was made for each transcript.
 6. *Finalizing the thematic structure.* Once every transcript was analysed on its own, I created a final table with the competency categories and corresponding themes across all transcripts. There was a merging of similar themes and removal of redundant themes across transcripts to create a single thematic structure that reflected the gaps and challenges within each multicultural competency category. For example, all themes that had to do with the gaps and challenges therapists faced when applying clinical skills with Indigenous clients were included under the competency category "Applying Skills Cross-Culturally." The final thematic structure is depicted in Table 1 in the results section.
 7. Transcripts were re-read to compare them to the final thematic structure to ensure that all possible themes were noted in a consistent manner.

Quality and Trustworthiness

Credibility

Shenton (2004) stated that the credibility of a qualitative study ensures that it measures what it aims to. It also refers to the appropriate representation of the data under inquiry. There are multiple ways in which the credibility of a study may be assessed, including using well-established research methods, ensuring honesty in informants, applying iterative questioning, consulting a supervisor, and engaging reflectively with the material. Next, I outline how I used these within the analysis for my study.

First, IPA has been utilized in cross-cultural and multicultural related research (Smith & Shinebourne, 2012). In addition, in developing and conducting this research study, I consulted literature on creating interview protocols, interviewing, and data analysis. Second, I asked participants a set of debriefing questions to ensure that representative accounts of their experiences were considered. They could read over and reflect on their transcripts after they completed the interview in addition to offering feedback that would be integrated into transcripts for analysis (Shenton, 2004). Next, I used a research journal to engage in critical reflexivity, which included reflective commentary during each phase of data collection, coding, and analysis. Peer scrutiny was utilized to establish credibility through collaboration with feedback from my thesis supervisor who provided commentary and constructive criticism on the interview transcripts, data analyses, and resulting thematic structure.

Transferability

Transferability is the extent to which the findings of a study can be transferred to other scenarios (Shenton, 2004). Shenton (2004) argues that transferability may not be a realistic goal in qualitative research. However, a way one can ensure transferability is to provide an abundant description of the phenomenon that is being studied to allow readers to have a comprehensive understanding of the phenomenon. This will allow researchers and readers to be able to identify the specific phenomenon as it emerges in other similar situations. I have ensured this through providing a rich description of my context as a researcher (Appendix D) and the phenomenon that is being investigated, described within the methodology section.

Dependability

Shenton (2004) defines dependability as if the study was repeated within the same context, then the same results would be acquired. To ensure that this was met, I provided a rich description of the research design and its implementation, provided detail about data collection (e.g., demographics, interviewing approach, etc.) and analysis procedures, and I provide in the discussion section an evaluation of my process of inquiry reflected upon in my research journal.

Confirmability

Shenton (2004) describes confirmability as a form of objectivity. Within qualitative studies, the researcher plays an essential role in the analysis of the data and the interpretation and the dissemination of the results. Thus, it is essential that the results reflect the experiences of the participants rather than be influenced by the researcher's preferences, characteristics, or

worldview (Shenton, 2004). The researcher's acknowledgement of their own biases for choosing and implementing a particular methodology are important for confirmability. Thus, this thesis includes a section of my pre-understandings and an explanation of my worldview and beliefs related to the phenomenon under study prior to the data collection and analysis. Additionally, I have also engaged in critical reflexivity to achieve confirmability by re-examining my beliefs and judgements throughout the research process and making notes in my journal about how these might have influenced the research. Finally, my thesis supervisor assisted with confirmability by holding my analysis to account by seeking clarification of my interpretations and development of themes and pointing out potential departures or omissions from what was presented in the original transcripts.

Critical Reflexivity

Intersubjectivity and its influence within the process of data collection and analysis is inevitable within the framework of IPA research. Within IPA, it is presupposed that a researcher will view and interpret data they collect through their own lens. This lens consists of their own subjective accounts, experiences, and worldview in relation to the phenomenon that is being researched. Thus, it is important that researchers are able and willing to understand their own subjectivity and how that influences how they interpret the subjectivity of their participant (Finlay, 2011). Finlay (2011) suggests engaging in reflexivity that is grounded in hermeneutics, meaning that the researcher's reflection on their interpretations and the phenomenon at hand are continuous. I wrote a preliminary research reflection prior to data collection, and this can be found in Appendix D. In addition, my reflection on the process of data collection, analysis, and interpretation can be found in the Discussion section.

CHAPTER FOUR

Results

Within this study, I aimed to learn about the gaps and challenges therapists experience in their own multicultural counselling competencies in working with Indigenous clients. The following competency domains were explored based on current multicultural competency models: (a) Cultural Awareness of Self, (b) Cultural Awareness of Other, (c) Cultural Knowledge, (d) Applying Skills Cross-Culturally, and (e) Culturally Sensitive Alliance. Three participants were involved in this study each of whom self-identified as White females. The age range of the participants was between 35 and 50. All participants identified as Master's-Level trained therapists, with experience ranging between five and 12 years. All of the information is indicated below in Table 1. Regarding the counselling context, two participants exclusively worked in private practice, while Marla transitioned from working in an Indigenous organization to private practice. All participants shared their experiences from working within these contexts and their names are replaced with a pseudonym to maintain anonymity. These pseudonyms are used consistently throughout the study.

Table 1

Participant background information

	Marla	Rosie	Victoria
Ethnoracial Identity	Canadian	Canadian	Canadian
Other Social Identities	Early 50s	Late 30s	Late 40s
Professional Identity	Registered Psychotherapist	Registered Psychotherapist	Registered Psychotherapist
Years of Experience	8	5	12
Theoretical Orientation or Approach	Internal Family Systems, Psychodrama	Acceptance and Commitment Therapy, Attachment-based,	Emotion Focused Therapy, Solution- Focused Therapy,

Psychodynamic,
Trauma FocusedCognitive Behavioural
Therapy

This section is divided into six subsections each representing a competency domain and an additional subsection reflecting other notable gaps and challenges not directly reflected in current multicultural competency models. These domains and respective subthemes are represented below in Table 2. In describing the subthemes, I share quotes from participants that support the subthemes based on the perspectives that were shared throughout the interviews. Although participants were asked to share perspectives on gaps and challenges they experienced in each domain, most shared stories about their lived experiences in accordance with the interview prompts. Participants also offered perspectives surrounding social justice and advocacy regarding Indigenous peoples. This displays the importance of ongoing discourse about multicultural counselling competencies and the relevance they may have in the broader context of the world.

Table 2
Themes and subthemes

Theme	Subtheme
Cultural Awareness of Self	Awareness of normative Whiteness Reflecting on marginalized identity Observing others' lack of self-awareness
Cultural Awareness of Others	Idiosyncratic understanding of Indigenous culture Cautiousness surrounding essentializing Cautiousness around stereotyping Navigating White-passing privileges Oppressions towards Indigenous people
Cultural Knowledge	Educational programs and resources Compensating through self-learning Supervisors' knowledge Complexity of knowledge Understanding Experiential knowledge Discomfort with knowledge

Applying Skills Cross-Culturally	Tensions with Western understandings Departing from normative practice Caution in conversations Repairing relational ruptures
Culturally Sensitive Alliance	Inner obstacles Race-related self-consciousness Trust building Cultural empathy Joining through similarity
Other Notable Gaps and Challenges	Workplace challenges Systemic challenges

Cultural Awareness of Self

Participants were first invited to reflect on gaps or challenges they experienced related to awareness of their cultural self when working with Indigenous clients. Notably, each of the participants seemed to find it difficult to reflect on their cultural selves during the interview and did so to varying depth. For example, when responding to the question, Marla focused exclusively on what she had come to learn about Indigenous peoples rather than focusing on her own culture, compared to Rosie, who offered nuanced reflections on her normative and marginalized identities. The following subthemes—(a) Awareness of normative Whiteness, (b) Reflecting on marginalized identity, and (c) Observing others' lack of self-awareness—reflect gaps and challenges related to participants' understanding of their cultural self when juxtaposed to Indigenous culture.

Awareness of Normative Whiteness

Some participants acknowledged challenges when reflecting on their identities as White individuals. Rosie expressed her awareness of her own normative identity as a White European: “And I think being a White person from Europe originally by one generation, like I'm just first-generation. Most of my, I think cultural ties are more British than are Canadian in many ways.” Rosie also reflected on how her normative identity compared to that of the identity of Indigenous people. This was followed by an expression of guilt in relation to her identity as a White person that holds privilege in the world.

I mean, if we really get into this stuff, there's a little White guilt there in terms of the self. Yeah. I know like there's a little bit of like, what can you do to sort of help people who

have been oppressed by a colonial society? Which, while you didn't personally do that and you personally say you would never do that, you are a descendant of that line. Right?

Like are you trying to fix the wrong of the past? So, there's a little bit of that stuff.

Victoria called attention to the differences in privilege in relation to Indigenous people and herself as someone who identifies as White. She acknowledged how her own culture has provided her with the inherent safety and security that might have not been awarded to another individual from a different culture.

What automatically springs to mind, for me, is White privilege. So being culturally aware of myself I would think would include the fact that I haven't gone through any of the you know residential school the 60's scoop. None of my cultures have attempted to be eradicated. I'm sitting in a very comfortable and privileged space.

Reflecting on Marginalized Identity

Only one participant discussed their marginalized identity when reflecting on cultural awareness of self. Rosie struggled while reflecting on her margins, alluding to how while a sexual minority, she views herself as "hetero-passing." She acknowledged her own privilege in terms of not being identifiable as a minority given that she "passes" compared to others where their identity is inevitably visible to others.

I am thoroughly aware too, is that I do not present like [a lesbian]. Nobody would assume that [is my identity] because of how society sees me [as passing heterosexually]. You know how we look, like I don't look like a gay person. And that sounds polarizing, but let's be real, that's what society sees. Like if we go to identity, right? People say, "Oh, I'm non-binary" and we had this conversation before. It's like, well, you just don't appear or present as you think people want you to. So, for me, I mean I pass. Right? But that's a whole other tangent.

Despite privilege associated with "passing," Rosie highlighted how possessing a marginalized identity could help her relate to an Indigenous client. Within this next excerpt, she reflects on how her understanding of her own marginal identity is relevant to how she relates to Indigenous people also having a marginal identity.

I think that's the key too, is that, I mean, in all fairness, I think because you [the researcher] are a black woman, you're aware, you're acutely aware of those things, you know? And I think being a White person from Europe originally [...] But, I'm also not

heterosexual, so I'm a little different. So perhaps sometimes when you're not the mass population, you know, you're not straight White Christian, you know, all of the colonial kind of traditional family makeup, you're all a little bit different. That's the reason why I'm interested in working with Indigenous people. But I'm acutely aware of my own kind of understanding of what it's like to not be the average norm, but also, I mean here I am kind of contradicting myself.

When sharing her experiences as a sexual minority, Rosie elaborated that she believes her heightened self-awareness helps her relate to clients through their respective minority status with compassion and empathy:

But I think there's parts of that. I think you'll find most people who do work or want to work with people in the Indigenous community have a background in it, have something that they've understood and experienced themselves that makes them different. So, there's more of an empathy, compassion around what that might be like. You know? I don't know, be interesting in your research to see.

Observing Others' Lack of Self-Awareness

Some participants mentioned the frustration and disappointment they experience in witnessing the blindness of others in perpetuating racism. Specifically, after her in-depth reflection on her own marginalized identity, Rosie expressed negative feelings about others who appear unaware and highlighted the importance of self-awareness.

And then I realize some people, not everybody, but there's a few, there's a smaller group of people who maybe through generations are not aware that something had a racist undertone or that there was a marginalization there, you know? And I'm like, wow, they don't see that as an inappropriate comment or situation for them. They just-it's almost become baseline.

Moreover, she found it encouraging when she was pushed to be more self-aware.

And I think also I had a prof in my Master's program who is, she's a African American and she only works with marginalized populations. She could be a little abrasive and aggressive with non-Black people. And I liked it 'cause it was a little bit of a different way to approach the world and it pushed people to kind of come out of their little worldview bubbles.

Cultural Awareness of Other

Participants spoke of challenges when reflecting on cultural awareness of other, represented by the following subthemes: (a) Idiosyncratic understanding of Indigenous culture (b) Cautiousness surrounding essentializing, (c) Cautiousness around stereotyping, (d) Navigating White-passing privileges, and (e) Oppressions towards Indigenous people.

Idiosyncratic Understanding of Indigenous Culture

Two of the three participants highlighted ways in which they perceive but struggled to understand aspects of Indigenous culture fully. They acknowledge that their understanding is limited in some way. Victoria revealed her lack of understanding of the interpersonal landscape within Indigenous communities: “I don't have any idea in an Indigenous community who hangs out with who, what they do, what the community looks like and how it might be different from mine.” She adds that she also experiences gaps in understanding Indigenous customs and traditions:

Like I don't know specifics about healing ceremonies. I don't know specifics about why you [smudge using] sage and cedar instead of juniper. But I do know the basics around the importance of smudging—so I would say that specific information about sort of connection to nature.

Victoria also reflected on how “connected” Indigenous people may feel to their cultures and how different levels of acculturation may impact how she relates to her Indigenous clients. She expressed curiosity to learn more about this gap:

I would say it's less important than if I worked like in—like not in Ottawa, I guess, I mean it's less of an issue, because the [Indigenous] people who I'm working with aren't actually all that connected to their culture, sadly. But if I were working in an Indigenous community, then it would be crucial. It would be much more important that I understand more and better.

Rosie made similar observations about Indigenous client's connection to culture, adding that it may influence how they experience the world.

Especially people who have come from, have had immediate cultural immersion and you know, like they've actually, they're really in that culture. Like I've had some Indigenous clients who, you know, they may be a quarter Indigenous, but some are really colonized in many ways.

Cautiousness Surrounding Essentializing

When asked about Cultural Awareness of Other, Rosie expressed a lot of caution and concern surrounding essentializing. She believes that culture itself is “unique” to each individual rather than a group of people: “Everybody has culture. It's just completely individual to that person, right?” She elaborates with an example where, when visiting a reservation, she noticed that she did not want to characterize the residents as possessing the same fundamental traits. Seeing culture as part of the individual but not the entirety of the individual, she said: “I didn't assume that they all would like First Nations art.”

Conversely, Rosie struggled to resist an essentialized view of Indigenous clients given the impacts of colonialism. She seemed confused, wanting to be able to recognize the difficulties that Indigenous people have faced, but not wanting to assume that all Indigenous clients have had a difficult life: “There's this awareness. I assume all of them have had a difficult life. I just do. On some level I realize that's a bias.” Rosie also struggled with how this essentializing view might be pathologizing Indigenous identity. She acknowledged that though there are many layers of trauma to the experiences of Indigenous individuals, there are also other aspects of their experiences that need to be addressed: “There's more to their experience than just being Indigenous so though it is also part of their experience, I can't sort of trace every single problem back to that.”

Cautiousness Around Stereotyping

One participant expressed a certain level of caution surrounding stereotyping as challenging to navigate. To start, Rosie expressed hesitancy surrounding not knowing how to refer someone in the Indigenous community. She faced a challenge in being cautious about the appropriateness of labelling: “I didn't even know, what you should call someone. Should you refer to someone as a, is it, what tribe are you from?”

Surprisingly, Rosie is the only participant who discussed stereotypes. Though her speech was deliberate, she felt willing to share her “discomfort” with the presence of what she deemed to be harmful stereotypes in her thinking, such as: “All of the stereotypes come to mind like lazy or alcoholic, all of these things come to mind, and I think that one of my clients struggles with that a little bit.”

Rosie expressed feeling “uncomfortable” with these negative stereotypes that came to her automatically: “It was more of a factual thing, but I was kind of like, makes me uncomfortable

just like that. You immediately go to that ideology.” Further, Rosie expressed the challenge with delicately balancing not reinforcing stereotype erroneously and not overlooking when the stereotyped issue is present and warrants attention. She reflects on this within the context of her clinical work with Indigenous clients:

So, one of the sensitive places that I often feel uncomfortable asking an Indigenous person more than anyone else is about their relationship with alcohol. Because of that stereotype about, you know. I've heard this from clients, “Oh you know I'm a drunk Indian”, you know, ‘cause there is that stereotype. Stereotypes are harmful. Generalizations sometimes are based on fact and when they're not used in a certain context are okay. But to be cognizant that alcohol is a predominant problem on some reservations. That's not a stereotype, there's a fact there, but I'm very careful.

Rosie continues to elaborate on the challenge of being mindful of preconceived notions and to not attribute them to the client's Indigenous identity:

I think, not falling into assumptions about their behaviour being always because they're Indigenous. So being careful not to generalize too much. Be careful not to be prejudiced, right? [Not assuming] they have trauma because they're Indigenous.

Further, having witnessed it in a friend, Rosie expressed worry about misinterpreting behaviours of Indigenous people, by also attributing them to Indigenous identity:

Bias about not really understanding, kind of like what you said, not really understanding what reservation life is like. So, I had an idea based on being in Vancouver a few times and some friends who lived outside of a reservation and like, I remember him specifically saying, “Oh, my kid's bike got stolen”. And I'm like, “Oh, you know, does that happen a lot?” And he's like, “Yeah, sometimes.” He goes, “I'll just get in the car and I'll drive around the Res and look for it.”

She exercised caution about how the facts of this event were interpreted, stating that it may be a fact that someone from the reserve stole the bike but that interpreting through a lens of systemically imposed poverty may lead to understanding the behaviour differently:

Is that Native people or is that... No, it's poverty. Right? [...] I don't think he meant it in a racist way. It was more of a factual thing.

Navigating White-Passing Privileges

When asked about Cultural Awareness of the Other, Victoria brought attention to privilege as it relates to varying levels of Indigenous identity. She recognizes the privilege of being White-passing and how this may influence the lived experiences of Indigenous clients. She explained her view that when Indigenous clients appear to be “White-passing,” it may influence the ways in which they are treated and experienced by the world. She seemed uncomfortable while explaining this, and meticulously chose her words:

The Indigenous [people] that I work with present as White. They're not fully Indigenous. They have Indigenous within them but they don't present as Indigenous. Okay they're White passing, and so they don't get the same treatment.

Victoria adds how this White-passing privilege may influence how Indigenous clients may relate to her in a therapeutic setting: “Or you know, a friend or they trust me because nobody that looks like me has treated them that badly.”

Oppressions Towards Indigenous People

In reflecting on their awareness of Indigenous culture, all participants acknowledged oppression, discrimination, and marginalization that exist against Indigenous and other racialized communities. While explaining these concerns, all participants seemed to convey empathy and hurt. Rosie expressed frustration while sharing a personal story of how she had experienced a friend being culturally insensitive toward Indigenous people. The friend had stereotyped Indigenous people as being the cause of their stolen item and Rosie exclaimed: “I’m like, wow, they don’t see that as an inappropriate comment or situation for them.” She continued to reflect with frustration on the level of disparity that also exists within other marginalized communities: “Absolutely! So, I see a disparity even more and I'm just like, ‘Oh, it doesn't stop at the black population being like the marginalized one. It goes like way beyond that.’”

Victoria acknowledges the systemic racism that exists towards Indigenous people: “I think the Indigenous people that I’ve worked with have experienced racism in a much more systemic way.” Rosie mentions that she recognizes that Indigenous people, as a collective, may experience disempowerment by the society in which they reside. She is aware how social location contributes to the maintenance of this reality as she makes this claim: “They do not feel heard.”

Further, Rosie shared a story about a mistake she made in forgetting the name of a member of an Indigenous client's family member. She then wondered about the connections between what she experienced firsthand with her client (i.e., the client "not being heard") and how this was relevant to the sociohistorical context the client resided in. She also expressed empathy that the client had been hurt by this experience. Within this next excerpt, Rosie attempts to maintain a balance between acknowledging the oppressions Indigenous people have faced while ensuring that she does not assume that it's been the reality of every single Indigenous person:

You back up and you're like, "Oh, she's an Indigenous person." You think? You have that moment where you go, "Gee, not that everybody who's Indigenous doesn't feel heard, but as a culture, I mean, hello. Think about what they've put up with."

Cultural Knowledge

When participants were invited to reflect on the gaps and challenges related to their knowledge of Indigenous culture, they had much to say about this. Participants spoke to the lack of curriculum and supervision related to Indigenous culture in their formal training to become a counsellor and ways they compensated to fill that gap (e.g., self-learning and practice-based knowledge). Other subthemes regard gaps in experiential knowledge about Indigenous life participants felt they needed, and challenges related to the complexity of and discomfort with cultural knowledge they learned when working with Indigenous clients.

Educational Programs and Resources

Participants acknowledged the need for multicultural training that is Indigenous-centric. Within this subtheme, participants spoke to the gaps they experienced in their educational programs and the lack of resources within, such as course curricula and course materials. Two participants expressed frustration with the lack of information shared about Indigenous culture and history during their counselling training, such as Rosie who claimed that there was an "inadequate" focus on Indigenous populations when culture was alluded to within texts assigned to her courses and Marla who stated emphatically that she encountered "Zilch. Nothing. Nothing at all" concerning Indigenous culture within her Master's program in Counselling. While elaborating on her observation, Marla seemed visibly annoyed if not outraged, stating in a sharp tone: "I think programs do a disservice, especially a Canadian counselling or a social work, whatever it is, programs do a disservice to have admissions when we don't even know a little bit

about the history.” Marla added that though her course materials were helpful in terms of learning about general clinical information, there was not enough information about what therapy with Indigenous populations (or any other groups) would look like in practice, stating “But there was no real, ‘here's how to work with them’. It was the clinical information that was helpful, but definitely nothing about knowing Indigenous or any other people. Absolutely not.”

Rosie shared a different experience in that though she learned about Indigenous culture in her program, it was not a major focus. The cultural diversity course in her Master’s program in Counselling did not have an extensive curriculum on Indigenous populations. She seemed discouraged as she shared:

I was like, wow, there's not a lot in here. It came up a few times, you know there was, I'd say if we took 100% of a cultural diversity course, so we had cultural diversity and understanding world view, which was excellent in general. But out of that I would say maybe 20% of it was focused on that population.

Rosie added that a course text on cultural diversity within her program had an absence of information about Indigenous culture, such as Indigenous history and worldview, and this did not match her expectations that there would have been more Indigenous-related content: “The chapter [multicultural psychology course text] on Indigenous wasn't as big as I thought it would be and I found that interesting too.” She observed that more information was provided on other cultures compared to Indigenous culture in the resources provided in her program: “It had a lot more on Asian Canadians, Chinese and East India.” Finally, she shared that though there were conceptual frameworks provided for racial identity development for persons of certain race/ethnicities, there was no conceptual framework provided for understanding the Indigenous identity: “It had like biracial identity, White identity, Black identity. It didn't have a framework identity formation for an Indigenous person.”

Compensating through Self-Learning

All participants shared their struggle in having to place effort into learning on their own time about Indigenous culture and that they believed they had to do so to compensate for the lack of knowledge within their programs. Marla mentioned that the gaps in her formal education on Indigenous history motivated her to learn more on her own accord: “We didn’t learn about the deep wounds, the residential schools, what that was about. I mean, I did some research on my own after I started hearing about it.” She continued: “I felt naive and I didn't know anything

about the Indigenous people. I did do things to learn. Like I did a sweat lodge one time, one weekend. That was an experience, not so sure I'd be brave enough now.” She also spoke of taking responsibility to do her own research about certain aspects of Indigenous experience: “I read some books I think on Indigenous and FAS (Fetal Alcohol Syndrome), the prevalence of FAS and how alcoholism has just gone through generations.” However, she later shared how self-learning ultimately felt overwhelming as it took more time and energy in addition to maintaining her practice.

Rosie echoed a similar sentiment to Marla's about gaps in formal education, adding that she believes the onus is on the therapist to make an effort and learn about Indigenous culture and history. In fact, she believes it should be mandatory that counsellors step out of their comfort zone to learn more about Indigenous culture:

I think if you're going to work with a population, there should be rules or like strong parameters around having to step outside of your box and learn more about that history, specifically. I think it should be part of the education, like you say. They're 20% this is where they live in Canada, but they're the fastest growing population in this country as a people. You know? There should be more applied to that. There should be more understanding of resources or politics, those things.

Rosie emphasized how placing effort in acquiring knowledge was similar to studying: “You do study and you do learn more about their culture and how they've grown up and what their history is like, they're connective people.”

Victoria shares similar experiences to Marla and Rosie, citing specifically wanting to learn about the effects of residential schools on members of Indigenous communities. Victoria expressed guilt when acknowledging her lack of engagement in acquiring more information and/or resources about Indigenous communities, clarifying that she does not want to overly rely on her professors or her clients to teach her about this area of interest: “As I'm saying this, I'm like ‘Well it's not really fair for them to teach me everything.’ So there's probably more responsibility on me to learn, than I've taken. It's interesting.”

While some participants highlighted the importance of self-learning through resources (e.g., textbooks, trainings, etc.), some spoke to the importance of self-learning through their practice. Marla spoke to how her learning about Indigenous culture was “delayed,” occurring after her formal education was completed and when she started working in an Indigenous

community centre early in her career as a psychotherapist: “I didn't learn [about Indigenous people] till like two years ago. Well, I didn't learn ‘til I was there [working at Indigenous Community Centre].” Further, Rosie spoke to how learning through practice could initially feel uncomfortable, however comfort developed with more exposure and experience with Indigenous clients: “It's more comfortable as it's like anything, if you do something more, you become comfortable.”

Complexity of Knowledge

Participants noted that the knowledge that was to be acquired about Indigenous clients was often complex in nature, including Indigenous culture, history, and traditions, and that this would look different for each Indigenous client. Rosie acknowledged that having the proper knowledge can be healing for her clients, but that there is an overwhelming amount to be known about what healing looks like in an Indigenous context. It became imperative for a client's therapy—rather than just optional or “good to know”—for her to consider the client's full context including oppressions, history, current political climate, and location related to their culture:

In that moment, I thought to myself that I now, I need to consider culture, I need to consider oppression, I need to consider history, I need to consider what's currently happening, I need to consider Truth & Reconciliation, whatever that means. I need to consider if she's living on a reserve. I didn't even know where her family's been. I need to know—like it was just—all of these things.

She elaborates that it is not always possible to comprehend every single aspect of a client's culture, especially given the diversity even within Indigenous groups:

Exactly, to another micro-environment. You can't understand everything. It's the same thing if someone's Czechian or something, you could have this ideology of that history, of that country, of that space, of how it's reported, but then you don't know what their history is.

Rosie also highlights the limitations of knowing general Indigenous history through a story in which a client had shared specific information that she had not been aware of. She expressed surprise as she was recalling the story:

It opened a conversation for him to be like, “You know what's more problematic Rosie? It's when I go to visit my cousins in another Mohawk region, the politics between the two

regions.” He said, “It’s like a nightmare.” So that was interesting, there’s politics within communities, right?

Understanding Experiential Knowledge

This subtheme highlights participant gaps in comprehending the lived experience of their Indigenous clients. Rosie mentioned the importance of “learning what it’s like to be in their shoes.” When participants spoke to this, they primarily seemed curious to learn more about what they did not know. For example, Victoria called attention to better understanding client lived experience as it relates to spirituality in the Indigenous community, stating: “I don’t really have access to that in that I can’t even read up on it. That’s got to be given to me by [the client].” She reflected on the lack of knowledge about spirituality and the role it could potentially play in the life of a spiritual Indigenous individual:

Yeah so there’s a webinar coming up called, “Is it mental illness or is it a demonic possession?” and it was really interesting to see all the different responses to it, because that would be something that I would need. That would be a gap for me. I don’t have any knowledge of conceptualizing mental illness as a demonic possession. I have no background in that, but apparently some of the people were saying that they have had clients who go through rituals to exorcise demons as part of their therapy [...] I wouldn’t know how to go about it or understanding how the person experiences it.

Victoria also commented on her curiosity about wanting to learn more about the relational world of Indigenous people. Specifically, how they define their “relationships” with others in the world. Here, Victoria acknowledges that there may be cultural differences between how she perceives and experiences relationships in comparison to someone from an Indigenous culture: “I would like to get to know more about how their culture is different from mine. Yeah, like what kinds of relationships are important to them, how they define them.”

While acknowledging gaps in her understanding of the lived experience of Indigenous clients, Victoria was hesitant to share this struggle during the interview: “I may not have a very good understanding of what it feels like to have gone through those things.” Lastly, Victoria shared how she deals with the challenge of not knowing a lot about a client’s world. She admitted to needing the client’s “help” in being able to walk alongside them, relying on open dialogue and explanations from the client.

I don't want somebody who can tell me what to do, or guide me into the exact right thing to do. I want somebody to journey with me and to be part of my journey. I guess what I'm saying with Indigenous people is that I can recognize that. You know, "I can try as hard as I can, to be part of your journey but you're going to have to help me because I don't have the background of, you know, the generations and generations of trauma in that way. I need more explanation, maybe then, then you might think."

Discomfort with Knowledge

In reflecting on gaps and challenges related to cultural knowledge about Indigenous people, Marla shared her experiences surrounding the discomfort that comes with acquiring knowledge about colonization and intergenerational trauma. The more she learned about the trauma experiences within Indigenous history, the more unsettling it was for her. Victoria expressed similar discomfort recounting the difficult history of Indigenous peoples and not wanting to delve into the negativity of these historical events:

I don't know why I don't I felt like I should, too; but I don't feel compelled to do it because I feel like it's kind of like reading about the Holocaust. Like I don't need to read it to know how bad it is. Like I don't need to be convinced.

Marla focused on how she became exposed to intergenerational trauma and the severity of it as she continued to work with Indigenous clients within her practice, recognizing that trauma has deeper and generational roots when examined further. She appeared to be overwhelmed when sharing this information:

It's the abuse, physical, emotional, mental. I don't know if I want to say this. When I just, when I first started seeing people, I knew it was for mental health, but after I'd been there awhile, I realized this is generational and its various forms of abuse.

Marla reflected on the forms of abuse endured by Indigenous people and the impacts of intergenerational trauma:

They were physically sexually, emotionally abused. So, of course they don't know how to, it's like I said, it just comes down. Nobody knows how to be with one another other than the feel-good time. [They are] really struggling to make it work. So, when they were taken away from their families, little kids they didn't learn how to be, to trust the White people.

She also reflected on relational aspects of intergenerational trauma she witnessed in clients:

Like how there is no communication between men and women. They don't, there was a generalization because both ... coming down the generations, neither party knew how to be in relationship, knew how to communicate, right? No trust and you know, some kind of trauma.

Marla expressed bewilderment at how one survives intergenerational trauma: "I don't know how they did it to tell you the truth. Some of their stories...and to still be walking around with their head up, you know. I had a lot of admiration."

Marla also discussed her shock surrounding the immediacy of the effects of intergenerational trauma and how they manifest in her client's day to day life. She felt that the past and present seemed to blur into one another and was "saddened" when witnessing the sequelae of the trauma that her clients and their families have endured. Marla had specifically shared a story about running into an intoxicated client when she was in public, suggesting he had relapsed from treatment. She viewed this experience as having observed the impacts of intergenerational trauma firsthand: "And I think one of the things I've noticed is how long lasting the effects are and how it's like it just happened yesterday. It felt like meeting some of these people, it's almost like their history happened yesterday."

Supervisor's Knowledge

Gaps and challenges also related to supervisory knowledge and the extent supervisors supported the participants in terms of understanding the role of culture in therapy. Only Rosie mentioned such concerns. She expressed frustration surrounding supervisors not considering or incorporating culture within clinical supervision and was particularly surprised that how little culture was considered in her supervision when working with a diversified caseload: "I'll often seek supervision on how to go about that. I do find most supervisors right now that I've had do not focus so much on the cultural aspect. I'm surprised that they don't."

Rosie provided an example of culture not being prioritized within clinical supervision; she was concerned about the discrepancy between psychopathology and culture where she felt the supervisor focused primarily on how her client presented psychologically and personality-wise, without enough consideration of culture: "[Consideration of culture] was always often the first thing for me. So, you have to learn how to marry [psychopathology and culture] together. [Supervision] is not focused too much on, you know, I'm working with an Indigenous person"

Rosie also described how she had a disappointing experience when she brought a cultural

concern in relation to an Indigenous client into supervision. She indicated that her supervisor did not respond in a manner that was satisfying to her as they primarily focused on generalities rather than on finding a balance between culture and the individual. The supervisor's response did not resonate for her given her view that culture can influence an individual's experiences in the world: "[Culture can change] how [one's presenting concerns] manifest, how it feels."

Applying Skills Cross-Culturally

When asked about applying skills cross-culturally in their delivery of therapy with Indigenous clients, participants mentioned (a) Tensions with Western understandings of therapy, (b) Departing from normative practice, (c) Caution in conversations, and (d) Repairing relational ruptures as challenges they experienced. All three participants discussed the difficulties they faced in being able to engage in therapy with Indigenous clients. Their concerns were primarily grounded in the confines of the therapy profession and within the relational realm of therapy.

Tensions with Western Understandings of Therapy

Within this subtheme, participants discussed the tensions they experienced when trying to make sense of the client issue and how it intersected with the Western therapeutic lens they were trained in. Rosie discussed her sense of "confusion" surrounding how to conceptualize a client's case based on different cultural and mental health influences, in addition to concerns with being able to navigate her client's culture in relation to her theoretical orientation. Rosie faced a challenge in assessing the appropriateness of her therapeutic framework, where she described experiencing tension between her clients' culture and her therapeutic stance and what implications it has on the lives of her Indigenous clients:

This is like a bit of a colonial Western model of therapy is, you know, the blank slate one. The humanistic model where you're human and you're approachable, but the humanistic is like, "I see you, I feel you." Right? It's not, "Oh, and here's a bit of me." It's just all about [the client]. It's this unconditional positive regard, which feels great. But [sharing more of the self] feels a lot better, I think, with people who are used to, [who are] more connected to community. Then I can only speak for White people.

Further, Rosie highlighted the challenge she faced in balancing her awareness of Indigenous culture and of Western conceptualizations of mental health. She described her interactions with an Indigenous client who had been diagnosed with Borderline Personality Disorder (BPD).

Ultimately, to determine what happened interpersonally between her and her client in session,

Rosie found herself trying with difficulty to tease apart what of the client's way of presenting might have been attributable to her Indigenous culture and what might have been attributable to the BPD diagnosis: "It took a lot of self-reflection after that and I was like, was that more about the Indigenous [aspect] or was that more about the BPD [aspect]? Like what happened there between us?"

Departing from Normative Practice

When asked about applying skills cross-culturally, participants described ways in which they noticed themselves departing from, or making adjustments to, what they had learned through training or had become accustomed to when working with non-Indigenous clients. Departures in normative practice regarded both clinical practice and ethical practice.

With regard to clinical practice, Rosie noted there was a general orientation provided in her training when it comes to "treatment," but that "specifics" were not provided when it came to how it translated in practice with the Indigenous population: "They're good tips. It's an understanding, but they did not talk a lot—there was a bit of a mention about the residential schools. But that's the surface area stuff." In terms of specific clinical skills, participants reflected on adjusting their (a) micro skills and space for the client, (b) understanding of emotions, (c) use of therapist self-disclosure, and (d) crisis intervention skills.

In terms of micro-skills, Rosie mentioned having to make the decision of withholding the basic skill of paraphrasing that would typically be applied, as she tried to hold the rhythm of the therapy space differently to match the client:

When you're learning, they teach you to do the paraphrasing: "So, it sounds like that made you very upset and mad...." I don't do that with [Indigenous clients] so much. [I take up less space to hear their ideas] And I'll reflect a little bit with them and it's usually fine. You just got to learn, there's kind of a rhythm. So that's the only real difference. And being aware of the biases of course.

Rosie also reflected on space for clients to think and be silent, indicating that the "extra space" offered was different from expectations from non-Indigenous clients who "are looking at you to talk." Rosie describes the comparison:

I allow [Indigenous clients] to talk a lot more. I, I give them way more time and when there's a pause... Sometimes there's someone who's maybe not Indigenous, they're

looking at you to talk. But often [Indigenous clients'] pausing and they're thinking and then they continue the story and I don't interrupt them.

Similarly, Victoria shares her experience of departing from a norm that she is used to allowed for her Indigenous clients to have the space they needed with her: "So...those little nuances, if you're not expecting it, it's a little unnerving. I know for before I had to learn to be quiet."

Rosie described using a "quiet invitation" to allow the client to share at their own pace, although this goes against her usual nature of being more responsive with clients:

There's like, I call it the quiet invitation. It's like a quiet invitation to say, "You can ask me more, now." You know what I mean? Sometimes they'll ask you "Okay, you need to ask about trauma." You know? And if you were like, "Okay, so I've only seen you once." [...] So, I feel like, you have to get to know someone [slowly]-there's like this gentle invitation to kind of start to unwind things. It's like I'll let you see a bit of me, and you got to gauge, that's the therapeutic window, right?

Rosie and Marla offered contrasting experiences around space for clients to share as much or as little as they needed. Rosie highlights the conscious effort she required to allow the client space to share their narrative—a skill she believes is not as emphasized in Western forms of therapy:

I started to learn more about that. Storytelling is important. Let them finish their story. Don't do the counselling thing they teach you [where] I need to break in every three minutes in my head or else they don't think I'm listening. It's not the same with that population.

Conversely, Marla shared a story in which she believed her decision to allow room for the client to *not* share certain things was culturally informed. She explained that sometimes with her Indigenous clients, their children would be taken away if they were not able to adequately care for them. She made the decision to allow the client to not speak about this experience as it might have been potentially dysregulating: "Anyway, she got pregnant and I saw her hiding it. And so I was watching her grow every month and then she went back home. And then she called me and she didn't mention the baby, so I don't ask."

In terms of understanding emotions, Rosie mentioned not knowing how to initially deal with her first exposure to wailing. She expressed that this was an experience different from other clients and she experienced a lack of guidance in terms of how to best navigate a situation like

this: "I learned the hard way is if you're seeing an Indigenous client in person and they start crying, they do the wailing and it's difficult because it looks like they've lost control."

Marla shared her challenge with managing emotions when describing a scenario in which she witnessed a couple's hostility toward one another in session. She felt she did not have guidance in managing hostility between people in the therapy room: "It came up physically. It was almost a physical altercation. She jumped up and she was going to get into his face and somehow I got around her and I was in between the two of them."

Some participants also experienced using therapist self-disclosure with clients as a departure from what they were taught. Rosie noted however that in her experience therapist disclosure can lead to an increase of trust between the Indigenous client and her:

And I don't think, I think that that's where they always teach us, don't disclose. Like when you're doing your Masters, they almost err on the side of "don't ever" to "when is it appropriate." And then you got to figure that out yourself and it changes with different people. And I've tried it and played with it a bit here and there to see within a risk assessment kind of space to see what would happen. And I have noticed, I literally have heard, you know, this is more general therapy, but clients going, "You know, when you shared with me that thing that you dealt with, that really helped me".

Rosie also considers self-disclosure as an intervention with Indigenous clients more so due to her perception of the culture as collectivistic:

I find I disclose more and I think it's because Indigenous people, if you read up on it and you do study and you do learn more about their culture and how they've grown up and what their history is like, they're connective people.

Victoria also acknowledged using self-disclosure as a means of connecting to the client in a vulnerable manner. She finds that disclosing helps her gain the client's trust and join them in their emotional world. She made this claim in a hesitant manner, given that self-disclosure was often discouraged in her educational program: "A disclosure like that would be an opportunity for connection on a more emotional level. So, allowing to connect with my emotions, allowing them into my world a little bit, to acknowledge the word team." She also self-discloses to make known her negative or uncomfortable emotions in sessions with clients, but expressed uncertainty about this approach stating she "doesn't know if it is right":

...because of my interpersonal background, I would say I have a higher degree of self-disclosure than a lot of therapists do. So, I'll be honest, if I feel like or I guess [that] it's important to me that my clients understand that I know—whether or not they have asked—I'm likely to mention it at some point. But I'm not sure if that's right to do.

Lastly, when considering adjustments to normative practice more generally, Rosie cautioned that there is a risk of coming across as “othering” the Indigenous client. Referring to what she learned in her training, she explains:

It all applies, but you have to be able to modify it a little bit. But I think if you approach it as, “I have to be modifying it so much for this group of people. Work with me on this one,” you almost add into that cycle of “they're so different,” which can create distance as opposed to a bond.

Marla and Rosie highlighted challenges related to the occasional need to depart from professional standards of practice (SOP) that accompany codes of ethics they are expected to adhere to. They described how they had to decipher whether some of the SOP should apply in their clients' circumstances and, at times, made decisions to depart from the SOP. For example, Marla acknowledged that SOP exist, but faced the challenge of implementing them in circumstances where she believed they may not apply, even with clients who are not Indigenous. Prior to this excerpt, she had shared a story in which she physically comforted an Indigenous client as they were wailing. She then goes on to explain how she challenged an SOP by doing so:

You try and do what you know, and some of the rules we have I don't follow anyway. You know, there's that “no touch” thing, that's BS. Right? People will tell you if they don't want to be touched. A lot of people like the hug [inaudible] it does something for them of course.

Caution in Conversations

When asked about applying skills cross-culturally, Marla and Rosie spoke to the challenge with caution when it came to certain conversations they would have with clients. They both highlighted their worry and hesitancy to not impact the client negatively through how certain conversations were broached. Rosie shared her “extreme” cautiousness to not endorse or perpetuate harmful stereotypes by being careful how she asks her Indigenous clients about their alcohol consumption. She remained cautious about not feeding into a stereotype while also trying to create space for acknowledging something that could be pertinent to the client:

But I do notice with an Indigenous person I'm almost overly compensating for that. And like, "So we ask everybody this, about things like this" and then I'll say it again. I find myself repeating myself. I'm like, be cautious, be careful. You mean you don't want to insult or be like, you're an adult, you know you are an Indigenous person. I'm asking you about alcohol. Am I that White person being that person who's like, "Oh, I'm assuming you drink." You know? It would be like saying to a Black person "Oh, I'm assuming you like Soul and R&B? No, I like country."

She elaborated on efforts to not reinforce a certain stereotype by normalizing her approach by saying, "I ask this of all clients." It kind of sets the stage to normalize it. I'm not asking you because I think you're going to naturally have a problem because there's this stereotype that says this." Rosie then described trying to find a balance of not pushing but also not avoiding the topic:

You overshoot it, push too hard, it's invasive. They're not ready. If you don't kind of get there, it'll help them with that cadence. Then they're not getting anything out of it.

They'll feel like you're not doing what you're supposed to do. You got to figure it out. Another delicate balance Rosie addressed was preventing "othering" of the client by not overemphasizing client difference, or by seeking commonality with client without overlooking difference altogether:

I think you have to be careful too though, just because someone's not the same as you with like race, creed, origin. You can't focus too, too much on it because then you create the "them" and "us". So, I look for commonalities, you know, I try to sort of forget this stuff, but not forget this stuff where you become an ignorant therapist.

Rosie elaborated with a story in which she attempted to seize an opportunity offered by the client to address culture.

We're on session 17, it's only session 10 that she said, "There's something that we haven't talked about very much, and that's the residential schools, and the details around that. That's something that's on my mind. It bothers me very much." I was like oh yeah, we're going there. This is good, we're going there. And that was the invitation. I put the invitation out there many times. If you're ready to talk about this, if you want to talk about this, you need to tell me how—what that was like for you. If you're uncomfortable, we talk about that too, you know?

Later, Rosie acknowledged that there is a challenge in being overly careful based on the assumption that talking about culture will likely evoke a negative reaction by the client. She explained how she may navigate a conversation so that topics are engaged in a way that mitigates such a negative reaction by the client:

“Is that part of your history?” That’s not a bad question, and that’s the right way to ask it I feel. You know? You don’t even need to preface it with “I hope this doesn’t offend you,” because that’s you being overly careful.

Repairing Relational Ruptures

Only Rosie spoke to a challenge of actively repairing relational tensions within the therapeutic relationship. She mentioned having to “fix” a rupture with a client who felt unheard, providing an example of how she ensured her client was given space to label their experience as being unheard or misunderstood. For Rosie, transparency and collaboration with clients are ways for the client to feel empowered and to have choices in therapy: “I always say rupture ‘cause I could just feel it coming apart. Like if you ever feel like I'm not listening or I didn't get what you said, stop and just say ‘That's not what I'm talking about’”.

Rosie shared that she felt challenged and ashamed for experiencing a relational rupture with her client and how she used this experience to develop a willingness to repair future ruptures with clients:

I went, “You know, there was a session we had last session. We were talking about your aunt. I got the feeling that it bothered you that I didn't remember [her name]. I said to her, “Please understand this isn’t about me. It’s about you. ‘Cause I want to make sure you get what you need. Is that something that’s common in your experience, you feeling like you’re not being heard?”

Finally, Rosie shared how she views honesty, even about mistakes or miscommunications, as part of relationship building that is necessary with Indigenous clients. She highlighted the importance of how she handles mistakes or miscommunications: “And from that point on I'm a little hyper vigilant about if I forget something or I'm not going to get it right. I don't fake it and I don't try.”

Culturally Sensitive Alliance

Participants spoke to challenges they experienced in developing and maintaining a culturally sensitive alliance in actual practice. Subthemes related to this include (a) Navigating internal reactions, (b) Race-related self-consciousness, and (c) Building trust. They also identified challenges with the extent to which they could personally relate to their clients' culture that they viewed as important to cultivating a culturally sensitive alliance, reflected in the subthemes of (d) Cultural empathy and (e) Joining through similarity.

Navigating Internal Reactions

Participants had much to say about their own internal challenges in the form of difficult feelings that came up about themselves as a cultural being in relation to their clients. For example, Victoria explains that she felt “lost” and “confused” in terms of how to interact with Indigenous clients “appropriately,” stating: “It was hard because, like I said, I feel like my lack of experience—it's almost like I don't know what I don't know.”

Rosie shared discomfort she experienced after having admitted to the client that she had mistakenly made an assumption about their race. Despite assuming accountability to avoid assumptions in the future (i.e., “We need to learn it”) and despite the client’s understanding toward her admonition of error (i.e., “He was ok or trying to make me comfortable [about the assumption]”), Rosie felt she had “messed up” and acknowledged that her discomfort can at times become visible to her clients and in turn make them uncomfortable:

And I think, like anything, if I *look* uncomfortable and nervous, it almost says that there's something wrong, right? But [if] you're not comfortable, [clients] would [also] feel uncomfortable, if that makes sense.

Rosie also shared that an internal discernment process is necessary when she engages with clients about sensitive questions, such as those related to alcohol consumption. She feels a sense of insecurity when posing such questions due to grappling with her “not knowing” something about the Indigenous client that could bring about shame: “Cause like you don't want to over explain yourself. I'm like, ‘No, stop it. Put your—that's your shit. Put it away.’”

Rosie acknowledged her challenge with being more “generous” with Indigenous clients due to feelings of guilt. She becomes hyperaware of how she is treating her Indigenous clients and wonders whether she would treat someone else with a different social location in the same

manner. Rosie explains this below with the example of how she tends to give Indigenous clients more time in session:

I do this often with anyone who's not, like, similar to me in many ways. Like would I say or think or treat this person in this way if they were a White redhead? You know? Am I being gentler? Am I being kinder? Because sometimes, we err in the other direction, right? And it's little things like—I've noticed this a lot, with some of my clients who are not White. I creep the time, like, I let it go 5 minutes longer. You know what I mean? And maybe part of that is my wanting to give, because on some level, maybe I feel guilty, I don't know.

Race-Related Self-Conscientiousness

Marla and Rosie discussed fears they had surrounding how their Indigenous clients would perceive them. Particularly, given their White Eurocentric backgrounds, they feared being viewed as “colonizer.” They also discussed how this would serve as a mental obstacle or a worry when developing a relationship with a client and challenge their ability to be present in session. For example, Rosie shared a general concern that sociohistorical context would likely have a bearing on the therapy alliance between any Indigenous client and White therapist:

Yeah, I feel like a White therapist is the least desirable therapists for a First Nations person. I'm just saying. You know, it wasn't black people that put them through hell and put them through schools and took over their land and their culture and cut their hair, made them eat the wrong food. It was White people.

She generally fears BIPOC clients will judge her as ignorant due to her Whiteness: “Oh, are they going to think I'm a White person [that], to me, every Black person's from Africa?”, and wonders specifically how Indigenous clients may perceive her based on their own pre-understandings and worldview:

It's just very interesting to be on the other side because it's almost like they think I'm going to judge the pain that they're going through and say, “Oh no, my people had it worse.” You're not allowed to feel anything.

Rosie then attempted to see herself from her clients' perspective and shared her experience of hypervigilance to not harm the client with ignorance and hurtful stereotypes: “You're [already] hyper vigilant as a non-Indigenous person [due to sociohistorical context]. Then, [I want to be considerate to] not throw on more like oppressive stereotypes as well. [I don't want them to feel

like] I'm not listening to them, you know what I mean?" Her fears extended to not wanting to cause a rupture in the therapeutic relationship, demonstrating certain alertness in ensuring that the client is not experiencing the relationship as dangerous: "I'd feel horrible if I made that person feel unsafe when your job is to make them feel in a safe space where they can have a free conversation, you know?" Marla also felt unsure about how to manage how Indigenous clients might perceive her due to her race and how this could impact trust: "Plus, I was also dealing with Indigenous attitude towards White. You know, to be expected."

Rosie shared her assumptions of how she believes clients would perceive her and how this may be compensated by conveying to the client that she herself has a certain knowledge base in Indigenous culture. She believes that the perception of seeming to have such knowledge may allow Indigenous clients to have accessibility to the appropriate service care providers:

I just thought to myself, if they see [my credentials] they're going to assume, one would hope, that you work with that population [and that] you understand [Indigenous culture] more than maybe someone who's not that fluent in it. [...] And I also work with the non-insurance program that the government supply some Indigenous people and survivors of residential schools.

Rosie shared how she addressed her worry of potentially coming across as ignorant by making her social location clear to clients. That way, when she asks them certain questions, the questions seem thought out and not insensitive:

I know people may not like this, but it's all in context. Let's say, "I don't want to be that dumb White person asking you this, but I got to ask you this if it's comfortable. Have your family been impacted by residential schools?"

Lastly, Rosie described a time when she felt embarrassed for not having a certain level of understanding when it came to her client's culture. She was struggling to figure out his cultural background until she asked directly—something she might not have with other clients:

And I said to him, "Oh, your first name, I can't repeat it." I go, "Is that how you pronounce it?" He said, "No," and he pronounced it. I couldn't even like, it was just really difficult to pronounce. And I said, "Oh. Where are you from?" (Laughs) Because I was thinking he was East Indian and I, I literally, as the words came out of my mouth, I was going to kick myself. Like if I could've kicked myself, I'm like, "Why the hell...? Would I have asked a black person where they're from?"

Trust Building

Marla and Rosie discussed the challenge of building trust with their Indigenous clients. Rosie spoke to her awareness that trust needs to be earned within the practice of therapy with Indigenous clients: “That it was, like I don’t know, about all these moving pieces. And this person is sitting here, not trusting me already.” Marla similarly highlighting that trust must be built even amidst the lack of trust at the beginning of therapy. Referring to impacts of colonization, she stated: “It’s about building respect and I'm going to say trust, but trust wasn't even there.” Rosie echoed that trust with Indigenous clients would take more time to build: “I expected them to open up slower than non-Indigenous people. I expected trust to be a problem. I expect a trust to be built.”

Cultural Empathy

Marla expressed feeling challenged in terms of having to broaden her perceptions and understanding of Indigenous culture and history, which could have implications for how she relates to Indigenous clients: “I have my eyes open because I did not realize what the Indigenous had been through or any would have been through like meaning I didn't know residential schools, what happened to them.” She elaborates by expressing pain for the amount of injustice that Indigenous people have endured in Canada’s history:

Right from the time the White people came and took over here in Canada and started feeding the people alcohol—how it's come down the generations. You've got this community of people who are trying to figure out who the hell they are. And I mean, there's so many people that have that bias, you know, Christ.

To pre-emptively address the potential negative ways the client may perceive her based on her social location, Victoria engages in what she described as the uncomfortable task of directly broaching it with the client:

And just say, “Of course, our experiences have been different, and you know I want you to know that I’m aware of that and so I’m sensitive to that dynamic that I’m a White person. And, frankly, you could just hate me.” You know, like I may not put it in those words, but I get that there might be a difficulty.

Victoria emphasized the challenge of remaining open to be aware of the possibilities that she is not familiar with and not make wrongful assumptions about others:

So, I need to stay as open as possible to whatever the variances. And I mean that's true with any counselling situation, but particularly with [counselling Indigenous clients]. I think it's really important not to assume that the way that I interpret events would be the way they do.

Lastly, Rosie discussed empathy in terms of being able to join the client in their experience, but that mutual empathy may be difficult to balance, such as when tears are genuinely shared between therapist and client: "When they're emotional or crying, you can have tears or you can join them in that space, as long as they don't feel they have to take care of you."

Joining through Similarity

Victoria acknowledged a challenge that her experience in the world may vastly differ from that of her Indigenous clients and expressed a desire to disentangle her and her client's worldview: "I'm not working with someone who, who, who has been raised like me, so it's important to keep these things in mind. But it's just also important to try to tease out where it ends." Within the perceived challenge of not having similar lived experiences as Indigenous people, Victoria tries to find ways to relate through similarity: "Like we don't know squat, but we at least relate to a certain extent when it comes to understanding oppression or having experiences that there's like that commonality."

While Rosie recognizes her experiences of minority identity might be different (given that she "passes" as heterosexual), she believes her minority status may help her understand what it is like for others also with a minority status even if it is different from hers and inevitably visible to others:

I think you'll find most people who do work or want to work with people in the Indigenous community have a background in it, have something that they've understood and experienced themselves that makes them different. So, there's more of an empathy, compassion around what that might be like.

Other Notable Gaps and Challenges

This theme reflects other types of gaps and challenges participants perceived themselves to encounter in their work with Indigenous that could not be categorized within the multicultural framework of cultural awareness (self/other), knowledge, skills, and alliance. Subthemes mainly reflected gaps and challenges that were systemic in nature. They regarded challenges in the immediate workplace and broader institutional challenges.

Workplace Challenges

Though not explicitly asked about workplace challenges, throughout their interview, one participant, Marla, shared her experiences surrounding other concerns as they related to her experiences in working in an Indigenous organization as a non-Indigenous therapist. In this regard, she made a general observation about the scarcity of Indigenous counsellors within the field, to the point of the organization having to hire non-Indigenous counsellors to fill these gaps: “They were desperate. They want Indigenous [workers], but there wasn't anybody qualified. So, the supervisor, she was non-Indigenous and I don't know how I even got my application in there.” More specifically, Marla also shared her experiences of (a) dealing with responses by clients and colleagues alike to her being non-Indigenous, (b) a perceived lack of support within the workplace, and (c) burnout.

With respect to responses to her non-Indigenous identity, Marla did not feel supported in her workplace, which she attributed to racial tensions. She shared a story of when she brought in her used clothing for some of the Indigenous clients she was working with. One of her colleagues perceived this as an insult, suggesting that her gesture meant that Indigenous people were not capable of providing for their own community. Marla felt “confused” by this response: “The young woman made some comments to me about that. ‘We don't need any hand me downs, like that.’ That kind of bullshit.”

Marla also felt excluded within the workplace, which she attributed to the fact that she was non-Indigenous. She did not feel considered as part of the greater community, and this left her in the dark when it came to the workings of the organization:

And I tried to get in it, into it [but] because I only worked part time, I wasn't considered like for meetings or any of that. I wasn't there, which is hard, especially when you're working in that kind of community when you're not, when you're part time, you're not included in meetings.

Following, Marla also experienced difficulties with obtaining proper supervision in her workplace, despite not having been familiar with treating Indigenous communities in a clinical context. She did not feel supported in the development of her cultural knowledge nor cultural sensitivity in relation to working with Indigenous clients. She felt she did not receive the necessary guidance: “I needed a supervisor, like the woman who, the manager ... I needed her to be there when I needed her. I needed to be able to have a meeting with the other counsellors who

were Indigenous.” She experienced a similar level of discomfort when she had met a client who explained that she, herself, often had often experienced non-Indigenous counsellors’ lack of expertise surrounding Indigenous culture/history. This left Marla feeling “uncomfortable”: “But one of the things the mum said is that people, therapists don't understand Indigenous. So I was a bit uncomfortable.”

Marla alluded to the fact that Indigenous clients may not be inclined to use certain mental health services due to the lack of Indigenous representation within the organization. Marla wondered whether the lack of representation may lead to Indigenous clients feeling misunderstood by those who are responsible for working with them, so they may avoid services altogether due to this: “Most of them haven't tried other places.”

Finally, Marla expressed the difficulties she faced with experiencing burnout due to the number of clients on her caseload, in addition to how trauma heavy their presenting concerns were. Though she attempted to find ways to manage her stress, she eventually found the work overwhelming. She described engaging in self-care at the workplace such as smudging after sessions to “get rid of the toxic energy” alluding to the experience of hearing about pain and suffering over time. For example, Marla discussed how it became challenging to hear about people’s pain and suffering over time: “And I could not [handle it] near the end; I think I got burnt out.” She does not make mention of any supports that were provided within the workplace as she experienced burnout. Marla elaborates on this by saying that [clients with intense presenting concerns] can be very emotionally and “mentally taxing.” Additionally, she faced troubles in not being able to recognize her worsening condition:

Like I would say it was, am I burnt out? I hadn't thought about that too much. You have to, well, for myself, because I knew something was happening to me. I just couldn't handle some of the cases, it was a buildup.

She further elaborated on this experience by bringing attention to the accumulation of her difficulties in addition to the lack of support she received at this time. As Marla was explaining the story, she did so with worry about what had happened to her: “You have to, well, for myself, because I knew something was happening to me. I just couldn't handle some of the cases, it was a buildup. It wasn't one specific [moment] and then not having any support there.”

Ultimately, Marla found that she did not feel supported in navigating the (Indigenous) culture of the agency, which ended up influencing her workplace satisfaction and led to her eventual decision to leave:

I started working there part time and some of the politics pissed me off. It depends because some Indigenous have attitude towards Whites. I mean sometimes I was just completely ignored as a person. Yeah. So, I wasn't impressed with that. And that, that, that's not the clients, that was the staff.

Systemic Challenges

Marla and Victoria shared their acknowledgments and concerns surrounding systemic barriers as it relates to working with Indigenous clients. They make mention of the lack of supports that are available within society for Indigenous peoples and their mental health. They also add that some of the supports that do exist may be more threatening than safe sources for Indigenous people (e.g., police).

In one of her responses, Marla had alluded to the idea that Indigenous clients may relate to other service providers in a mistrustful manner. As she was treating a client who was experiencing severe suicide ideation, his biggest concern was his safety at the hands of the police—thus raising the concern of how Indigenous peoples are treated systemically, especially during crisis situations: “And, anyway, he reached out to me and he hated cops, [neither did he] want me to go to his place. I'd offer a few times, and he never wanted me to go there.” Marla adds that not only did she have to tend to a crisis situation, but she also had to consider involving another system (police) that the client distrusts. She felt that there was “little to no guidance” in terms of how to go about navigating this situation in a manner that would regard her client's safety and/or preferences.

He hated cops. He's had trouble with the cops. The cops have beaten the shit out of him. So, you know, he let me put him into a cop car and the cop car took him to the general and he stayed there for a month to get his meds and his head straight.

In addition, Victoria alluded to the difficulty that exists surrounding the lack of institutional support and activism surrounding Indigenous rights. She had shared this comment after talking about the prevalence of mental health consequences in the Indigenous community and how there is often not enough support provided for the clients from a societal standpoint: “And it's

especially learning about those schools and knowing that there's no one there to really advocate for them. That's a very scary thing.”

CHAPTER FIVE

Main Findings and Discussion

Within this chapter, I provide a discussion of the findings, (de)limitations of the study, and final remarks. Following this chapter, I provide a critical reflection that encompasses what I perceive as the most salient aspects of my research journey.

The purpose of this study was to assess the gaps and challenges that non-Indigenous therapists experience in their multicultural competencies when working with Indigenous clients. The data were analyzed deductively through the pre-existing framework the literature offers on multicultural competence (focusing on awareness, knowledge, skills, and culturally sensitive alliance) as well as inductively (i.e., participants' offerings which related to the research question that fell outside the MCC framework). The latter resulted in the development of additional themes. Throughout the process of analysis, more subthemes were derived than anticipated, speaking to the complex nature of multicultural counselling competencies and offering a more nuanced understanding of how non-Indigenous therapists understand gaps and challenges in their work. In this study, gaps were identified as deficits in multicultural competency when working with Indigenous clients, while challenges were identified as difficulties presented throughout the therapeutic process with Indigenous clients.

In this section, I present and discuss findings according to the thematic structure I generated through the analysis of the transcripts and organized by the main components of multicultural competency models—that is awareness, knowledge, skills, and alliance. I provide an overview of how participants made sense of each component in terms of gaps and challenges they identified related to their work with Indigenous clients. I compare these findings to what has been conveyed in the literature and provide suggestions or considerations for future research, training, or practice in the field of psychotherapy.

Cultural Awareness of Self

The subthemes that derived from this section were as follows: (a) Awareness of normative Whiteness, (b) Reflecting on marginalized identity, and (c) Observing others' lack of self-awareness. In relation to cultural awareness of the self, (Sue, 2001) describes it as self-reflection, thoughts and beliefs about one's own culture and their cultural selves. Though the original model includes these factors, participants also added their observations of the privileges

and marginalization surrounding their own cultural identities. While multicultural counselling models state that therapist self-awareness is important in psychotherapy, participants indicated that self-awareness is something that they generally struggled with when work with Indigenous clients (Sue, 2001).

Awareness of Normative Whiteness

In reflecting on their own cultural selves, participants expressed concern with how they perceived their own *normative Whiteness* when working with Indigenous clients. Participants primarily shared the ways in which their experiences as White people might have informed their worldview in a very different way from Indigenous clients. This concern is reflected in Lee and Bhuyan's (2013) study in which they assessed how Whiteness itself can manifest as an oppressive discourse within settings that are clinical. They found that therapists tended to unconsciously maintain Whiteness as an unmarked norm in their assessment and clinical work with racialized immigrant clients. This then allowed for the positioning of those racialized others to be subordinate, not only within society but within the therapeutic relationship as well.

While there is value in therapists having awareness of normative Whiteness, findings in this study suggests therapists may feel hesitant discussing their own Whiteness in general. DiAngelo (2018) discusses the importance of White people having an awareness of their White identity and how it translates to how they engage with members of other races. It is important that discussion of one's privileges as a White therapist within the field of psychotherapy becomes normalized. This is because these privileges can significantly impact how a therapist perceives their own role in relation to a client and how they interact with the client. How to discuss privilege in productive ways should be addressed in training programs generally, and multicultural counselling courses specifically, so White therapists can lean into discomfort and cultivate skills in navigating their Whiteness with others.

Reflecting on Marginalized Identity

Another challenge to self-awareness regarded reflecting on the concept of *marginalized identity*. One participant in this study suggested that doing so assisted them in recognizing oppression associated with marginalized identity in Indigenous clients, and thus helped them better understand their client. However, therapists may experience challenges with reflecting on the "passing" privileges associated with their own marginal identities. Awareness of marginalized identities would seem to add complexity to how therapists make sense of identities,

visibility of identities to others, and how identities are experienced. Though MCC models suggest that identity itself should be acknowledged, there is limited literature that addresses the exploration of a therapist's own marginal identity. For example, Collins and Arthur's (2010) framework notes the importance of therapists remaining aware of their own cultural identity and how that compares to dominant or nondominant identities of clients. However, findings from this study would seem to nuance this by inviting therapists to also reflect on and heighten awareness of their own passing and marginalized identities.

Observing Others' Lack of Self-Awareness

Some participants expressed frustration surrounding their observation of *other's lack of self-awareness*. This is a challenge in that though a therapist may be in the process of developing a better understanding of their cultural selves, there is no guarantee that those around them (e.g., colleagues, supervisors, etc.) are engaging in the same process. The indirect perpetuation of harm to others through the lack of self-awareness by some may be a genuine concern for therapists who are engaged in heightening their self-awareness. This finding suggests it would be important for therapists to have access to support when they do experience or witness a lack of awareness in their colleagues, especially as it may be harmful to clients. White-Davis and colleagues (2018) propose that therapists continue to learn about racism and health inequities, as it would allow them to gain confidence in their ability to reduce enacting racism in their work with clients. Thus, there is an onus on the mental health professionals to challenge their attitudes and to enhance their knowledge on social justice and diversity. Moreover, in their research, Jee-Lyn Garcia and Sharif (2015) emphasize the responsibility that health professionals have in terms of ensuring that they are engaged in community advocacy. This can be one of the ways in which therapists can hold each other accountable in engaging in open conversations about their multicultural counselling competencies.

Overall, an important consideration in terms of these findings is that more reflection is necessary in relation to a therapist's cultural self as it has a major influence on how client may be experienced and/or engaged with. Learning to openly share and reflect on one's cultural self in training settings could help challenge the discomfort that can accompany the discourse White normativity for some individuals. In addition, having access to a platform for advocacy would be very important for therapists to be able to share concerns surrounding colleagues' lack of cultural self-awareness if it is directly and/or indirectly causing harm to clients.

Cultural Awareness of Other

The subthemes that derived from this section were: (a) Idiosyncratic understanding of Indigenous culture, (b) Cautiousness surrounding essentializing, (c) Cautiousness around stereotyping, (d) Navigating White-passing privileges, and (e) Oppressions towards Indigenous people. The tripartite model invites therapist awareness regarding their clients' cultures in terms of their understanding of custom, traditions, and beliefs. In this study, participants mainly discussed challenges they perceived themselves to have and grapple with in the process of making sense of Indigenous culture.

Idiosyncratic Understanding of Indigenous Culture

Participants emphasized how there is much to learn about communities, customs, and traditions related to Indigenous culture generally. Specifically, participants struggled with how each Indigenous client's culture is unique and necessarily creates a gap in their understanding that cannot be addressed prior to meeting clients. This gap in understanding remains, until unveiled by the client or through some guidance based on what emerges organically during the therapeutic process. Implications are that perhaps only so much can be known about a client's culture without client input and that room should be made for the client to share how they make sense of their own culture. If a certain amount of therapist awareness and understanding of client culture can only occur through the client's individual lens, it raises the question of how therapists can effectively broach culture with Indigenous clients and ensure they keep the client at the center of such therapy conversations in meaningful ways.

“Broaching behavior refers to a consistent and ongoing attitude of openness with a genuine commitment by the counselor to continually invite the client to explore issues of diversity” (Day-Vines et al., 2007, p. 402). In essence, the counselling relationship becomes the vehicle for navigating a discussion concerning issues of difference related to race, ethnicity, and culture. This may allow clients to feel that their therapist is open to acknowledging culture generally, which may normalize for them conversations surrounding it in their personal experiences (Day-Vines et al., 2007). In application, the more trainees are invited to openly discuss culture and diversity in their training programs, the more they may be confident to actively discuss this with their own clients.

Another idiosyncratic aspect participants commented on regarded identifying the extent to which an Indigenous client appeared connected to their culture. In particular, it was a

challenge for therapists in this study to discern how much they should forefront Indigenous identity in conversations with Indigenous clients. This observation highlights the idea of therapists keeping in mind how salient the client considers their Indigenous identity is to the therapy. Identity salience refers to the concept that though individuals have multiple identities, each identity may be experienced as different in relation to their level of importance to the individual, depending, for example, on social context (Morris, 2013). Making assumptions around how salient a client regards a particular identity within therapy can be considered a microaggression. For example, a client may disclose to their therapist they are Indigenous. However, if the therapist brings Indigenous identity into sessions when it is not salient to the client, this could burden the client needlessly. This challenge is important for therapists to reconcile, as knowing how a client relates to their culture could have implications for guiding where and how the therapist places their attention in the client's narrative. Conversely, there is also potential harm in a therapist not attuning sufficiently to their clients racial and/or cultural concerns. For example, colour-blind racial attitudes refer to one's denial and/or minimization of individuals' lived experience in addition to the systems that may perpetuate harm in the lives of those individuals (Gast et al., 2022). Training programs should make a conscious effort to ensure that culture and diversity are addressed continuously throughout the curriculum. There should also be guidance that is provided on how culture should be appropriately addressed within a therapeutic setting in relation to the client and the therapeutic relationship. Doing so would provide therapists with the skills of nuancing their multicultural counselling competencies in order to best suit the client that they are working with. This would then increase the likelihood that the client feels more supported by the therapeutic process in ways that are more meaningful to them.

Cautiousness Surrounding Essentializing and Stereotyping

According to participants, reflecting on client's Indigenous culture can evoke fears or concerns that they risk engaging in *stereotyping*—that is that they might privilege a widely held but fixed and/or oversimplified idea of Indigenous culture and identity. The challenge is that therapists are likely aware that stereotyping is antithetical to the aims of culturally responsive therapy but may find it difficult to identify their own stereotypes. Implications for therapists would be to focus learning on what processes of stereotyping look like. Specifically, training of therapists could include discourse surrounding what stereotypes are, how they develop over time,

how they can be noticed within oneself, and how to unlearn them. Within this backdrop, trainees can also be supported in learning ways to identify, reflect on, and unlearn stereotypes specific to working with Indigenous clients.

Participants also feared engaging in *essentializing* in response to Indigenous clients—that is, characterizing a single trait as being fundamental to Indigenous identity. For example, though participants found it important to remain aware of the mental health statistics and the challenges members of Indigenous communities face, they were cautious to not attribute certain mental health concerns and conditions to Indigenous peoples as a whole so as to not further stigmatize their experiences. Therapists are generally well intentioned and not wanting to inadvertently hurt clients through essentializing claims that they make about Indigenous clients' mental health. Yet, like stereotyping, learning how to recognize and deconstruct essentialization remains unclear in the literature.

Navigating White-Passing Privileges

Participants acknowledged challenges related to navigating White passing privilege for clients who identify but do not physically present as Indigenous. This brought to awareness for participants the difference in treatment of Indigenous members that can occur within an Indigenous community based on White-passingness, but they were not sure whether or how they should broach this within a therapeutic context. Hernandez (2021) discusses the implications of White passability, indicating that in White-dominated societies such as in North America, people of colour may experience a “cultural in-betweenness” that not only can affect the manner in which they are perceived but also the manner in which they are experienced by other people of colour. Individuals focus on what Whiteness represents in society which, in turn, can influence their experience of self and others. For example, some individuals may reject their multicultural identity in favour of their Whiteness, whereas others may embrace their multicultural identity and reject their Whiteness due to the negative associations that are made with it. This is especially important as it may influence how a therapist may understand and/or engage with an Indigenous client based on their “passability.” While the idea of addressing White-passing privilege with clients may be considered a form of broaching (Day-Vines et al., 2007), little can be found in the literature on the appropriateness of such broaching within a therapeutic context or how to do so. Moreover, discussing White-passing privilege with Indigenous clients may

require particular consideration of the history of colonization by White settlers. Navigating “White-passingness” as a multicultural competence with Indigenous clients merits greater study.

Oppressions towards Indigenous People

Finally, participants also shared a sense of being acutely aware of the oppressions that exist towards Indigenous communities in general. Participants stated this in a manner that conveyed empathy and hurt and acknowledged that society treatment of those who identify as Indigenous differs tremendously in comparison to others who are in different social locations. The challenge with feeling the oppressions of Indigenous people deeply is that it was paired with a sense of helplessness in understanding how to best support and help. Their acknowledgement that Indigenous peoples face more injustice and health disparities within their communities enabled the participants to experience empathy towards Indigenous populations. It also helped them to acknowledge the current state of affairs in terms of how embedded injustice is on a daily basis. This finding normalizes the importance of open and respectful discussions about oppressions of racialized communities. One challenge within the psychotherapy profession may be the lack of safe and welcoming spaces in which therapists can express and explore these topics in meaningful and constructive ways. This could include spaces that allow for open verbal discussion and support for clinicians who are deeply affected.

In sum, when reflecting on Indigenous culture, non-Indigenous therapists may face challenges that mainly concern their own insecurities and doubts related to stereotyping and essentializing, navigating Indigenous clients’ White-passing privilege, and navigating pain when bearing witness to suffering and oppression—findings that all point to the need for more formalized support for therapists to navigate these concerns more effectively.

Cultural Knowledge

The subthemes that derived from this section were as follows: (a) Educational programs and resources, (b) Compensating through self-learning, (c) Supervisors’ knowledge, (d) Complexity of knowledge, (e) Understanding experiential knowledge, and (f) Discomfort with knowledge. In relation to the knowledge component of the tripartite model, Sue (2001) describes it as having knowledge about customs, traditions, beliefs and more in relation to another culture. What participants had to offer suggests a more nuanced depiction of cultural knowledge that would go beyond content to also encompass sources and experience of knowledge. Participant offerings in this study spoke to *sources* where therapists may tend to seek and obtain

knowledge—with varying degrees of success—regarding Indigenous customs, traditions, beliefs, such as through education programs, self-learning, and supervisors. Participants also offered challenges in how they *experience* knowledge shared by Indigenous clients, such as knowledge being complex, experiential, and at times, uncomfortable.

Educational Programs and Resources

Participants expressed their frustrations towards their educational programs and resources provided within their training programs for not allowing for more opportunity to learn about Indigenous culture and history. Perhaps a consideration on an institutional level would be the development of a graduate-level curriculum that makes space for learning more about Indigenous history and mental health. Perhaps, if programs provided a framework for conceptualizing and working with Indigenous clients, it is possible that therapists may feel more confident in their knowledge base rather than feeling uninformed.

Within a Canadian counselling/psychotherapy context, most if not all training programs and resulting services are primarily based on a Western understanding of health and well-being (Gone, 2010; Stewart, 2008). Western approaches to mental health and healing are generally person-centred and deficit-based (Stewart & Marshall, 2016), and do not integrate an Indigenous worldview (Stewart, 2008). This is particularly concerning as Stewart and Marshall (2016) emphasize that counselling Indigenous clients with a non-Indigenous framework can be experienced as the recreation of colonization and oppression, ultimately posing barriers for Indigenous clients who are seeking inclusive services.

Some Indigenous scholars have proposed training elements that could be considered more inclusive for Indigenous clients. For example, Stewart (2008) outlines four components that are key to Indigenous conceptions of health and healing: (a) community, (b) cultural identity, (c) holistic approach, and (d) interdependence. *Community* and a sense of togetherness is important in Indigenous communities (Stewart, 2008). This can also serve as an avenue to supporting Indigenous communities in healing from colonization. A focus on *cultural identity* can also facilitate self-esteem and self-growth as it would allow for Indigenous identity to be perceived and experienced through a strengths-based approach. The *holistic* component highlights the potential relevance of rituals, food, prayer, ceremony, and more in the process of healing. Though this differs greatly from the Western context of healing, it can be relevant to many Indigenous ways of healing. Lastly, *interdependence*, the ability to rely and depend on one's

social surroundings is also an important component of Indigenous healing. Stewart and Marshall (2016) also posit that a balance between the physical, emotional, spiritual, and emotional are important in the promotion of healing, self-esteem, self-efficacy, and more within Indigenous communities.

More generally, there is a concerning lack of representation of Indigenous Knowledge (IK) in institutions of learning that prevents the dismantling of misconceptions and misunderstandings surrounding Indigenous people that have damaged how their history and legacy has been viewed and/or experienced (Stewart & Marshall, 2016). Additionally, the diversity that exists within IK is often not acknowledged, as Indigenous peoples continue to be perceived homogeneously (Stewart & Marshall, 2016). As the profession of counselling and psychotherapy is not immune to this shortcoming, it is incumbent on training programs to remain aware of how the lack of integration of Indigenous ways of knowing can potentially maintain oppressive stances towards supporting Indigenous people (Stewart & Marshall, 2016). An important recommendation would therefore regard developing counselling training curricula that address Indigenous content more intentionally (Stewart, 2008; Stewart & Marshall, 2016). Equally important would be to apply social justice and decolonizing principles and approaches to curricula development—establishing who is best suited in deciding what should be included, how it should be taught, and by whom.

Compensating through Self-Learning

The lack of knowledge about Indigenous culture and history within their formal training programs left some participants to make the decision to compensate for this through self-learning. Their self-learning took on the form of working in Indigenous communities, partaking in Indigenous activities and/or rituals (e.g., smudging), in addition to reading books and attending courses. Their self-learning was both experiential and didactic (e.g., trainings). It is important to note that the resources that therapists consulted were most likely guided by where they were in terms of their own personal and professional development and understanding of working with Indigenous clients. This speaks to literature surrounding personal practice, in which therapists engage in their own self-learning, which is an important part of psychotherapy training (Gale, Schroder & Gilbert, 2017). Bennett-Levy and Finlay-Jones (2018) created a model for personal practice, which included four important domains: (a) self-awareness, (b) personal development, (c) interpersonal skills/attitudes/beliefs, and (d) reflective skills. They

found that personal practice had a positive impact on the overall psychotherapeutic practice of the therapist (Bennett-Levy & Finlay-Jones, 2018). For example, it not only increased the therapists' therapeutic understanding of clients, but it also impacted areas such as: (a) increased self-compassion for self and clients, (b) awareness of the skills that they are bringing into therapy, and (c) allowing them to feel more present with their clients (Bennett-Levy & Finlay-Jones, 2018). Gale, Schroder, and Gilbert (2017) also found that therapists who were studying Compassion Focused Therapy (CFT) and practiced it on their own tended to experience an increase in their knowledge, awareness, and skills as a therapist. Thus, the value of ongoing personal practice is highlighted by various authors. A suggestion is that it may be important for therapists in training to be provided with more self-learning resources as it seemed that they were eager in making up for the lack of knowledge acquired through formal training. Though, participants did communicate that this was a challenge in and of itself as there was no sense of direction in terms of which materials would be best to consult. Developing guidelines provided around this process would be important for trainees and working therapists. The guidelines could aid the therapist in reflecting and identifying where they currently are in their level of multicultural competency (in terms of gaps and challenges) and would provide them with practical guidance as to which actionable steps may be taken in order to compensate for said deficits. Thus, this resource would be more self-directed and based on individual needs. For example, if a therapist identifies that they require more experiential exposure to a culture, they may seek out an experience in which they can observe a ceremony that is key to that culture. Cultural immersions aid in the development of cultural responsiveness, which is the process of appropriately attuning to parts of another's culture (Ramirez, 2023).

Supervisor's Knowledge

Another source of knowledge participants identified as important was knowledge about therapy with Indigenous clients that their supervisors may be able to provide. However, participants spoke of gaps in their supervisor's knowledge and focus surrounding cultural concerns of Indigenous clients, citing concerns of a lack of curiosity and of understanding about the implications of culture by the supervisor when providing the supervisee guidance for concerns Indigenous clients present with. This finding emphasizes the relevance and importance of supervisors' cultural competence generally as well as that specifically related to serving

Indigenous clients to assist supervisees in their work with clients, the absence of which could potentially harm Indigenous clients.

It is unfortunate that therapists may not be able to turn to their supervisor neither in processing their therapy experiences nor in identifying their needs related to working with Indigenous clients if the supervisor is not versed in culturally sensitive practice. Burkard and colleagues (2006) conducted a qualitative study in which they interviewed 26 supervisees (BIPOC and European American) on their experiences of culturally responsive supervision. They found that all supervisees felt most supported by culturally sensitive supervision in terms of exploring cultural issues. This also led to participants feeling more positive about their relationship with their supervisor and the progress of their clients. In culturally unresponsive (where there was an absence of cultural responsivity) supervision, supervisors did not make an effort to address culture actively which then affected the supervisee negatively in relation to their relationship with their supervisor and how they felt about their client outcomes. Interestingly, supervisees of colour shared that they experienced culturally unresponsive supervision more often and this tended to have more negative effects for them.

Within Burkard and colleagues' study (2006), it is made clear that therapist trainees felt more supported with their multicultural clients when their supervisors were well-versed in culturally sensitive and culturally responsive practice. This raises the important question of how supervisors are trained themselves, and the extent to which the training involves cultivating awareness, knowledge, and skills in cultural responsivity generally, and within Indigenous care specifically. Additional research in adequate support and training for supervisors in cultural responsivity generally, and specifically related to Indigenous clients, could in turn support supervisees and ultimately mitigate harm towards the clients that are under the responsibility of supervisors (Chopra, 2013; Inman & Ladany, 2014; Soheilian et al., 2014).

Complexity of Knowledge

Two participants did acknowledge that knowledge about Indigenous individuals is complex, as Indigenous culture and history are vast and intricate. They acknowledge the challenge in "knowing" Indigenous culture and even questioned the possibility of ever knowing a culture fully by acquiring all the knowledge that needs to be known about it. This observation can raise discomfort when assuming cultural competence requires acquiring *all* knowledge about a culture. While traditional models of cultural competency within the context of psychotherapy

and counselling guide practitioners to possessing knowledge about cultures, the field of multicultural counselling is increasingly acknowledging the impossibility of possessing *full* knowledge of any culture (Gorski & Goodman, 2014), thus making it an unattainable goal. Rather than knowledge as competency—a term that seems to be falling out of favour—there is now a privileging of the newer more realistic construct in the literature of cultural humility within a multicultural orientation framework (Davis et al., 2018). Davis and colleagues (2018) describe cultural humility as a process individuals strive for which includes the ability to examine and critique their understanding of their own beliefs and cultural identity prior to engaging and relating to another's culture, being “other-centred” in their search for understanding, knowing the limits to and imperfections of their knowledge, and negotiating this effectively with the client. A recommendation could be for programs, instructors of multicultural courses, and supervisors to introduce the concept of cultural humility and how to cultivate and maintain a stance of humility with clients in practice (e.g., Davis et al., 2018; Grauf-Grounds & Rivera, 2020) in a way that acknowledges and addresses complexity of knowledge about client culture.

Understanding Experiential Knowledge

In a similar vein, participants also expressed their gaps in comprehending the lived experience of Indigenous clients, which could be understood as an experiential type of knowledge. Experiential knowledge is about stepping into the client's world and being open to learning about their experience and understandings from their own individual subjective perspective (Blume, 2017). This differs from other forms of knowledge, such as that acquired through textbooks, which describe culture from an etic perspective and risk homogenizing Indigenous experiences at the expense of clients' unique contexts. Notably, experiential knowledge is not a form of knowledge that appears to be included in any of the current models of cultural competence in counselling. Thus, consideration could be given to the nuance of lived experience as a type of knowledge therapists should seek when working cross-culturally generally and with Indigenous clients specifically. Keeping the client at the centre in the therapy conversation becomes key in unveiling experiential knowledge. As such, developing skills oriented to unveiling lived experience, such as narrative-based and other phenomenological approaches, may be indicated (Madigan, 2012).

In the field of counselling psychology, it is often posited that the client is the expert, but there tends to be a lack of guidance in terms of how the therapist should integrate the lived experiences of the client in their own understanding of the client. Culturally immersive experiences are a type of hands-on training that includes the process of experiencing a culture other than one's own to assist with developing an understanding of the beliefs, values, traditions, and customs of other individuals (Harris et al., 2019). Culturally immersive experiences may be another way therapists can try to step into the client's world. Research surrounding the potential value of culturally immersive experiences related to Indigenous peoples may be useful, as well as how immersion experiences may serve as a tool for therapists to improve their understanding of Indigenous clients' lived experiences and to foster cultural humility, empathy, and responsiveness (Davis et al., 2018).

Discomfort with Knowledge

Participants also shared their own discomfort surrounding the knowledge they acquired about Indigenous history thus far. This suggests that knowledge of the colonial past of Indigenous clients can induce stress or distress in therapists, whether they read about it at school or in the news or hear about it first-hand from clients. Participants also reported that while they did feel disturbed by the racism, displacement, discrimination, and dislocation Indigenous people have experienced, they also believe that acknowledging such discomfort is important otherwise the distress may act as a personal barrier to seeking out more historical knowledge pertaining to Indigenous communities. Cardemil and Battle (2003) state that though therapists may come to accept the importance of discourse surrounding race and culture, many do not have an adequate understanding of how to approach these conversations tactfully. Specifically, therapists may face anxiety in the timing and the wording of conversations surrounding race and ethnicity. The discomfort may also derive from the sensitive and emotionally charged nature of these conversations in additions to worries around potentially saying something that will be perceived and/or experienced as insensitive.

Distress or cultural discomfort may also influence the manner in which therapists engage with the client. For example, if the therapist is uncomfortable, the client will most likely be able to sense their discomfort. If this discomfort is left unattended, it could grow into what has been referred to as a proverbial "cultural elephant in the room," manifest as unhelpful cultural countertransference, and further strain or potentially rupture the therapeutic relationship

(Rosenfield, 2020). Within their Multicultural Orientation Framework, Davis and colleagues (2018) highlight the importance of therapists' cultural comfort, as it has implications for the therapy relationship and outcome. They define therapist cultural comfort as the degree to which the therapist is comfortable with an aspect of the client's cultural identity. If Indigenous history of colonization is salient to an Indigenous client's identity, therapists need to learn to work through their discomfort with Indigenous history—what Davis would refer to as a maturing in one's ability to self-regulate when engaging the client.

Similarly, DiAngelo (2018) coined the term “White fragility” to describe the discomfort White individuals may experience with regard to race. Fragility typically stems from living an insular life that limits the development of one's understanding of another and the willingness to take in the ways in which they may be consciously and/or unconsciously perpetuating harm due to their unconscious biases. Ultimately, it can challenge therapists' ability to engage in empathic and meaningful conversations with clients.

Therefore, therapists must learn how to “lean into” what they experience as uncomfortable. Building one's tolerance to discomfort may prove critical in supporting meaningful engagement with the historical knowledge of Indigenous communities. Additionally, having open conversations about race and ethnicity (within and outside of sessions) is an important way for therapists to address diversity issues in their work with clients. The finding of “discomfort with knowledge” invites further research on how it might manifest in the therapy room with Indigenous clients and assessing the manner in which training programs are equipping future therapists with tools to acknowledge/address their discomfort so that it does not interfere with the therapeutic process.

Applying Skills Cross-Culturally

Applying skills cross-culturally speaks to a therapist's ability to effectively engage with people from cultures different from their own. This requires that therapists remain open to the client's individual experiences and what personalized meanings this may hold for them, and choosing interventions that respect the client's worldview and culture.

Tensions with Western Understandings of Therapy

Some participants expressed concern with implementing Western therapeutic practices with Indigenous clients, primarily due to ethnocentric framework of Western therapy. This claim is supported by Stewart's (2008) observation that Western therapy tends to not be considerate of

an Indigenous framework. There were times where participants called attention to the limitations that exist within the Western framework for mental health that did not take into account values that are relevant to Indigenous cultures (e.g., nature interconnectedness, spirituality, etc.). Further, one participant called attention to the fact that their humanistic therapeutic style and its emphasis on actively reflecting empathy within session might have not been compatible with some of their Indigenous clients' need to fully share their narratives without interruption. Thus, there might have been disconnect between what the client desired and/or valued in relation to feeling connected to their therapist within session. On the other hand, another participant experienced difficulties in making sense of their client's symptoms and experiences through a Western diagnostic-based framework.

In consideration of the concerns above, it is important that therapists are taught to recognize the limitations in their modes of therapy when applied cross-culturally. Tensions could signal that their own therapeutic lens may not align well with the client's preferred way of being within session that is grounded in culture. Recognizing the potential restrictions of one's own therapeutic style may lead to the development of cultural humility, curiosity, and openness. This will also benefit the client greatly as they will experience connection with their therapist in ways that are most meaningful to them. Sasakamoose and colleagues (2017) propose "two-eyed seeing"—seeing the world through a lens that prioritizes both Indigenous ways of knowing and being in addition to Western knowledges. In this space, both the strengths of Indigenous ways and of evidenced-based practice of Western knowledge are considered.

Teaching trainees about cultural responsiveness could include identifying the limitations of their own therapeutic stance. This may motivate learning models that adhere to a diverse range of cultures and identities, including Indigenous identity. Also relevant is learning how to assess and critique the approaches that are taught in programs for their appropriateness of use with different cultures and communities. Teaching this critical lens could support the idea that context matters and there is no "gold standard" applicable to all.

Departing from Normative Practice

Some participants also called attention to the fact they've also had to depart from normative psychotherapy practices. They experienced a lack of guidance and hesitancy in at times having to make decisions that they had not been taught or that were not clearly reflected in professional standards and practices. Additionally, participants also shared their experiences of

struggling with micro-skills (e.g., paraphrasing, creating more space, rhythm, etc.). While these skills are assumed to be foundational in psychotherapy, they may not apply as effectively to clients from different cultures. Some participants found that they had to remain open to clients' storytelling as a means of "working through" the emotions attached to their narratives. These participants had to face the challenge of attuning to Indigenous client's preferred rhythm and pacing in sessions, which was different from what they had been taught or experienced with other clients. Thus, they intuitively learned to make space to not disrupt the internal processing of their Indigenous clients.

Finally, some participants faced the challenge of disclosing their own emotional vulnerability to their clients. Therapist personal disclosures to clients have traditionally been viewed in literature and training as contentious and to be discouraged or at best requiring judicious consideration (Audet, 2011). However, the literature is only beginning to address use of therapist disclosure cross-culturally and pointing to its potential to joining with the client (Lee, 2014). Therefore, it would make sense that therapists are unsure about or questioning their disclosures in cultural contexts. So, this could be an area of research to learn more from client perspective.

Noteworthy, an overall challenge is that participants experienced tension with what they did intuitively in sessions (e.g., hold the client while they wailed) as compared to what is reflected in Standards of Practice (SOP). It is possible that departures from SOP may make therapists feel like they are behaving unethically, when in fact codes of ethics traditionally have not been developed with specific cultures in mind. The Canadian Counselling and Psychotherapy Association's SOP (CCPA, 2021) recently included a section on working with Indigenous clients, highlighting the importance of therapists using interventions and assessments that have displayed efficacy with members of the Indigenous population. They also highlighted that Western tools and assessments should only be used if they have been deemed to be culturally sensitive and/or if they are beneficial to the client.

Overall, it is important that training programs introduce Indigenous-informed frameworks to assist therapists to consider how they go about engaging with Indigenous clients and tailoring therapy to the needs of their clients. Specifically, supporting therapists in identifying and learning to attune to different rhythm and pacing within therapy in addition to helping them

make sense of departures from SOP could enhance their therapeutic relationships with Indigenous clients.

Caution in Conversations

Participants also expressed a certain level of caution when it came to navigating certain conversations surrounding race and culture with their clients. Caution had mostly to do with fears of conveying or reinforcing stereotypes while in conversation with clients. For one participant, needing to assess for addiction or relationship with alcohol felt different when doing so with Indigenous clients given the cultural stereotypes related to addiction. Participants navigating this tension seemed to reflect on how they could best broach topics that are necessary to address but identified as “stereotypical,” and struggled with how to do so with care and not risk “othering.”

One consideration is how to support therapists in having difficult conversations surrounding race with racialized clients. Broaching is described as a therapist’s effort to discuss racial, ethnic and cultural factors and issues that are relevant to client’s presenting concerns and/or difficulties (Day-Vines et al., 2007, 2020). This often allows for the client to feel more understood by the therapist in addition to normalizing the distress they may experience in the world due to their identity. Though having the awareness of a stereotype is important, it is less clear how a therapist can navigate applying this awareness skillfully in a non-oppressive way in service of the client.

Repairing Relational Ruptures

Finally, participants spoke to repairing relational ruptures which is not mentioned explicitly within any of the multicultural counselling models. The challenge is that therapists may experience more shame when a rupture occurs with an Indigenous client due to their awareness surrounding colonial history. There has been much evidence that repairing relational ruptures tend to result in the development of a stronger therapeutic alliance. That is, the relationship could become stronger if done well (Safran et al., 2011).

Similarly, Jordan (2008), using the Relational Cultural Theory (RCT), proposed the idea that disconnection is an inevitable part of a therapeutic relationship. These disconnections can happen through wrongfully stereotyping or engaging with the client in racist, classist, or other oppressive ways within session. From an RCT stance, working through these culturally based disconnections could help strengthen the relationship between client and therapist and allow

room to deal with the silence, shame, and isolation that members of marginalized groups face. RCT suggests that reconnection can be established between client and therapist through mutual empathy and sharing of power in the therapy process. This aligns with participant experience that transparency, honesty, genuineness were important for reconnecting with Indigenous clients; however, they were left wondering about whether this was enough or whether there was more to be done. All in all, it would be important for therapists in training to be supported in learning how to repair disconnections that occur with their Indigenous clients, for which RCT may have theoretical contributions to offer.

Culturally Sensitive Alliance

Next, culturally sensitive alliance is described as how the therapeutic relationship is preserved between therapist and client from differing cultures (Asnaani & Hofmann, 2012). It entails being aware of the cultural differences and similarities that exist between self and other without judging them by assigning them a value (e.g., positive or negative).

Navigating Internal Reactions

Findings within this theme primarily addressed how therapists felt how they “should” be when treating their client, but this was accompanied with their own internal difficulties when attuning with their Indigenous clients. Participants discussed their difficulty in managing internal reactions they experienced toward their clients, such as shame, embarrassment, hesitancy, fear, and other emotions. Such emotions emerged particularly when thinking about how their clients would relate to them as someone from a dominant culture—a pre-occupation that could be referred to as cultural countertransference (Stampley & Slaght, 2004). Comas-Díaz and Jacobsen (1991) highlight the fact that therapists tend to bring their own internalized racial and ethnic stereotypes in the therapy room. Unfortunately, these beliefs may play a significant role in the transference and/or countertransference in therapy. Similarly, Rosenfield (2020) conducted a study in which they unveiled the experiences of White therapists in relation to their countertransference in working with Asian-American clients. They found that culture guided the symbiotic nature of the dynamic but was often left unaddressed by the therapist in an active manner. They also found that in being able to talk about their internal experiences surrounding culture, participants were also able to develop an awareness about their cultural countertransference feelings. This highlights the importance of therapists being able to have access to culturally sensitive supervision and/or consultation to further develop and awareness of

these feelings as they relate to their clients. Countertransference reactions may vary from prejudice to guilt on the therapist's end towards their own client (Comas-Díaz & Jacobsen, 1991). Thus, the therapist must remain aware of their own subjectivity and how they contribute to the therapeutic dynamic when clients are different from them (e.g., race, class, etc.; Foster, 1998). Remaining aware of these emotions would also allow for the therapist and the client to actively resolve their racial and cultural tensions within session in a collaborative manner (Comas-Díaz & Jacobsen, 1991).

Stampley and Slaght (2004) posited that cultural countertransference tended to serve as an obstacle within the therapeutic alliance when rooted in the therapist's lack of cultural sensitivity and could cause potential harm to the client within session. While participants in this study were able to identify their own internal reactions in their in-session dynamics, they did not appear to address it covertly for themselves nor overtly with Indigenous clients. Cultural countertransference that remains unaddressed can impact the client and therapy in many ways (Comas-Díaz & Jacobsen, 1991). For example, if a therapist feels anxious about their lack of knowledge and/or experience in supporting an Indigenous client in the therapeutic realm, this may manifest in them avoiding the client's cultural self altogether. Specifically, they may unconsciously avoid conversations surrounding the client's culture and/or trauma. This can then leave the client feeling dismissed and unsupported by the therapist. This can cause a major power imbalance between the client and the therapist as the therapist's comfort would be prioritized over the client's discomfort. Though uncomfortable, it is important for therapists to address cultural countertransference generally, especially in support of Indigenous clients. This includes being aware of their own triggers and emotions in a manner that does not cause undue harm to their client. Such expectations are increasingly endorsed by professional regulatory bodies that promote therapist's safe and effective use of self when conducting therapy (e.g., College of Registered Psychotherapists of Ontario).

While there has been some research regarding cultural countertransference related to Asian and Black clients (Lijtmaer, 2006; Nagai, 2009), little is known about countertransference by non-Indigenous therapists toward Indigenous clients. The work of Daw and Joseph (2007) may be relevant, as they found that when therapists engaged in personal therapy it tended to facilitate their self-reflective processes and self-awareness and served as valuable experiential learning in which the therapist could experience themselves, the client role, and the intersection

thereof. Therapist consideration of their own limitations, emotions, and triggers would then enable them to suspend these aspects of themselves to not negatively affect the therapeutic alliance. Thus, it appears therapist personal development (i.e., self-growth, self-awareness, self-reflection), whether through formal training, supervision, or personal therapy, could help mitigate cultural countertransference. However, more research is needed on how non-Indigenous therapists can navigate and address cultural countertransference when working within Indigenous clients.

Race-Related Self-Conscientiousness

Though participants offered their internal experiences, they also focused on self-conscientiousness as an aspect of reflection, which merits more nuanced attention. Race-related self-conscientiousness refers to participants' experience of heightened awareness of themselves as cultural beings in relation to their clients. It is important to note that the intensity of what one is experiencing internally may be disproportionate to the situation at hand. This was especially highlighted when participants experienced self-consciousness surrounding whether their clients would perceive them as being culturally insensitive or incompetent due to their race. They felt that their lack of cultural similarity with the client would cause doubt for the client with implications for the therapeutic alliance. Finding ways to address feelings of race-related self-conscientiousness is important as they could potentially interfere with therapists being fully present with Indigenous clients and lead therapists to overlook opportunities to build or deepen an alliance with their Indigenous clients.

According to DiAngelo's work cited earlier (2018), race-related self-consciousness can also perpetuate racism within session. "White Fragility," a term coined by DiAngelo (2018), refers to the intolerance or inability of some White individuals to engage in racially stressful discourse. This tends to elicit defenses such as dismissiveness, not taking accountability, arguing, becoming silent, and abandoning the conversation. Sometimes, these defenses also lead to the expression of emotions such as fear, anger, guilt, and shame while discussing race, leading those who disrupted the equilibrium (usually people of colour) to retreat from the conversation through, for example, their own silence, agreement, and apology. This shifts the dynamic so that people of colour appease the upset of the White individual. DiAngelo (2018) posits that many White individuals have not developed the emotional skills that are necessary to engage in constructive discourse surrounding race and this can perpetuate a cycle of racial abuse that

deflects their own racial shame (Matias & DiAngelo, 2013). DiAngelo's (2018) work on White fragility, among the work of others that points to how therapists can develop their White racial identity (e.g., Shand-Lubbers & Baden, 2023), may serve as tools to work through therapist self-consciousness to subsequently enhance cultural engagement with clients. In counselling and psychotherapy training programs, it would be important to ensure that trainees are provided with psychoeducation that could help them understand how to be aware of how they may engage in racially sensitive conversations with clients. This can ensure that cycles that have maintained colonialism are not replicated within the therapy room.

Trust Building

Participants highlighted their experience of having to earn the trust of Indigenous clients within the therapeutic process and doing so with cautiousness. It is worth revisiting how participants Marla and Rosie discussed the challenge of earning trust while also needing to address client struggles, referring to "all these moving pieces [yet] this person is sitting here, not trusting me already." Marla aptly referred to impacts of colonization on trust that "wasn't even there," and Rosie echoed that trust with Indigenous clients would take more time to build as she "expected trust to be a problem." These excerpts highlight the needed attention to developing cultural safety and comfort with Indigenous client. It is important to note that many Indigenous clients report feeling a sense of mistrust towards Western health care system and health care providers (Hadjipavlou et al., 2018), and that mistrust may be present before the commencement of therapy with Indigenous clients due to their colonial history. Thus, it is important that therapists make extra space in the therapy process for building trust by gaining a sense of what creates safety and security from the perspective of an Indigenous client.

To this end, the work of Hadjipavlou and colleagues (2018) could be considered. They found that when elders were involved in a community mental health setting, it could improve trust between non-Indigenous staff and Indigenous patients (Hadjipavlou et al., 2018) and help patient openness to being vulnerable and communicative. Similar consideration could be given within psychotherapy training to how the involvement of Elders might facilitate the trust building process with Indigenous clients. Hadjipavlou and colleagues (2018) also noted that patients felt more comfortable engaging with their care (e.g., supports, interventions, etc.) as they felt more comfortable to engage due to the Elders. Some patients established long-term relationships with their health care providers and sought out connections to Elders due to the

encouragement of their physician. Other participants found that connecting with Elders led to them feeling more connected to their Indigenous culture, though they had previously felt disconnected from their Indigenous culture due to traumatic past experiences. This further supports the importance in Elders being considered as an important part of Indigenous treatment within the field of psychotherapy.

It is essential to note that Indigenous clients may respond differently to Elder involvement depending on the client's level of acculturation. Developing trust between therapist and client could begin with therapist attention to cultural safety. Cultural safety includes actions by the therapist that increase and empower the cultural identity and wellbeing of the client (Brascoupe & Waters, 2009) and is necessary in delivering culturally competent services. While theoretically important, less clear is how non-Indigenous therapists might cultivate and establish cultural safety with Indigenous clients, particularly given lack of cultural safety stemming from colonization. Thus, training programs could include a focus on the importance of cultural safety and how to best implement this when developing a therapeutic alliance with Indigenous clients.

Cultural Empathy

Participants discussed the ways in which they made an effort to relate to or feel close with their clients. Ridley and colleagues (2008) proposed that inclusive cultural empathy occurs when therapists respond accordingly to the cultural context of clients (e.g., race, ethnicity, class, socioeconomic status, etc.) both in respect of similarities and differences. Cultural empathy includes a therapist's ability to pay attention to the client's needs, reactions, and having the skills to manage resistance and/or confrontation.

As proposed by Ridley and colleagues (2008), for therapists to be culturally empathic, they must consider the following: (a) setting one's own biases and judgments aside, (b) attuning to the clients verbal and nonverbal communication, (c) being flexible and tentative in suggestions to clients, and (d) checking in with clients to see if an empathic response resonated or not. Ridley and colleagues (2008) also found that cultural empathy was not dictated by an ethnic match between therapist and client. This is important as it can rid therapists of the assumption that they have to be from the same cultural background in order to help clients who are different from them. While this is something participants from this study tended to believe, the literature suggests empathy can still be cultivated and expressed between client-therapist who do not match on race/ethnicity with the considerations listed above.

Psychotherapy training programs can help trainees develop cultural empathy through supporting them in enhancing compassion, building rapport with clients, and facilitating interventions and assessments with a comprehensive cultural understanding (Garcia et al., 2012). Overall, Garcia and colleagues (2012) found that cultural empathy should be taught on site (e.g., practicums, internships, etc.) in addition to courses (Ridley et al., 2008). Specifically, topics such as positionality, intersectionality, and social projection should be prioritized within the curriculum.

Joining through Similarity

Highlighting differences in working with Indigenous clients compared to other clients can lead clients to feel stigmatized, shamed, or inadequate, especially if being perceived through a Eurocentric lens (Paradies, 2016). Participants in this study wished to avoid the risk othering their clients. While they saw finding similarities between themselves and the client given cultural differences potentially benefitting the therapeutic alliance, doing so was experienced as a challenge. Attempts at joining through similarity are akin to Canales' construct of "inclusionary othering," described as using power beneficially within relationships to attempt to connect through the differences that exist between self and other (Canales, 2000). In this study, participants' joining through similarity despite difference could be viewed as finding points of connection that could be empowering to clients, rather than focusing solely on difference that could be disempowering. It is also worth noting that one participant proposed that one way they "join" despite what felt like overwhelming difference was joining through their own minority identity experiences, allowing for inclusivity of the client and their own positionality. Joining through similarity in experiences related to minoritized status could be one way for non-Indigenous therapists to connect with Indigenous clients.

Other Notable Findings

There were other notable gaps and challenges that participants offered that appeared to extend beyond the components of multicultural competence frameworks, but participants nevertheless identified as relevant to working cross-culturally with Indigenous clients. These regard workplace and systemic challenges and are explained below.

Workplace Challenges

According to participants, due to the scarcity of Indigenous therapists, agencies often have to rely on hiring non-Indigenous therapists. Once hired, they faced challenges fitting in or

navigating what may work best for the agency, as reflected in (a) what could feel like judgments by both clients and colleagues surrounding not being Indigenous and (b) lack of guidance provided by the agency—which could lead to burnout and/or eventually leaving the agency. This could negatively impact non-Indigenous therapists' ability to offer services to clients effectively and raises the question of how a quality working relationship between non-Indigenous therapists and agencies could be mutually fostered, especially given the shortage of Indigenous therapists.

Participants also discussed challenges with feeling unsupported in their workplace primarily serving Indigenous clients and the implications that came along with this. This raises the question of what supports therapists may require to work effectively within agencies that serve Indigenous clients as well as how non-Indigenous therapists can identify and follow through on professional self-care needs when working with Indigenous populations.

Systemic Challenges

In addition, some participants acknowledged difficult systemic challenges that impacted the Indigenous clients they worked with. One systemic challenge was the lack of local Indigenous services available to clients. Participants experienced this as a challenge given that they could not refer their clients to many community resources as they were limited. They experienced this as frustrating given the fact that the Indigenous communities do have significant mental health-related needs. Thus, the lack of support left many participants feeling weighed down by the responsibility of supporting their clients to compensate for the lack of consistent and robust community support. A related concern were what participants saw as unsettling human rights concerns regarding the lack of specific community supports and the general lack of respect and support for Indigenous people on a societal level. They grappled with feelings of helplessness and despair when faced with the reality of the continued marginalization of Indigenous people.

Another systemic challenge regarded dealing with confusion that arose in response to institutions participants viewed and experienced as being supportive were not experienced as such by their clients. For example, a participant spoke of how one of their clients perceived the police primarily as a threat. This realization required more caution about what they did to support the client in moments of crisis to avoid retraumatizing the client.

Having knowledge and understanding surrounding the broader systems Indigenous clients must interact with and their experiences with such systems would seem an important

cultural competency to have. Being aware of Indigenous clients' negative experiences within their social context could prevent therapists from engaging in harmful interventions and engage in more meaningful advocacy.

(De)Limitations

In this section I address both limitations (weaknesses) and delimitations (scope) of the study. One limitation is that the snowball recruitment process used may have drawn participants who were particularly willing and personally motivated to engage in dialogue about multicultural competencies. Individuals too uncomfortable to speak about their competencies (or lack thereof) as therapist with Indigenous clients may have avoided joining the study. Another limitation regards how the resulting participant sample is representative of only a small and geographically isolated portion of the population of therapists. As all participants were from Ottawa, some of the findings may not necessarily apply to other sociopolitical contexts and/or geographic regions Indigenous clients reside in. Moreover, different provinces can also have different professional regulations for psychotherapy, influencing how therapists are trained and relate to their role within the profession, which can impact their understanding of professional expectations and experiences when working with Indigenous clients. The sample was also homogenous in that all participants identified as cis-gender, White, middle-aged, middle-upper class women. Though these participants have differing life experiences, this is only one of many worldviews reflected within the therapist population. Due to the homogeneity of the sample (i.e., White, middle-aged, middle-class, women), it is also difficult to assess race relations between other racialized therapists and how they may relate to their Indigenous clients. A larger and more diverse sample of participants would likely yield more findings about gaps and challenges in cultural competency.

Though there were limitations to this study, many important findings were nevertheless derived. A main delimitation of this study is the small participant sample size. While the participant sample size included three therapists, this number is acceptable for an Interpretive Phenomenological Analysis study (Alase, 2017). Though it was a small sample, there was information power in the rich offerings that participants shared from their unique perspectives and life experiences (Malterud et al., 2016) that helped illuminate some important gaps and challenges in competencies when working with Indigenous clients.

Future Directions

Discovering the gaps and challenges non-Indigenous therapists experience in their work could assist with identifying valuable competencies that may require more support and development. First, it would be important to continue research that unveils the experiences of Indigenous clients and how they themselves experience therapy by non-Indigenous therapists. Obtaining clarity on the client perspective could aid in bridging the gaps between their physical, emotional, safety, relational needs and improving training of and support for therapists to effectively collaborate in creating meaningful therapy spaces. Second, I would propose that practitioners from different racial/ethnic backgrounds be involved in a similar study as it would provide a sense of whether minoritized therapists experience relating to Indigenous clients in ways that are reflective of the experiences shared by participants within this study.

Overall, non-Indigenous therapists face a variety of gaps and challenges as it pertains to their experience of working with Indigenous clients. Though the acknowledgment of this may at first be uncomfortable, there is a hope that the gaps will lessen in size and the challenges will feel possible to overcome. I invite therapists to see that discomfort can be normalized as part of the process of building cultural responsiveness. It is possible to build on cultural humility even if there is colonial guilt, perhaps by finding ways to join clients in their experiences despite cultural differences—an important component of psychotherapy, though by no means simple.

Given the results of the study, what struck me as being most important to address is the therapeutic relationship and how this may contribute to or mitigate the harm that Indigenous people continue to experience. We in the psychotherapy community have a responsibility to act in ways that are ethical. Ethics include cultural awareness, cultural sensitivity, and engaging in ways that support healthy cross-cultural interactions, amongst other responsibilities. I hope concerns surrounding the interpersonal aspects of the therapeutic relationship in terms of addressing discomfort, cautiousness, transference, and countertransference within session are prioritized by the psychotherapy community in the upcoming years. Doing so will allow therapists not only to tackle oppression in a direct way but to ensure that they do not reproduce colonial aspects of history within session, whether directly or indirectly. I would like to leave readers with the notion that safety encompasses every second of the therapeutic relationship, and if the relationship is not handled in a way that is open, careful, and/or informed, we can hurt the very people we seek to heal.

CHAPTER SIX

Critical Reflection

As the IPA approach emphasizes hermeneutics and idiographic renditions, I took the opportunity to ensure that I was reflecting on my experiences throughout the process (Shinebourne, 2011). Hermeneutics takes into account one's subjective experiences and personal accounts as a form of information (Shinebourne, 2011). Symbolic interactionism is also a concept that influences IPA. This alludes to the construction of meaning between the individual and their personal/social world. So, I felt that reporting my genuine experience with the research process would provide more insight for readers. I kept a research journal to document my thoughts, feelings, wishes, and fears throughout the research process. This helped me make sense of my own understanding and attitudes towards the research phenomenon. Journaling also allowed me to ensure that I was able to engage in a reflective process and to lean into social justice issues in psychotherapy more.

The Beginning

When I had first applied to do my MA(Ed) at the University of Ottawa, I was immediately drawn to the research of my supervisor, Dr. Cristelle Audet, that was oriented to social justice. My interest was primarily derived from my own lived experience as a rehabilitation worker at an organization where we cared for the wellbeing of Inuit people. Unfortunately, my experience showed me that cultural competency, humility, and/or sensitivity are often missing from the services that are meant to heal and empower Indigenous people. After that experience, I wondered if there would be similar gaps in cultural competency in the field of psychotherapy. Throughout my program, I was taught the importance of empathy and walking alongside a client. However, I wondered if those terms and expressions were ever enough to encapsulate the complexities of the human experience. With that in mind, I wanted to assess the quality of culturally responsive work in the field. My hopes were to contribute further knowledge surrounding these areas of concern.

Upon conversations with my supervisor, we narrowed my research topic to investigating the gaps and challenges that non-Indigenous therapists face in psychotherapy with Indigenous clients. I believed that this would be relevant to my interest in pursuing work with culturally diverse populations. I could also relate to the experience of not feeling well acquainted with Indigenous culture. I acknowledged that I would face a challenge in supporting Indigenous

clients through psychotherapy as I have many blind spots when it comes to the Indigenous experience. As an individual who is highly interested in discourse surrounding multiculturalism, though it felt embarrassing to admit my lack of knowing, I also felt motivated to learn more. One part of the journey to which I had to adjust was the importance of appropriate language. I had to ensure that the language I chose did not recreate the oppressive narratives of Canada's colonial past. For example, my supervisor regularly challenged my use of the word "explore" in consideration of the past of Indigenous history and what the word itself may represent in that culture. For someone who has not experienced an Indigenous past, it can simply allude to engaging in a process of deeper knowing. While for an individual whose culture has been eradicated and destroyed, the concept of being "explored" within research can be experienced as threatening. Being aware of my choice in words remained an ongoing yet rewarding challenge while conducting this study.

Participant Recruitment

Due to the sensitive nature of this research topic, I was genuinely concerned that people would not participate due to their fears surrounding how they would be perceived while sharing their perspectives. Surprisingly, when I had narrowed down participant recruitment to include individuals I had a trusting relationship with, they expressed nothing but enthusiasm and interest. That provided me with the reassurance that having these conversations was the right thing to do. In addition, I was surprised that they were not hesitant about having this conversation with a person of colour. In the past, it was common for people in my personal life to express a sense of discomfort regarding "loaded" conversations such as these. So, I was worried that it would translate into my research. Most of my colleagues who participated expressed an eagerness in learning more about themselves and how they make sense of culture. Though some expressed a level of nervousness, their excitement to support me in my research outweighed the more negative feelings. In fact, they highlighted the importance of having these conversations with someone who identifies as a person of colour. This might be due to how they were open to gaining an honest sense of my perspective. I found myself being so enthused by the topic that I sometimes added my own perspectives in order to feel included in the discourse. But I made an attempt to ensure that the participant had as much room as they needed to delve into the topic themselves. In knowing more about how I see and experience interactions with them, they could gain a better understanding of how they are showing up for their clients. Surprisingly, the

participants expressed a high level of enthusiasm and openness to share. They remained honest and warned me about their perceived lack of knowing when it comes to culture and felt comfortable to share this with me. Their openness might have been due to our pre-established trusting and supportive rapport. This was an interesting dynamic as all participants had been psychotherapists for many more years than I have, and they were decades ahead of me in life experience. It was humbling to experience them as beginners in conversations focusing directly on culture.

Interviewing

The interviewing phase was my absolute favourite. All the hard work leading up to interviews was done. From the literature review, to solidifying the interview questions, it felt like it was finally time to do the exciting part of the study. I experienced conducting the interviews as euphoric and eye-opening. No two interviews were similar, there was a lot of variability in participants' experiences, personalities, and openness to delve into hard conversations surrounding race and culture. I found the experience to be rich. Each interview was between 60-75 minutes. All were done in person which further enhanced the feeling of "stepping into" the participants' world. Most participants heavily relied on stories to share their experiences, whether it was personal or professional. I was fascinated by it all. I was naturally drawn to participants who discussed their own internal struggles and personalized their own experiences—the ones who were less hesitant to share their vulnerable emotions such as their fears, hesitations, shame, guilt. All participants shared their knowledge with me and it was a privilege for me to learn through the experiences of others.

Analysis, Results, and Discussion

These were the most strenuous components of the thesis. They took a lot of concentration and stamina to complete. As someone who was experiencing a lot of life transitions on my own while completing this thesis, it at times felt impossible to find the energy to invest into the writing. I honestly struggled with the analytic process of the thesis because I had to be cautious to not misinterpret the offerings of the participants. My thesis advisor ensured that I made an effort to discern between my own internal projections in comparison to what the participant might have actually been alluding to. These analysis, results and discussion sections challenged me in being organized and clear in my communication. As someone who is neurodivergent, this came with its own difficulties. At times, I felt highly discouraged. I felt that maybe completing

the thesis would not be possible for me. I felt that maybe it was better that I drop it in order to just complete coursework instead so that I could finally have my degree. I dreaded it. I experienced panic attacks over it. It felt like the thesis would never escape me. However, when I did find the energy to engage, I found that I was astonished by how many of the findings had not been brought up in the literature. Even more shocking was the lack of discussion surrounding some of these concepts throughout my training program. I found that many of the discoveries that were made throughout the research process were very engaging and enlightening. I found myself excited to have conversations with my thesis advisor about what we had found. We were so excited by the idea of how some gaps might be addressed. I honestly did not anticipate so many additional themes but felt so grateful that my thesis advisor helped me put them into words. This project challenged me to find my voice and purpose as a researcher. As someone who has always been quite intimidated by academics, I had always felt inadequate—as if I would not be able to contribute anything of value. As someone who identifies as part of an underrepresented population in the field of psychology, I at times anticipated that my contributions would be undervalued. This process taught me otherwise. This process taught me that I have a right to research my interests and to share my findings. This process taught me that my voice is valuable and that I can contribute knowledge in my field. This thesis, though difficult and at times soul-sucking, has somehow left me feeling empowered.

References

- Aisenberg, E. (2008). Evidence-based practice in mental health care to ethnic minority communities: has its practice fallen short of its evidence? *Social Work, 53*(4), 297-306.
- Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies, 5*(2), 9-19.
- Anderson, I., Baum, F., & Bentley, M. (2004, July). Cooperative Research Centre for Aboriginal Health (Australia). In *Beyond bandaids: exploring the underlying social determinants of Aboriginal health: papers from the Social Determinants of Aboriginal Health Workshop*, Adelaide.
- Arguelles, L., Buchwald, D., Garrouette, E., Goldberg, J., & Sarkisian, N. (2006). Cultural identities and perceptions of health among health care providers and older American Indians. *Journal of General Internal Medicine, 21*(2), 111-116. doi:10.1111/j.1525-1497.2006.00321. x.
- Arthur, N., & Januszkowski, T. (2001). The multicultural counselling competencies of Canadian counsellors. *Canadian Journal of Counselling, 35*(1), 36-48. doi:10.1016/j.jvb.2003.12.006.
- Asnaani, A., & Hofmann, S. G. (2012). Collaboration in multicultural therapy: Establishing a strong therapeutic alliance across cultural lines. *Journal of clinical psychology, 68*(2), 187-197.
- Audet, C. T. (2011). Client perspectives of therapist self-disclosure: Violating boundaries or removing barriers? *Counselling Psychology Quarterly, 24*(2), 85-100.
- Bailey, R. J., & Ogles, B. M. (2023). *Common factors therapy: A principle-based treatment framework*. (1st ed.). American Psychological Association.
- Barden, S. M., & Cashwell, C. S. (2013). Critical factors in cultural immersion: A synthesis of relevant literature. *International Journal for the Advancement of Counselling, 35*(4), 286-297. doi: 10.1007/s10447-013-9183-y.
- Battiste, M. (2018). Reconciling Indigenous knowledge in education: Promises, possibilities, and imperatives. In M. Spooner & J. McNinch (Eds.), *Dissident knowledge in higher education* (pp. 123–148). University of Regina Press.

- Bedi, R. P. (2018). Racial, ethnic, cultural, and national disparities in counseling and psychotherapy outcome are inevitable but eliminating global mental health disparities with indigenous healing is not. *Archives of Scientific Psychology*, 6(1), 96. doi: 10.1037/arc0000047.
- Bennett-Levy, J. (2006). Therapist skills: A cognitive model of their acquisition and refinement. *Behavioural and Cognitive Psychotherapy*, 34(1), 57-78. <https://doi.org/10.1017/S1352465805002420>
- Bennett-Levy, J., & Finlay-Jones, A. (2018). The role of personal practice in therapist skill development: a model to guide therapists, educators, supervisors and researchers. *Cognitive Behaviour Therapy*, 47(3), 185-205.
- Blue, A., & Darou, W. (2005). Counselling first nations peoples. In N. Arthur & S. Collins (Eds.), *Culture infused counselling: Celebrating the Canadian mosaic* (pp. 303-330). Calgary, AB: Counselling Concepts.
- Blume, S. (2017). In search of experiential knowledge. *Innovation: The European Journal of Social Science Research*, 30(1), 91-103.
- Boksa, P., Joobar, R., & Kirmayer, L. J. (2015). Mental wellness in Canada's aboriginal communities: Striving toward reconciliation. *Journal of Psychiatry & Neuroscience: JPN*, 40(6), 363. doi: 10.1503/jpn.150309
- Brascoupé, S., & Waters, C. (2009). Cultural safety exploring the applicability of the concept of cultural safety to aboriginal health and community wellness. *International Journal of Indigenous Health*, 5(2), 6-41.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi: 10.1191/1478088706qp063oa.
- Bryant-Davis, T. (2019). The cultural context of trauma recovery: Considering the posttraumatic stress disorder practice guideline and intersectionality. *Psychotherapy*, 56(3), 400-408.
- Burkard, A. W., Johnson, A. J., Madson, M. B., Pruitt, N. T., Contreras-Tadych, D. A., Kozlowski, J. M., ... & Knox, S. (2006). Supervisor cultural responsiveness and unresponsiveness in cross-cultural supervision. *Journal of Counseling Psychology*, 53(3), 288-301.
- Burr, V. (2015). *Social constructionism* (3d ed.) London: Routledge.

- Canadian Counselling and Psychotherapy Association. (2020). Code of ethics. Retrieved from <https://www.ccpa-accp.ca/2020-code-of-ethics/>
- Canadian Counselling and Psychotherapy Association (2021). Standards of practice (6th ed.). Retrieved from <https://www.ccpa-accp.ca/wp-content/uploads/2021/10/CCPA-Standards-of-Practice-ENG-Sept-29-Web-file.pdf>
- Canales, M. K. (2000). Othering: Toward an understanding of difference. *Advances in Nursing Science*, 22(4), 16-31.
- Canfield, B. S., Low, L., & Hovestadt, A. (2009). Cultural immersion as a learning method for expanding intercultural competencies. *The Family Journal*, 17(4), 318-322. doi: 10.1177/1066480709347359
- Cardemil, E. V., & Battle, C. L. (2003). Guess who's coming to therapy? Getting comfortable with conversations about race and ethnicity in psychotherapy. *Professional Psychology, Research and Practice*, 34(3), 278-286. <https://doi.org/10.1037/0735-7028.34.3.278>
- Chopra, T. (2013). All supervision is multicultural: A review of literature on the need for multicultural supervision in counseling. *Psychological Studies*, 58, 335-338.
- Coleman, M. N. (2006). Critical incidents in multicultural training: An examination of student experiences. *Journal of Multicultural Counseling and Development*, 34(3), 168-182. doi: 10.1002/j.2161-1912.2006.tb00036.x
- Collins, S., & Arthur, N. (2010). Culture-infused counselling: A model for developing multicultural competence. *Counselling Psychology Quarterly*, 23(2), 217-233. doi: 10.1080/09515071003798212.
- Comas-Díaz, L., & Jacobsen, F. M. (1991). Ethnocultural transference and countertransference in the therapeutic dyad. *American Journal of Orthopsychiatry*, 61(3), 392-402. <https://doi.org/10.1037/h0079267>
- Constantine, M. G., Kindaichi, M., Arorash, T. J., Donnelly, P. C., & Jung, K. S. K. (2002). Clients' perceptions of multicultural counseling competence: Current status and future directions. *The Counseling Psychologist*, 30(3), 407-416. doi: 10.1177/0011000002303003
- Constantine, M. G., Myers, L. J., Kindaichi, M., & Moore III, J. L. (2004). Exploring indigenous mental health practices: The roles of healers and helpers in promoting well-being in people of color. *Counseling and Values*, 48(2), 110-125. doi: 10.1002/j.2161-007X.2004.tb00238.x

- Conway, J., Tsourtos, G., & Lawn, S. (2017). The barriers and facilitators that indigenous health workers experience in their workplace and communities in providing self-management support: A multiple case study. *BMC health services research*, *17*(1), 319. doi: 10.1186/s12913-017-2265-5.
- Cooper, R., Fleischer, A., & Cotton, F. A. (2012). Building connections: An interpretative phenomenological analysis of qualitative research students' learning experiences. *Qualitative Report*, *17*, 1.
- Corrado, R. R., & Cohen, I. M. (2003). Mental health profiles for a sample of British Columbia's aboriginals/Survivors of the Canadian residential school system. Aboriginal Healing Foundation.
- Cunningham, W. A., Nezlek, J. B., & Banaji, M. R. (2004). Implicit and explicit ethnocentrism: Revisiting the ideologies of prejudice. *Personality and Social Psychology Bulletin*, *30*(10), 1332-1346.
- Dallmayr, F. (2009). Hermeneutics and inter-cultural dialog: linking theory and practice. *Ethics & Global Politics*, *2*(1), 23-39.
- Danso, R. (2018). Cultural competence and cultural humility: A critical reflection on key cultural diversity concepts. *Journal of Social Work*, *18*(4), 410-430.
- Dauphinais, P., & Rowe, W. (1981, April). *Counseling with American Indians: Improving the quality of non-Indian assistance*. Paper presented at the annual meeting of the American Educational Research Association, Los Angeles, CA.
- Davis, D. E., DeBlaere, C., Owen, J., Hook, J. N., Rivera, D. P., Choe, E., Van Tongeren, D. R., Worthington, E. L., & Placeres, V. (2018). The multicultural orientation framework: A narrative review. *Psychotherapy (Chicago, Ill.)*, *55*(1), 89-100. <https://doi.org/10.1037/pst0000160>.
- Daw, B., & Joseph, S. (2007). Qualified therapists' experience of personal therapy. *Counselling and Psychotherapy Research*, *7*(4), 227-232.
- Day-Vines, N. L., Wood, S. M., Grothaus, T., Craigen, L., Holman, A., Dotson-Blake, K., & Douglass, M. J. (2007). Broaching the subjects of race, ethnicity, and culture during the counseling process. *Journal of Counseling & Development*, *85*(4), 401-409.

- Day-Vines, N. L., Cluxton-Keller, F., Agorsor, C., Gubara, S., & Otabil, N. A. A. (2020). The multidimensional model of broaching behavior. *Journal of Counseling & Development, 98*(1), 107-118.
- DiAngelo, R. (2018). *White fragility: Why it's so hard for White people to talk about racism*. Beacon Press.
- Dupuis-Rossi, R., & Reynolds, V. (2018). Indigenizing and decolonizing therapeutic responses to trauma-related dissociation. In *Counselling in Cultural Contexts* (pp. 293-315). Springer, Cham.
- Durey, A., Wynaden, D., & O'Kane, M. (2014). Improving forensic mental health care to indigenous Australians: Theorizing the intercultural space. *Journal of Psychiatric and Mental Health Nursing, 21*, 296-302. doi: 10.1111/jpm.12105
- Durie, M. (2011). Indigenizing mental health services: New Zealand experience. *Transcultural Psychiatry, 48*(1-2), 24-36. doi: 10.1177/1363461510383182
- Elias, B., Mignone, J., Hall, M., Hong, S. P., Hart, L., & Sareen, J. (2012). Trauma and suicide behaviour histories among a Canadian indigenous population: an empirical exploration of the potential role of Canada's residential school system. *Social science & medicine, 74*(10), 1560-1569.
- Everett, F., Proctor, N., & Cartmell, B. (1983). Providing psychological services to American Indian children and families. *Professional Psychology: Research and Practice, 14*(5), 588-603. doi:10.1037/0735-7028.14.5.58
- Fairburn, C. G., & Cooper, Z. (2011). Therapist competence, therapy quality, and therapist training. *Behaviour Research and Therapy, 49*(6-7), 373-378. doi: 10.1016/j.brat.2011.03.005
- Fan, B. (2007). Intervention model with Indigenous Australians for non-Indigenous counsellors. *Counselling, Psychotherapy, and Health, 3*(2), 13-20.
- Finlay, L. (2011). *Phenomenology for therapists: Researching the lived world*. John Wiley & Sons.
- First Nations Information Governance Centre (FNIGC) (2012). First Nations Regional Health Survey (RHS) 2008/10: National report on adults, youth and children living in First Nations communities. Ottawa: *FNIGC*.

- Foster, R. P. (1998). The clinician's cultural countertransference: The psychodynamics of culturally competent practice. *Clinical Social Work Journal*, 26, 253-270.
- France, M. H., del Carmen Rodríguez, M., & McCormick, R. (2017). Counselling in the indigenous community. *Diversity, Culture and Counselling: A Canadian Perspective*, 2e, 65.
- Gale, C., Schröder, T., & Gilbert, P. (2017). 'Do you practice what you preach?': A qualitative exploration of therapists' personal practice of compassion focused therapy. *Clinical Psychology & Psychotherapy*, 24(1), 171-185.
- Garcia, B., Lu, Y. E., & Maurer, K. (2012). Cultural empathy: Implications of findings from social work objective-structured clinical observation for field education. *Field Educator*, 2(2).
- Garwick, A., & Auger, S. (2000). What do providers need to know about American Indian culture? Recommendations from urban Indian family caregivers. *Families, Systems, & Health*, 18(2), 177-189. doi:10.1037/h0091845.
- Gast, M. J., Chisholm, J. S., Sivira-Gonzalez, Y., & Douin, T. A. (2022). Racialized moments in qualitative interviews: confronting colour-blind and subtle racism in real time. *International Journal of Research & Method in Education*, 45(3), 284-296.
- Giorgi, A. (2014). An affirmation of the phenomenological psychological descriptive method: A response to Rennie (2012). *Psychological Methods*, 19(4), 542-551. doi: 10.1037/met0000015
- Gone, J. P. (2010). Psychotherapy and traditional healing for American Indians: Exploring the prospects for therapeutic integration. *The Counseling Psychologist*, 38(2), 166-235.
- Gone, J. P. (2012). Indigenous traditional knowledge and substance abuse treatment outcomes: The problem of efficacy evaluation. *The American Journal of Drug and Alcohol Abuse*, 38(5), 493-497.
- Gone, J. P. (2013). A community-based treatment for Native American historical trauma: Prospects for evidence-based practice. *Spirituality in Clinical Practice*, 1(S), 78-94. doi: 10.1037/2326-4500.1. S.78
- Gone, J. P. (2014). Reconsidering American Indian historical trauma: Lessons from an early gros ventre war narrative. *Transcultural Psychiatry*, 51(3), 387-406. doi: 10.1177/1363461513489722

- Gone, J. P. (2016). Alternative knowledges and the future of community psychology: Provocations from an American Indian Native American healing tradition. *American Journal of Community Psychology*. doi: 10.1002/ajcp.12046
- Gone, J. P., & Trimble, J. E. (2012). American Indian and Alaska Native mental health: Diverse perspectives on enduring disparities. *Annual Review of Clinical Psychology*, 8, 131-160. doi:10.1146/annurev-clinpsy-032511-143127
- Goodkind, J., LaNoue, M., Lee, C., Freeland, L., & Freund, R. (2012). Involving parents in a community-based, culturally grounded mental health intervention for American Indian youth: Parent perspectives, challenges, and results. *Journal of Community Psychology*, 40(4), 468-478. doi:10.1002/jcop.21480
- Goodman, R. D. (2015). Trauma counseling and interventions: Introduction to the special issue. *Journal of Mental Health Counseling*, 37(4), 283-294. doi: 10.17744/mehc.37.4.01
- Gorski, P. C., & Goodman, R. D. (2014). Introduction: Toward a Decolonized Multicultural Counseling and Psychology. In *Decolonizing "Multicultural" Counseling through Social Justice* (pp. 1-10). Springer New York. https://doi.org/10.1007/978-1-4939-1283-4_1
- Grauf-Grounds, C., Sellers, T., Edwards, S.A., Cheon, H.-S., Macdonald, D., Whitney, S., & Rivera, P. (Eds.). (2020). *A practice beyond cultural humility: How clinicians can work more effectively in a diverse world* (1st ed.). Routledge.
<https://doi.org/10.4324/9780429340901>
- Gunn, T. M., Pomahac, G., Striker, E. G., & Tailfeathers, J. (2011). First Nations, Métis, and Inuit education: The Alberta initiative for school improvement approach to improve indigenous education in Alberta. *Journal of Educational Change*, 12(3), 323-345.
- Hadjipavlou, G., Varcoe, C., Tu, D., Dehoney, J., Price, R., & Browne, A. J. (2018). "All my relations": Experiences and perceptions of Indigenous patients connecting with Indigenous Elders in an inner-city primary care partnership for mental health and well-being. *Cmaj*, 190(20), E608-E615.
- Hanna, F. J., & Cardona, B. (2013). Multicultural counseling beyond the relationship: Expanding the repertoire with techniques. *Journal of Counseling & Development*, 91(3), 349-357. doi: 10.1002/j.1556-6676.2013.00104.x

- Harris, V. W., Kumaran, M., Harris, H. J., Moen, D., & Visconti, B. (2019). Assessing multicultural competence (knowledge and awareness) in study abroad experiences. *Compare: A Journal of Comparative and International Education*, 49(3), 430-452.
- Hartmann, W. E., & Gone, J. P. (2012). Incorporating traditional healing into an urban American Indian health organization: A case study of community member perspectives. *Journal of Counseling Psychology*, 59(4), 542. doi: 10.1037/a0029067
- Health Canada. (2011). *Honouring our strengths: A renewed framework to address substance use issues among First Nations people in Canada*.
- Heart, M. Y. H. B., & Chase, J. (2016). Historical trauma among Indigenous peoples of the Americas: Concepts, research, and clinical considerations. *Wounds of History*, 270-287.
- Henkelman, J., & Paulson, B. (2006). The client as expert: Researching hindering experiences in counselling. *Counselling Psychology Quarterly*, 19(2), 139-150.
- Henry, B. R., Houston, S. & Mooney, G. H. (2004). Institutional racism in Australian healthcare: A plea for decency. *Medical Journal of Australia*, 180, 517-520. doi: 10.5694/j.1326-5377.2004.tb06056.x
- Hernandez, L. (2021). Racial and cultural in-betweenness meet in the consulting room: The case of 'Anna'. *Journal of Analytical Psychology*, 66(3), 644-664.
- Ho, D. Y. (1995). Internalized culture, culturocentrism, and transcendence. *The Counselling Psychologist*, 23(1), 4-23. doi:10.1177/0011000095231002
- Hodgetts, A., & Wright, J. (2007). Researching clients' experiences: A review of qualitative studies. *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice*, 14(3), 157-163.
- Howard, M. C. (1995). *Contemporary cultural anthropology* (5th ed.). Harper Collins.
- Howell-Jones, G. E. (2005). *Counselling First Nations: Experiences of how Aboriginal clients develop, experience, and maintain successful healing relationships with non-Aboriginal counsellors in mainstream mental health settings, a narrative study* (Doctoral dissertation, University of British Columbia).
- Inman, A. G., & Ladany, N. (2014). Multicultural competencies in psychotherapy supervision. In F. T. L. Leong, L. Comas-Díaz, G. C. Nagayama Hall, V. C. McLoyd, & J. E. Trimble (Eds.), *APA handbook of multicultural psychology, Vol. 2. Applications and training* (pp. 643-658). American Psychological Association. <https://doi.org/10.1037/14187-036>

- Isaacs, A. N., Pyett, P., Oakley-Browne, M. A., Gruis, H., & Waples-Crowe, P. (2010). Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: Seeking a way forward. *International journal of mental health nursing, 19*(2), 75-82.
- Jee-Lyn García, J., & Sharif, M. Z. (2015). Black lives matter: A commentary on racism and public health. *American Journal of Public Health, 105*(8), e27-e30.
- Jordan, J. V. (2008). Recent developments in relational-cultural theory. *Women & Therapy, 31*(2-4), 1-4. <https://doi.org/10.1080/02703140802145540>
- Kassan, A., Rose-Green, A., & Nathoo, J. (2017). Multicultural counselling competencies with newcomer youth: A phenomenological study of client experiences. *Studia Poradoznawcze, 221*.
- King, M., Smith, A., & Gracey, M. (2009). Indigenous health part 2: The underlying causes of the health gap. *The Lancet, 374*(9683), 76-85. doi: 10.1016/S0140-6736(09)60827-8
- Kirmayer, L. J., Brass, G. M., & Tait, C. L. (2000). The mental health of aboriginal peoples: Transformations of identity and community. *The Canadian Journal of Psychiatry, 45*(7), 607-616. doi: 10.1177/070674370004500702
- Kirmayer, L. J., Dandeneau, S., Marshall, E., Phillips, M. K., & Williamson, K. J. (2012). Toward an ecology of stories: Indigenous perspectives on resilience. In *The social ecology of resilience* (pp. 399-414). Springer.
- Kohl Jr, B. G. (2006). Can you feel me now? Worldview, empathy, and racial identity in a therapy dyad. *Journal of Emotional Abuse, 6*(2-3), 173-196.
- Kovach, M. (2015). Emerging from the margins: Indigenous methodologies. In *Research as resistance: Revisiting critical, Indigenous, and anti-oppressive approaches, 2*, 43-64.
- Lee, E. (2014). A therapist's self-disclosure and its impact on the therapy process in cross-cultural encounters: Disclosure of personal self, professional self, and/or cultural self? *Families in Society, 95*(1), 15-23.
- Lee, E., & Bhuyan, R. (2013). Negotiating within Whiteness in cross-cultural clinical encounters. *Social Service Review, 87*(1), 98-130.
- Lijtmaer, R. (2006). Black, White, Hispanic and both: Issues in bi-racial identity and its effects in the transference-countertransference. *Race, Culture and Psychotherapy: Critical Perspectives in Multicultural Practice, 130-138*.

- Luo, Z. C., Wilkins, R., Heaman, M., Smylie, J., Martens, P. J., McHugh, N. G., ... & Fraser, W. D. (2012). Birth outcomes and infant mortality among First Nations Inuit, and non-Indigenous women by northern versus southern residence, Quebec. *J Epidemiol Community Health, 66*(4), 328-333.
- Madigan, S. (2012). Anti-individualist narrative practice: Listening to the echoes of cultural histories. *International Journal of Narrative Therapy & Community Work, 1*, 27-34.
- Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: guided by information power. *Qualitative health research, 26*(13), 1753-1760.
- Matias, C. E., & DiAngelo, R. (2013). Beyond the face of race: Emo-cognitive explorations of White neurosis and racial cray-cray. *Educational Foundations, 27*, 3-20.
- McCloy, J. (2016). *Towards a cross-cultural psychotherapeutic framework for Psychologists working with Western Australian Aboriginal people* (Doctoral dissertation, Curtin University).
- McCormick, R. M. (1998). Ethical considerations in First Nations counselling and research. *Canadian Journal of Counselling and Psychotherapy, 32*(4).
- McIntyre, C., Harris, M. G., Baxter, A. J., Leske, S., Diminic, S., Gone, J. P., Hinter, E., & Whiteford, H. (2017). Assessing service use for mental health by indigenous populations in Australia, Canada, New Zealand and the United States of America: A rapid review of population surveys. *Health research policy and systems, 15*(1), 67. doi: 10.1186/s12961-017-0233-5
- McMillan, A. D. (1995). *Native peoples and cultures of Canada*. Douglas & McIntyre.
- Mehl-Madrona, L. (2009). What traditional Indigenous elders say about cross-cultural mental health training. *Explore: The Journal of Science and Healing, 5*(1), 20-29. doi: 10.1016/j.explore.2008.10.003
- Minore, B., Boone, M., Katt, M., Kinch, P., & Birch, S. (2004). Addressing the realities of health care in northern aboriginal communities through participatory action research. *Journal of Interprofessional Care, 18*(4), 360-368. doi: 10.1080/13561820400011784
- Moorehead, V. D., Gone, J. P., & December, D. (2015). A gathering of Native American healers: Exploring the interface of Indigenous tradition and professional practice. *American Journal of Community Psychology, 56*(3-4), 383-394. doi: 10.1007/s10464-015-9747-6

- Morris, R. C. (2013). Identity salience and identity importance in identity theory. *Current Research in Social Psychology*, 21(8), 23-36.
- Morrisette, P. J., & Gadbois, S. (2006). Alliance skill development within Canadian First Nations and Aboriginal counsellor education. *Canadian Journal of Counselling*, 40(4), 209-223.
- Moustakas, C. (1994). *Phenomenological research methods*. Sage. doi: 10.4135/9781412995658
- Nagai, C. (2009). Ethno-cultural and linguistic transference and countertransference: From Asian perspectives. *American Journal of Psychotherapy*, 63(1), 13-23.
- Nakash, O., & Saguy, T. (2015). Social identities of clients and therapists during the mental health intake predict diagnostic accuracy. *Social Psychological and Personality Science*, 6(6), 710-717. doi: /10.1177/1948550615576003
- NiaNia, W., Bush, A., & Epston, D. (2016). *Collaborative and indigenous mental health therapy: Tātaihono—stories of Māori healing and psychiatry*. Taylor & Francis.
- Nicolai, S. S., & Saus, M. (2013). Acknowledging the past while looking to the future: Conceptualizing Indigenous child trauma. *Child welfare*, 92(4), 55.
- Noon, E. J. (2018). Interpretive phenomenological analysis: An appropriate methodology for educational research. *Journal of Perspectives in Applied Academic Practice*, 6(1).
- Nuttgens, S. A., & Campbell, A. J. (2010). Multicultural considerations for counselling First Nations clients/considérations multi-culturelles dans le counseling de clients des Premières nations. *Canadian Journal of Counselling and Psychotherapy (Online)*, 44(2), 115-129.
- O'Brien, A. P., Boddy, J. M. & Hardy, D. J. (2007). Culturally specific process measures to improve mental health clinical practice: Indigenous focus. *Australian and New Zealand Journal of Psychiatry*, 41, 667-674. doi: 10.1080/00048670701449211
- Paradies, Y. (2016). Colonisation, racism and indigenous health. *Journal of Population Research*, 33(1), 83-96.
- Parrish, M. (2008). *Counseling Native Americans: Clinician's perceptions of counseling competencies and characteristics essential to working with Native American clients* (Doctoral dissertation). <http://etd.auburn.edu/etd/handle/10415/1050>
- Pascual-Leone, A., & Greenberg, L. S. (2007). Emotional processing in experiential therapy: Why “the only way out is through.”. *Journal of Consulting and Clinical Psychology*, 75(6), 875.

- Paulson, B. L., Truscott, D., & Stuart, J. (1999). Clients' perceptions of helpful experiences in counseling. *Journal of Counseling Psychology, 46*(3), 317. doi: 10.1037/0022-0167.46.3.317
- Pedersen, P. (2001). Multiculturalism and the paradigm shift in counselling: Controversies and alternative futures. *Canadian Journal of Counselling, 35*(1), 15-25.
- Pieterse, A. L., Lee, M., Ritmeester, A., & Collins, N. M. (2013). Towards a model of self-awareness development for counselling and psychotherapy training. *Counselling Psychology Quarterly, 26*(2), 190-207. doi: 10.1080/09515070.2013.793451
- Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological journal, 20*(1), 7-14.
- Ponterotto, J. G. (2013). Case study in psychobiographical ethics: Bobby Fischer, world chess champion. *Journal of Empirical Research on Human Research Ethics, 8*(4), 19-27.
- Pope-Davis, D. B., Toporek, R. L., Ortega-Villalobos, L., Ligiéro, D. P., Brittan-Powell, C. S., Liu, W. M., Bashshur, M.R., Cordington, J.N. & Liang, C. T. (2002). Client perspectives of multicultural counseling competence: A qualitative examination. *The Counseling Psychologist, 30*(3), 355-393. doi: 10.1177/0011000002303001
- Punnett, B. J., Ford, D., Galperin, B. L., & Lituchy, T. (2017). The emic-etic-emic research cycle. *AIB Insights, 17*(1), 3.
- Quinn, A. (2019). Reflections on intergenerational trauma: Healing as a critical intervention. *First peoples child & family review, 14*(1), 196-210. doi: 10.1080/0145935X.2019.1656063
- Ralph, S., & Ryan, K. (2017). Addressing the mental health gap in working with Indigenous youth: Some considerations for non-Indigenous psychologists working with Indigenous youth. *Australian Psychologist, 52*(4), 288-298. doi: 10.1111/ap.12287
- Ramirez, S. (2023). Cultural exposure as a creative experiential learning intervention. *Journal of Creativity in Mental Health, 18*(1), 118-133.
<https://doi.org/10.1080/15401383.2021.1949420>
- Reeves, A., & Stewart, S. L. (2016). Historical perspectives on Indigenous healing. In *Indigenous cultures and mental health counselling* (pp. 125-140). Routledge.
- Ridley, C. R., Ethington, L. L., & Heppner, P. P. (2008). Cultural confrontation: A skill of advanced cultural empathy. In P. B. Pedersen, J. G. Draguns, W. J. Lonner, & J. E.

- Trimble (Eds.), *Counseling across cultures* (pp. 377-393). Sage.
<https://doi.org/10.4135/9781483329314.n22>
- Robertson, L. H. (2006). The residential school experience: Syndrome or historic trauma. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 4(4), 1-28.
- Robinson, B., Bradley, L. J., & Hendricks, C. B. (2000). Multicultural counselling supervision: A four-step model toward competency. *International Journal for the Advancement of Counselling*, 22(2), 131-141.
- Rosenfield, L. (2020). Unraveling cultural countertransference: The experience of Caucasian therapists working with Asian-American adults. *Psychoanalytic Social Work*, 27(1), 61-82.
<https://doi.org/10.1080/15228878.2020.1712660>
- Rowan, M., Poole, N., Shea, B., Gone, J. P., Mykota, D., Farag, M., ... & Dell, C. (2014). Cultural interventions to treat addictions in Indigenous populations: Findings from a scoping study. *Substance abuse treatment, prevention, and policy*, 9(1), 1-27.
- Roy, A. (2014). Intergenerational trauma and Aboriginal women: Implications for mental health during pregnancy. *First Peoples Child & Family Review*, 9(1), 211-224.
- Rubio Rodriguez, Beatriz R., "Examining the Process of the Development of Multicultural Counselling Competencies in Therapist-Trainees" (2015). *Electronic Theses and Dissertations*. 5695. <https://scholar.uwindsor.ca/etd/5695>
- Safran, J. D., Muran, J. C., & Eubanks-Carter, C. (2011). Repairing alliance ruptures. *Psychotherapy*, 48(1), 80-87.
- Sasakamoose, J., Bellegarde, T., Sutherland, W., Pete, S., & McKay-McNabb, K. (2017). Miyo-pimātsiwin developing Indigenous cultural responsiveness theory (ICRT): Improving Indigenous health and well-being. *International Indigenous Policy Journal*, 8(4). doi: 10.18584/iipj.2017.8.4.1
- Shand-Lubbers, R. M., & Baden, A. L. (2023). Becoming a White antiracist counselor: A framework of identity development. *Counselor Education and Supervision*, 00, 1-19.
<https://doi.org/10.1002/ceas.12272>
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63-75.

- Shepard, B., O'Neill, L., & Guenette, F. (2006). Counselling with First Nations women: Considerations of oppression and renewal. *International Journal for the Advancement of Counselling*, 28(3), 227-240. doi: 10.1007/s10447-005-9008-8
- Shinebourne, P. (2011). The theoretical underpinnings of interpretative phenomenological analysis (IPA). *Existential Analysis*, 22(1), 16-31.
- Smith, J. & Flowers, P. & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. Sage.
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1(1), 39-54.
- Smith, J. A., & Osborn, M. (2015). Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British Journal of Pain*, 9(1), 41-42. doi: 10.1177/2049463714541642
- Smith, J. A., & Shinebourne, P. (2012). *Interpretative phenomenological analysis*. American Psychological Association. doi: 10.1037/13620-005
- Smylie, J., & Anderson, M. (2006). Understanding the health of Indigenous peoples in Canada: key methodological and conceptual challenges. *Canadian Medical Association Journal*, 175(6), 602. <https://doi.org/10.1503/cmaj.060940>
- Soheilian, S. S., Inman, A. G., Klinger, R. S., Isenberg, D. S., & Kulp, L. E. (2014). Multicultural supervision: Supervisees' reflections on culturally competent supervision. *Counselling Psychology Quarterly*, 27(4), 379-392.
- Sprenkle, D. H., & Blow, A. J. (2004). Common factors and our sacred models. *Journal of Marital and Family Therapy*, 30(2), 113-129. doi: 10.1111/j.1752-0606.2004.tb01228.x
- Stampley, C., & Slaght, E. (2004). Cultural countertransference as a clinical obstacle. *Smith College Studies in Social Work*, 74(2), 333-347. <https://doi.org/10.1080/00377310409517719>
- Stewart, S. L. (2008). Promoting Indigenous mental health: Cultural perspectives on healing from Native counsellors in Canada. *International Journal of Health Promotion and Education*, 46(2), 49-56. doi: 10.1080/14635240.2008.10708129

- Stewart, S. L., & Marshall, A. (2016). Counselling Indigenous peoples in Canada. In *Indigenous Cultures and Mental Health Counselling* (pp. 103-119). Routledge. doi: 10.4324/9781315681467
- Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. *American psychologist*, 53(4), 440. doi: 10.1037/0003-066X.53.4.440
- Sue, D. W. (2001). Multidimensional facets of cultural competence. *The Counseling Psychologist*, 29(6), 790-821.
- Sue, D. W. (2015). Therapeutic harm and cultural oppression. *The Counseling Psychologist*, 43(3), 359-369.
- Sue, D. W. (2016). *Race talk and the conspiracy of silence: Understanding and facilitating difficult dialogues on race*. John Wiley & Sons.
- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Multicultural Counseling and Development*, 20(2), 64-88. doi: 10.1002/j.2161-1912.1992.tb00563.x
- Sue, D. W., Bernier, J. E., Durran, A., Feinberg, L., Pedersen, P., Smith, E. J., & Vasquez-Nuttall, E. (1982). Position paper: Cross-cultural counseling competencies. *The Counseling Psychologist*, 10(2), 45-52. doi: 10.1177/0011000082102008
- Sue, D. W., & Torino, G. C. (2005). Racial-cultural competence: Awareness, knowledge, and skills. In R. T. Carter (Ed.), *Handbook of racial-cultural psychology and counseling, Vol. 2. Training and practice* (pp. 3-18). John Wiley & Sons.
- Thomason, T. (2012). Recommendations for counseling Native Americans: Results of a Survey. *Journal of Indigenous Research*, 2(1), 1-10. doi: 10.1037/t23876-000
- Turcotte S., Schiffer J. J. (2014). Aboriginal focusing-oriented therapy (AFOT). In G. Madison (Ed.), *Emerging practice in focusing-oriented psychotherapy: Innovative theory and applications* (pp. 48-64). Jessica Kingsley.
- van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. London, ON: Althouse Press.
- van Manen, M. (2016). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Routledge. doi: 10.4324/9781315422657
- Van Oudenhoven, J. P. (2017). Emic and etic research. *The International Encyclopedia of Intercultural Communication*, 1-7.

- Vera, E. M., & Speight, S. L. (2003). Multicultural competence, social justice, and counseling psychology: Expanding our roles. *The Counseling Psychologist, 31*(3), 253-272. doi: 10.1177/0011000003031003001
- Walker, S. C., Whitener, R., Trupin, E. W., & Migliarini, N. (2015). American Indian perspectives on evidence-based practice implementation: Results from a statewide tribal mental health gathering. *Administration and Policy in Mental Health and Mental Health Services Research, 42*(1), 29-39. doi: 10.1007/s10488-013-0530-4
- Wardman, D., Clement, K., & Quantz, D. (2005). Access and utilization of health services by British Columbia's rural Aboriginal population. *Leadership in Health Services*. doi: 10.1108/13660750510594864
- Weaver, H. N., & White, B. J. (1997). The Native American family circle: Roots of resiliency. *Journal of Family Social Work, 2*(1), 67-79. doi: 10.1300/J039v02n01_05
- Wendt, D. C., Gone, J. P., & Nagata, D. K. (2015). Potentially Harmful Therapy and Multicultural Counseling: Bridging Two Disciplinary Discourses. *The Counseling psychologist, 43*(3), 334–358. <https://doi.org/10.1177/0011000014548280>
- Wendt, D. C., Huson, K., Albatnuni, M., & Gone, J. P. (2022). What are the best practices for psychotherapy with indigenous peoples in the United States and Canada? A thorny question. *Journal of Consulting and Clinical Psychology, 90*(10), 802-814.
- Whaley, A. L., & Davis, K. E. (2007). Cultural competence and evidence-based practice in mental health services: A complementary perspective. *American Psychologist, 62*(6), 563-574. doi: 10.1037/0003-066X.62.6.563
- White-Davis, T., Edgoose, J., Speights, J. B., Fraser, K., Ring, J., Guh, J., & Saba, G. (2018). Addressing racism in medical education an interactive training module. *Family medicine, 50*(5), 364-368.
- Williams, E. N., Hayes, J. A., & Fauth, J. (2008). Therapist self-awareness: Interdisciplinary connections and future directions. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (pp. 303-319). John Wiley & Sons.
- Willig, C. (2013). *Introducing qualitative research in psychology*. UK: McGraw-Hill.
- Yeh, C. J., Hunter, C. D., Madan-Bahel, A., Chiang, L., & Arora, A. K. (2004). Indigenous and interdependent perspectives of healing: Implications for counseling and research. *Journal of Counseling & Development, 82*(4), 410-419. doi: 10.1002/j.1556-6678.2004.tb00328.x

Appendix A**Recruitment Text (Email to Network)**

Good morning _____,

I hope you are doing well! I am emailing to see if you'd be interested in potentially being a participant in my Master's thesis study, supervised by Dr. Cristelle Audet at the University of Ottawa. I am currently researching gaps and challenges non-Indigenous therapists may experience in their multi-cultural counselling competencies whilst engaging in therapy with Indigenous clients.

I am looking for participants who (a) self-identify as non-Indigenous, (b) are registered as a psychotherapist (Qualifying or fully registered) in Ontario, and (c) have provided over five sessions to at least one Indigenous client within the past 5 years.

Participation would involve an interview with me of between 60 to 90 minutes to share your experiences, and the opportunity to review and provide feedback on the transcription of the interview. The study description is attached to this email, so please take a look at it in order to learn more about the study itself.

If interested in participating, or if you have questions about the study, please do not hesitate to contact me. Also, I would be grateful if you could forward this email and study description to other psychotherapists you know who may be interested in this study. Thank you for your time,

Nereah Felix, MA (Ed) candidate

Counselling Psychology,

Faculty of Education

University of Ottawa

Appendix B
Demographic Information Questionnaire

Pseudonym: _____ Date: _____

1. How old are you?
2. Which gender do you identify with?
3. What is your ethnic background? How do you define your culture?
4. What is your level of education?
5. What degree did you complete to be able to work in the field of mental health?
6. How long have you been registered as a psychotherapist?
7. How long have you professionally provided therapy?
8. What is your therapeutic orientation?
9. What context do you currently work in?

Considering the experience that you wish to discuss:

1. Are you an NIHB provider?
2. Do you currently provide ongoing therapy to one or more Indigenous client(s)?
3. How long have you been working with members from the Indigenous population?
4. Have you seen at least one Indigenous client for over five sessions (long-term therapy)?
5. In what setting do you currently provide therapy services for Indigenous clients?
6. How long have you been in this particular role?

Appendix C

Interview Protocol

As you know, my study is about looking at the gaps and challenges non-Indigenous therapists may experience regarding their multicultural counselling competencies when working with Indigenous clients. So, I want to draw from your experience as a professional who has worked with Indigenous clients. For the purpose of this study, I will refer to gaps as reflecting deficits that you may have experienced in your multicultural counselling competencies, whereas I will refer to challenges as reflecting difficulties you may have experienced in applying multicultural counselling competencies in sessions. The literature often divides multicultural counselling competencies into the following domains: awareness of culture (self and other), developing a culturally sensitive alliance, knowledge of culture, and applying skills cross-culturally. Therefore, I would like to ask you about your experience of gaps and challenges in these different areas. I will also ask about thoughts, feelings, and actions related to your specific experiences of gaps and challenges.

1. Cultural Awareness (self)

- Tell me about “cultural awareness of self” as a multicultural counselling competency.
- Tell me about “cultural awareness of self” when working with Indigenous clients.
- Can you give me an example of a gap (deficit) that you have experienced related to your cultural self-awareness when working with Indigenous clients?

Follow-up questions, if needed:

- What were you feeling at that point?
 - What was going through your mind?
 - What did you say?
 - What did you do?
- Can you give me an example of a challenge (difficulty) you have experienced related to your cultural self-awareness when working with Indigenous clients?

Follow-up questions, if needed:

- What were you feeling at that point?
- What was going through your mind?
- What did you say?

- What did you do?
- Is there another example you would like to share?

2. Cultural Awareness (other)

- Tell me about “cultural awareness of other” as a multicultural counselling competency.
- Tell me about “cultural awareness of other” when working with Indigenous clients.
- Can you give me an example of a gap (deficit) that you have experienced related to your cultural awareness of other when working with Indigenous clients?

Follow-up questions, if needed:

- What were you feeling at that point?
- What was going through your mind?
- What did you say?
- What did you do?
- Can you give me an example of a challenge (difficulty) you have experienced related to your cultural awareness of other when working with Indigenous clients?

Follow-up questions, if needed:

- What were you feeling at that point?
- What was going through your mind?
- What did you say?
- What did you do?
- Is there another example you would like to share?

3. Developing a Culturally Sensitive Alliance

- Tell me about “developing a culturally sensitive alliance” as a multicultural counselling competency.
- Tell me about “developing a culturally sensitive alliance” when working with Indigenous clients.
- Can you give me an example of a gap (deficit) that you have experienced related to developing a culturally sensitive alliance when working with Indigenous clients?

Follow-up questions, if needed:

- What were you feeling at that point?

- What was going through your mind?
 - What did you say?
 - What did you do?
- Can you give me an example of a challenge (difficulty) you have experienced related to developing a culturally sensitive alliance when working with Indigenous clients?

Follow-up questions, if needed:

- What were you feeling at that point?
 - What was going through your mind?
 - What did you say?
 - What did you do?
- Is there another example you would like to share?

4. Knowledge of Culture

- Tell me about “knowledge of culture” as a multicultural counselling competency.
- Tell me about “knowledge of culture” when working with Indigenous clients.
- Can you give me an example of a gap (deficit) that you have experienced related to knowledge about culture when working with Indigenous clients?

Follow-up questions, if needed:

- What were you feeling at that point?
 - What was going through your mind?
 - What did you say?
 - What did you do?
- Can you give me an example of a challenge (difficulty) you have experienced related to knowledge about culture when working with Indigenous clients?

Follow-up questions, if needed:

- What were you feeling at that point?
 - What was going through your mind?
 - What did you say?
 - What did you do?
- Is there another example you would like to share?

5. Applying Skills Cross-Culturally

- Tell me about “applying skills cross-culturally” as a multicultural counselling competency.
- Tell me about “applying skills cross-culturally” when working with Indigenous clients.
- Can you give me an example of a gap (deficit) that you have experienced related to applying skills cross-culturally when working with Indigenous clients?

Follow-up questions, if needed:

- What were you feeling at that point?
 - What was going through your mind?
 - What did you say?
 - What did you do?
- Can you give me an example of a challenge (difficulty) you have experienced related to applying skills cross-culturally when working with Indigenous clients?

Follow-up questions, if needed:

- What were you feeling at that point?
 - What was going through your mind?
 - What did you say?
 - What did you do?
- Is there another example you would like to share?

Debrief

- What was it like for you to reflect on and respond to the interview questions?
- Is there anything you wish I had asked about but did not?
- Is there anything else you wish to share?

Appendix D

My Pre-understandings

I have taken the time to reflect on my previous experiences and conversations with others and how they have shaped my lens in regard to understanding gaps and challenges in multicultural counselling competencies that non-Indigenous therapists may experience when providing therapy for Indigenous clients. My view is shaped by certain life circumstances, my experience as a rehabilitation worker in an Inuit community, and as a psychotherapist in training, who has faced gaps and challenges in my own multicultural counselling competencies in working with Indigenous clients. I want to emphasize that these are my own beliefs and I've made them as candid as possible because honesty is important in research: My pre-understandings are as follows:

- a) I believe that Indigenous people, through the lens of Western culture are considered a marginalized group. When one resides in a society that constitutes of many privileged individuals, there is a sense of it being easier to turn a blind eye to the problems of others (those who are not as privileged). It's almost as if the pain and suffering of others is at times neglected due to the in-group vs. outgroup mentality that can exist. As a Black woman, I can identify with this reality. This sense of certain social issues that are primarily part of the Black experience being minimized and overlooked because they may not be issues that the majority face.
- b) There are many institutions that disempower and/or silence the experiences of people of colour. I truly do not believe that therapy should become a space in which that happens. If it does happen, it may cause a major rupture in a relationship that was assumed to be safe and secure. Therapists who work with marginalized populations have a big responsibility to not re-traumatize (in my opinion). The goal of therapy is to ensure that the client does not leave feeling worse than when they came in. Thus, I believe therapists must remain open to learning how they may unintentionally cause harm through what they say, what they don't say, what they consider and what they don't consider.
- c) I have heard countless non-Indigenous people make disparaging remarks that minimize the experience of Indigenous people. Hearing these statements have always left me with a sense of anguish because it feels as if they come from a place that is uninformed. To

witness someone's pain and to judge it without remaining curious enough to understand it is in opposition to what makes social justice possible.

- d) I immigrated to Ottawa with my family when I was about eight years old. I did not learn about the Indigenous history until I was in grade 10. In fact, I did not know that Indigenous people existed until then. When I did have a chance to learn about them, the lesson was very short. Much of the course was dedicated to learning about those who were White in history, not making much room for the experiences and tribulations of others. When I learned about Indigenous people, the focus was primarily on the past and colonialism, but there was no effort in teaching about the present (traditions, beliefs, practice, customs, etc.). So, there I sat, blind to a whole reality that existed because I was not taught to acknowledge it when I should have been.
- e) I believe that most people who are non-Indigenous or those who have no historical or sociopolitical knowledge about Indigenous populations can be ignorant to the experiences of Indigenous people. I have heard many people discount Indigenous people as being less than due to the prevalence of difficulties that exist within their communities. But people who engage in stereotyping often are not knowledgeable when it comes to understanding their history and their oppression.
- f) I believe that working with Indigenous clients in a therapeutic setting is a very unique experience. This stems from my own personal practice as a therapist. I highlight this as I believe that there are many aspects to consider. Whether it's understanding if they currently live on a reservation, which Indigenous community they identify with, or their level of acculturation with their community, amongst many other variables, there is a lot of information to be gathered. If a therapist is not aware of the different factors that may influence someone's experience, they may be missing a lot of crucial information.
- g) I believe that as a non-Indigenous therapist working with an Indigenous client requires a focus on trust and rapport building. Due to occurrences of exploitation in history and the justified mistrust some Indigenous people have developed for those who are not part of their community, this has a chance of being re-enacted in a therapy room. I think that non-Indigenous therapists should remain aware of this possibility and maintain an open dialogue with their clients in order to ensure safety and security in their experiences with

therapy. Thus, it is beneficial for a therapist to have cultural knowledge, awareness of the self and other in order to navigate relationships with Indigenous clients appropriately.

- h) Having worked in an Indigenous community as a rehabilitation worker, I believe that Indigenous people are very community oriented. I think this will translate to more self-disclosure on the therapists end in a therapeutic setting in order to allow Indigenous clients to feel safe and secure within their relationship. Self-disclosure in the field of psychology is quite controversial as it may be difficult to decipher whether it may enhance a client's experience of therapy or whether it might deter their progress completely. I believe that appropriate self-disclosure is important, though what is "important" to share may depend on one's culture. When I worked at the residency with Inuit clients, they always wanted to know about my personal life (e.g., who I was dating, my favourite food, how my family was doing, etc.). and in order to build a relationship, I got comfortable with sharing aspects of my life that I would have otherwise kept hidden. But, seeing how well my relationships became due to my self-disclosure inspired a sense of comfort in sharing who I was as a person.
- i) In having completed a year long internship at a private practice, I have worked with Indigenous clients. Though, I would not claim that my prior training provided me with a sense of understanding of what it would like to support Indigenous clients through therapy. This often created a sense of confusion and shame within me for not feeling as if I was skilled enough to support my clients. I would have felt more supported if there were more resources in terms of providing counselling for multicultural populations.

Appendix E

Study Description

Greetings,

My name is Nereah Felix and I am a Master's student in Counselling Psychology at the University of Ottawa supervised by Dr. Cristelle Audet. I am currently recruiting participants for my thesis research project. The purpose of my study is to understand gaps and challenges that non-Indigenous therapists may experience in their multicultural counselling competencies in working with Indigenous clients. I would be honoured to learn from your experiences if you are interested in participating in the study.

What is the purpose of this study?

The primary reason for doing this project is because non-Indigenous psychotherapists are increasingly providing therapy services for members of the Indigenous community; however, there is very little information on the challenges and gaps that psychotherapists may face in their own cultural understanding, knowledge and/or skills when working with Indigenous clients. Aligned with the multicultural focus within professional ethics in counselling and psychotherapy, my hope is that the knowledge generated in this study will (a) contribute to a deeper understanding of psychotherapists' multicultural competence in an Indigenous context; and (b) inform and improve supports for non-Indigenous psychotherapists who work with Indigenous clients so that they may address the gaps and challenges more effectively and ultimately enhance client experience within the therapeutic process.

Who am I asking to participate?

The participants in this study need to meet specific criteria, that is: (a) self-identify as non-Indigenous, (b) be a registered psychotherapist (Qualifying or fully registered) in Ontario, (c) have provided ongoing, long-term therapy to an Indigenous client within the past 5 years, and (d) have provided over five sessions to said client(s).

What will participation involve?

Should you choose to join the study, your participation would involve an interview lasting approximately one to one and a half hours. During the interview, we would talk about

your experiences of gaps and challenges in your multicultural counselling competencies in working with Indigenous clients. As an example, I would like to learn about your experiences of gaps and challenges in your understanding of cultural awareness and knowledge, developing culturally sensitive relationships, and applying psychotherapy skills in an Indigenous context. The interview would be held at a time and place that is most convenient for you. With your consent, I would audio-record the interview, which I will then transcribe and review.

If you voluntarily decide to participate in this study, you have the right at any time to ask questions, decline to answer an interview question, withdraw from the study or stop the recording/take a break from the interview. It is also important that you know the following:

- Your transcript and the resulting study findings will be de-identified to preserve your anonymity.
- You will have the opportunity to review your interview transcript and my initial analysis of your interview and will be asked to respond within a 2-week period of receiving them

Are there any risks involved in participating?

Talking about the gaps and challenges you perceive in your work as a therapist may be an uncomfortable experience at times. You can refuse to answer questions, take a break, or stop the recording at any time during the interview.

Are there any benefits involved in participating?

You will have the opportunity to contribute to knowledge of multicultural competence development within the field. In particular, you will contribute to the currently limited understanding of gaps and challenges non-Indigenous psychotherapists may experience when working with Indigenous clients. A deeper understanding of gaps and challenges may indicate training needs and supports in developing multicultural competence in an Indigenous context and, in turn, enhance the psychotherapy experience for Indigenous clients.

How will I maintain your privacy and confidentiality?

Your confidentiality will be protected. I will use a pseudonym (a made-up name) in the study so that you remain anonymous. Your identity will not be revealed at any time, and your pseudonym

will appear in interview transcripts, the thesis manuscript, and any future publications. Confidential data collected during this study will be securely retained for five years in an office that only my supervisor and I have access to.

Please contact me if you have any questions or are interested in being a part of this project.

My supervisor Dr. Cristelle Audet can be reached by email at caudet@uottawa.ca or by phone at 613.562.5800 x4060

Thank you very much for your consideration.

Thank you for your time,
Nereah Felix

Appendix F

Screening Text

My name is Nereah Felix and I am a Master's student in Counselling Psychology at the University of Ottawa supervised by Dr. Cristelle Audet. I am currently recruiting participants for my thesis research project. The purpose of my study is to understand gaps and challenges that non-Indigenous therapists may experience in their multicultural counselling competencies in working with Indigenous clients. I would be honoured to learn from your experiences if you are interested in participating in the study. The results of this study will inform how services may be improving multicultural counselling competence in psychotherapy practice.

Does this sound like something you might be interested in?

If not: Ok, thank you for your time and your interest. Have a great day.

If yes: Ok great. The therapists who participate in this project need to meet specific criteria.

Do you mind if I ask you a few questions about your title and the work that you do?

Please know that you are free to say no, and to not answer any questions you don't want to answer.

If not: Ok, I understand, would you like to hear more information about what your participation would involve before getting into these questions?

If not: Ok, thank you for your time.

If yes: Ok, thanks. My questions are the following:

1. Do you identify as non-Indigenous?
2. Are you currently a registered psychotherapist (Qualifying or fully registered) in Ontario?
3. Have you ever provided ongoing, long-term therapy for at least one client who identified as being Indigenous?
 - For this study, I define ongoing and long-term therapy as a therapeutic relationship in which the nature of the work is anticipated to take place over a span of at least a year or more. This is usually based on the complexity of the client's presenting concern (s).

4. Have you provided these services within the last five years?
5. Have you provided more than five sessions for this client?

If any of the inclusion criteria are not met: Thank you for your answers. Unfortunately, this study is not a good fit since I am looking for participants that meet all the criteria for the study. Thank you so much for reaching out to participate.

If all inclusion criteria are met: Thank you. Based on your answers you meet the inclusion criteria for this study. Can I tell you more about the project? Should you have any questions, feel free to ask me at any time. Your participation would involve meeting with me at a place and time that is convenient for you so that we can discuss the study and your participation in more detail.

If you give your consent, you would then complete a demographic questionnaire and an interview that can last from 1 to 1.5 hours. Your participation would be completely confidential, and you can also choose a pseudonym for the study.

With your written consent, the interview would be audio recorded and transcribed for analysis. At a later time, I will invite you to review your transcript as well as my initial analysis of your respective interview so that if you want, you can give me some feedback by email or in person. Do you have any questions for me so far?

Your participation is voluntary. You have the right to decline or withdraw participation at any point during this process without suffering any repercussions. Does this sound like a study that you would like to participate in?

If not: Thank you for your time. I appreciate you taking the time to talk to me. I hope you take care.

If yes: Thank you. I appreciate it very much. Would you like to move forward with scheduling a time and space to meet for this study? What is your availability? When would you like to meet? Is this a safe and confidential location for you?

If participant is not comfortable to meet in-person: Would you feel comfortable with scheduling a phone or a video interview. If so, what is your availability?

After scheduling: Perfect! I will be sending an email 48 hours prior to our meeting time to confirm your interest in moving forward with the study. If you have any questions or concerns, please do not hesitate to contact me.

Thank you again. I look forward to meeting you and learning about your experiences. Take care.

Appendix G
Informed Consent Form



Study: Non- Indigenous therapists' lived experiences of gaps and challenges in their multicultural competencies when working with Indigenous clients

Researcher: Joyeuse Nereah Felix, B.A. (Hons)

Supervisor: Dr. Cristelle Audet, Ph.D., R.P.

Contact Information: caudet@uottawa.ca

Invitation to Participate: You are invited to participate in the abovementioned research study conducted by *Joyeuse Nereah Felix* and supervised by *Dr. Cristelle Audet*.

Purpose of the Study: The purpose of the study is to identify gaps and challenges that non-Indigenous therapists may experience in their work with Indigenous clients. Particularly any gaps and challenges they may face in the multicultural counselling competencies (awareness, knowledge, and skills) in providing therapy for Indigenous clients.

Participation: My participation will consist essentially of an interview (60-90 minutes) during which I will answer questions and elaborate on my experiences in providing therapy for Indigenous clients. The interview has been scheduled at a mutually convenient time and location (or by phone/videoconference depending on public health advisories related to Covid-19). I will be offered an opportunity to review a preliminary analysis of it and provide feedback by email within a two-week period.

Risks: My participation in this study will entail that I volunteer information about my experiences of multicultural competence in working with Indigenous clients, and this may cause me to feel uncomfortable or hesitant to share. I have received assurance from the researcher that every effort will be made to minimize these risks. For example, I can choose to skip interview questions, take a break from the interview, or withdraw from the study altogether at any time without penalty.

Benefits: My participation in this study will aid in identifying potential gaps and/or challenges in non-Indigenous therapists' work with Indigenous clients. Doing so may help inform multicultural counselling competencies in psychotherapy practice.

Confidentiality and anonymity: I have received assurance from the researcher that the information I share will remain strictly confidential. My identity, or that of any person that I mention, will be known only to the researcher and will not be revealed at any time. I can choose a pseudonym for the study in order to remain anonymous. My pseudonym will be used in the interview transcripts, thesis manuscript and future publications. Any details in the interview recordings that can identify me will also be changed during transcribing. Quotes may be used by the researcher, but no information that can identify me will appear in them. Lastly, only the researcher and her thesis supervisor will have access to the interview recordings and transcripts.

Anonymity will be protected in the following manner: My identity will not be revealed in the recordings, manuscript, nor any publications. It will be protected throughout the entirety of the project. I will be protected by the usage of a pseudonym used.

Conservation of data: I have been assured that the demographic questionnaire, audio-recording, and transcript will go in a locked cabinet in the supervisor's locked office. The data will be securely safeguarded for a minimum of five years; and when research is complete, all material data will be shredded and electronic data will be erased.

Compensation: There will be no compensation for my participation in this study.

Voluntary Participation: I am under no obligation to participate and, if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions without suffering any negative consequences. If I choose to withdraw, data gathered until the time of withdrawal will be destroyed. It is important to note, that while published data cannot be withdrawn, I can always request that my data (e.g., audio-recordings, transcripts) be destroyed.

I understand that information obtained from the interview and in correspondence with me will be used by the researcher for the sole purpose of this research. I acknowledge that the results of this study may be disseminated through conferences and publications, and that once the results are published there is no way the researcher can remove information related to me.

Acceptance: I, _____ agree to participate in the above research study conducted by *Joyeuse Nereah Felix* of the (Faculty of Education at the University of Ottawa) under the supervision of *Dr. Cristelle Audet*.

If I have any questions about the study, I may contact the researcher or her supervisor. If I have any questions regarding the ethical conduct of this study, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5 Tel.: (613) 562-5387 Email: ethics@uottawa.ca

There are two copies of the consent form, one of which is mine to keep.

Participant's signature:

Date:

Researcher's signature:

Date: