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ATTENDING TO SOCIAL AND INSTITUTIONAL ORGANIZATION OF "CULTURE" IN

CANADIAN COUNSELLOR EDUCATION

BY

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ATTENDING TO SOCIAL AND INSTITUTIONAL ORGANIZATION OF "CULTURE" IN CANADIAN COUNSELLOR EDUCATION: PREPARING STUDENT THERAPISTS TO WORK WITH BLACK MENTAL HEALTH

Submitted by

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Dedication

I dedicate my thesis research project to the racialized people that are struggling with mental health concerns in silence. I know you're strong, but sometimes the strongest need someone to lean on. Sending you all the positivity and strength.

Acknowledgement

There were several people who contributed to my success in completing this thesis. First, I wish to thank my supervisor and committee members, Dr. Emily Doyle, Dr. Murray Anderson, and Dr. Beth Perry Mahler who not only supported me through this process, but also displayed allyship. A special thanks to Dr. Emily Doyle, for teaching me about institutional ethnography and her countless hours of reflecting, reading, and encouraging me. Second, I would like to thank my peers, Amy, Lacey, Skyler, and Gabriella who reviewed my writing, provided feedback, and encouragement during this long process. Third, I would like to acknowledge and thank the GCAP program for allowing me to conduct my research and use their program as an example. Last, I would like to thank my family for joining me on this journey.

Abstract

The current mental health needs of Black populations are significantly heightened, as more public occurrences of racial discrimination, systematic oppression, and violence have shed light on the adversities Black people experience in their everyday life. Despite this, many Canadian Black people are underutilizing these resources. This is not a new conversation in the context of Canadian counselling psychology. However, the dominant approaches to research and practice have historically focused on identifying and addressing barriers to clients seeking care, rather than on accessibility and appropriateness of the services offered. There is currently a dearth of information considering how the current focus impacts racialized students in their counselling programs, and, consequently their work as student therapists. In this institutional ethnography, I extend the invitation to further consider, from the standpoint of a racialized student, an example of how culture is both taught and performed in the fields of counsellor education, with implications for supervised student therapeutic practices and beyond.

Keywords: Colour-blindness, culture, multicultural, counselling; safety, racialized, students

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Glossary of Key Terms

Actualities: Actual activities of people's everyday and every night lives that can be viewed and understood as a combination of the intention and effort to perform the observable activities (Campbell & Gregor, 2002).

Activated Text: Text that coordinates actions and actualities of people in specific ways (Campbell & Gregor, 2002).

Anti-black Racism: Policies and practices rooted in Canadian institutions such as, education, health care, and justice that mirror and reinforce beliefs, attitudes, prejudice, stereotyping, and/or discrimination towards people of Black-African descent (Black Health Alliance, 2022).

Appropriate Resources: Services that are experienced as supportive, safe, accessible, responsive, and helpful by the people seeking them.

Code-Switching: A behavioural adjustment strategy for Black people to successfully navigate interracial interactions (Harvard Business, 2019)

Colour-Blindness: The belief that racial group membership and race-based differences should not be considered when decisions are made, impressions are formed, and behaviours are enacted (Apfelbaum et al., 2012).

Culture: A person's beliefs, norms, values, and language, and the intersectionality of these factors (Jones et al., 2018).

Culturally Competent Support: A practitioner's ability to recognize and understand the role culture plays in treatment and to adapt to this reality to meet the individuals' needs (Jones et al., 2018).

Disjuncture: Local experiences of differently located people in a setting and the difference between the institutional account and the embodied experience (Campbell & Gregor, 2002).

Intentionality: The ability to think, feel, and act deliberately towards a purpose that results from action (Taylor & Kuo, 2019).

Intergenerational Trauma: When untreated trauma-related stress experienced by survivors is passed on to second and subsequent generations. The idea is that they can then pass the symptoms and behaviours of trauma survival to their children, who then might further pass them along the family line (*APA Dictionary of Psychology*, 2020).

Local: Individual embodied experiences that are happening in a person's everyday life (Campbell & Gregor, 2002).

Microaggressions: Everyday verbal, behavioural or environmental interactions, whether intentional or unintentional, that communicate hostile, derogatory, or negative attitudes toward stigmatized or culturally marginalized groups (Sue et al., 2007).

Mental Health Concerns: Refers to a wide range of problems that affect one's mental and social well-being.

Problematic: The research question for a study, which includes the disjuncture chosen to be examined (Campbell & Gregor, 2002).

Recursivity: A pattern in the world where something that is organized will reoccur (Campbell & Gregor, 2002).

Ruling Relations: Objectified social relations that organize and regulate our lives in contemporary society through text and discourse (Campbell & Gregor, 2002).

Safety: The condition of being where a person feels secure and free to express themselves in an authentic, open way.

Social and Institutional Relations: Coordinating and organizing forces that render actions recognizable in specific categories (Campbell & Gregor, 2002).

Standpoint: A stance with an empirical location, where a group of people is positioned within a complex regime of institutions (Campbell & Gregor, 2002).

Strong Black Woman: Rooted in the enslavement of Africans, the characterization of Black women as innately strong supported the justification of their mistreatment while the embodiment of independence, resilience, caretaking, and invulnerability was necessary for personal and communal survival (Geyton et al., 2020).

Strong People: Black people are socialized to be strong under the premise that strength will serve as a means of psychological resistance to oppression prevalent within Western society (Green, 2018).

Trans-local: Spaces outside the boundaries of people's everyday experiences (Campbell & Gregor, 2002).

Chapter 1: Introduction

Learning institutions can be considered complex social settings where students, instructors, and administrators interact to shape the students' educational experience. Obtaining an education was always perceived as an obstacle for me. The obstacle starts with the connection with my teacher, followed by the course curriculum, and then connections with other students. There were always barriers that I believed I either had to accept or creatively overcome. From a very young age I learned that my educational experience is what I make it.. A shift in thinking meant instead of looking at my graduate learning experience as an obstacle I must master and complete, I need to take full advantage of what is offered. As an aspiring Black female psychologist eager to support People of Colour (POC), what happens when the content facilitated in a counselling psychology program does not align with what is needed to be adequately prepared to do the counselling work with this population?

The discipline of psychology has evolved under Westernized culture, and contemporary psychology still embodies many of the values and beliefs of a society that is hyper-focused on uniformity (Stangor et al., 2014). Norms in Western cultures are primarily oriented toward individualism, which is about valuing oneself and independence from others (Stangor et al., 2014). Children in Western cultures are taught to develop and to value a sense of their personal self, and to see themselves in large part as separate from other people around them (Stangor et al., 2014). Adults in Western cultures are oriented toward promoting their own individual success, frequently in comparison to others (Stangor et al., 2014). In comparison, norms in other parts of the world, such as the Caribbean and East Asia, are oriented toward interdependence or collectivism (Fatehi et al. 2020; Stangor et al., 2014). In these cultures, children are taught to focus on developing harmonious social relationships with others. The predominant norms relate to group togetherness, connectedness, and duty and responsibility to one's family (Fatehi et al., 2020). Another important cultural difference is the extent to which people in different cultures are

bound by social norms and customs rather than being free to express their own individuality without considering social norms (Fatehi et al., 2020). As a racialized student, the embedded Westernized values and beliefs within the discourse of psychology have implications for both my learning experience as well as for my professional successes working with POC.

Within educational institutions, students who fail to construct a subjectivity that focuses on individual and competitive pursuits (Fox et al., 2009) or embody neoliberal, capitalist ideologies (Sugarman, 2015), often experience alienation. Marx's alienation theory proposes that an individual might experience a lack of personal identity with the product of their labour and struggle with feelings of domination and exploitation (Marx, 1978). With this, marginalized students live a reality where products of labour are not designed for their success but rather are created by individuals whose implicit biases dominate and exploit perceived cultural differences (Morris et al., 2021).

Therefore, it is logical to presume that a student whose social character is shaped by a culture beyond the realm of Westernized culture may present with internal and external conflict during their educational experience. The concept of differing realities is not foreign to scholars in fields such as counselling psychology. For instance, contemporary educational models suggest implementing diversity and equity programs and courses to recognize how differing realities inform one's educational experience (Morris et al., 2021). While studies indicate that most of these programs and courses have some success, critical discourse analysis demonstrates that these programs are equally disruptive and often reinforce neoliberal ideologies through language and text (Iverson, 2007). As I simultaneously learned about my own culture and how to integrate it into practice, I observed disconnects between how I was being taught and how I needed to be taught, which brought me to the entry of this project.

As a racialized student, I have learned that psychology's current and historical embeddedness is not universal. Instead, I believe many psychological phenomena are shaped by the individual cultures we

live in, which has given rise to my personal interests that address questions of cultural competency, appropriateness, and accessibility for POC in counselling. Consistently, the counselling literature shows that the willingness to seek and utilize services is dependent on how accessible and appropriate they are to the person's needs (Pahwa et al., 2012). Accessibility can have many factors beyond what is immediately visible, including culturally held attitudes, institutional racism, and other barriers.

Similarly, as a counselling psychology student, I was taught that change is subjective. Carl Rogers' person-centered counselling approach introduced the attribute of accurate empathic understanding to promote change in which individuals can move forward and become capable of becoming their true selves (Knight, 2010). Accurate empathic understanding means that the therapist understands the client's experience and feelings in a compassionate way (Knight, 2010). The therapist recognizes that each client's experience is subjective and therefore strives to see things from the client's unique perspective (Knight, 2010). As clients' experiences are subjective, so are their perceptions of change, and as a result, counsellors should not attempt a one size fits all approach to supporting mental health concerns. In counsellor education programs that make an effort to highlight the role of culture in practice, the curriculum needs to go beyond to be able to attend to clients' lived experiences, broader institutional categories, and factors of equality. This would provide student counsellors with the foundational knowledge and skills to better attend to the unique needs of racialized clients.

Contextual Considerations of Black Mental Health and Counselling Psychology Programs

Concerns surrounding Black mental health are not new conversations. There is a widely shared awareness that the mental health needs of Black Canadians continue to be significantly heightened as more public occurrences of racial discrimination, systematic oppression, and violence have shed light on the adversities Black people are experiencing in their everyday life (Ontario Human Rights Commission, 2018). Within the context of the ongoing COVID-19 pandemic, on February 10, 2022, the Government of

Canada acknowledged that certain groups face unique challenges when it comes to mental health because of systemic racism, discrimination, socioeconomic status, or social exclusion, which resulted in an investment of $800,000 for two projects addressing mental health supports for Black Canadians (Public Health Agency of Canada, 2022). The Honourable Carolyn Bennett quoted:

> There are clear systemic challenges and barriers faced by Black communities in Canada, and our government is working to address them. Both projects announced today will not only increase knowledge of mental health and the social determinants of health in Black communities but also increase awareness of the need for effective, culturally-focused approaches to mental health. By building capacity at the community level across Canada, these projects will help to provide the resources necessary for Black Canadians experiencing mental health issues to have access to the appropriate support, by the most appropriate provider. (p.1)

Cénat et al. (2021) found that depressive symptoms among Black individuals are nearly six times the 12-month prevalence reported for the general population in Canada. Statistics such as these call for the inclusion of Black mental health in counselling psychology curricula. Education and training of future counsellors need to include and pay attention to Black people's experiences due to four primary concerns: (1) Historically, racism, lower income, and fear of the threat of violence contributed to a higher risk of mental health concerns within black communities; (2) Historical adverse treatment of Black people has caused mistrust ; (3) Clients who have negative attitudes toward help-seeking are more likely to have poorer treatment outcomes than clients with positive help-seeking attitudes; and (4) Generally, literature has found that the willingness to seek services is dependent on how accessible and appropriate they are to the person's needs (see Pahwa et al., 2012 and Shaw & Morgan, 2011 to illustrate).

 Canada's acknowledgment of the need for culturally specific support and its commitment to increasing knowledge of mental health and the inequalities and social determinants of health in Black

communities illustrates the importance of considerations of culture, race, and ethnicity for Black people as part of psychological discourse. Despite the clearly identified heightened needs, there continues to be a shortage of appropriate resources to meet them. According to the Mental Health Commission of Canada (2021), between 2001 and 2014 38.3% of Black Canadian residents with poor self-reported mental health used mental health services compared with 50.8% of White Canadian residents. These findings illustrate there is an association exists between norms against psychological help-seeking and counsellor competency.

This is further emphasized by noting that building trust is more challenging if the help seeker does not believe that the professional can relate to their experience or understand their point of view (Columbia University Department of Psychiatry, 2019; Mental Health Commission of Canada, 2021).In 2018, a survey of 328 Black Canadian residents found that 35.4% were experiencing significant psychological distress (Mental Health Commission of Canada, 2021). In addition, 34.2% never sought mental health services, but 60% said they would be more willing to use mental health services if the mental health professional were Black (Mental Health Commission of Canada, 2021). Overall, 95.1% felt that the current disparities were an issue that needed to be addressed (Mental Health Commission of Canada, 2021).

The appropriateness of counselling resources has less to do with the availability of counselling services and more to do with considerations of safety and accessibility. The current research focused on identifying and addressing barriers to care is necessary but insufficient in understanding how this experience is being constructed and maintained; there is less information available toward understanding how norms against psychological help-seeking correlate with how professionals are educated and carry out their practice (Columbia University Department of Psychiatry, 2019). I suggest that there are missed

understandings in the provision of culturally competent support in ways that may be unknowingly perpetuating trends of under-utilization.

In this research, I extend the invitation to further consider, from the standpoint of a racialized student, an example of how culture is both taught and performed in the fields of counsellor education, with implications for supervised student therapeutic practices and beyond. One possible solution to increase accessibility and appropriateness of psychological services for Black people would be for Canadian counsellors to be able to integrate the understanding of Black peoples' cultural context, identity, and family history into their approach for effective counselling outcomes. This level of change starts by considering and responding to the fundamental questions: How are counsellors being educated? What are the current practices? Furthermore, how have current practices come to be, and how they are maintained? Student counsellors must realize how they understand and perceive counselling psychology curricula and how those understandings affect their personal and professional successes. This level of understanding can serve as the first step toward informing advocacy for change in counselling psychology discourse and education. In this research project, I propose to conduct an inquiry using IE (Institutional Ethnography) to explore these questions, starting with my story.

My Entry Into This Field of Research

My Story

As a teenager in grade ten, I struggled to understand my own identity. Life became overwhelming for me. Due toocial and cultural pressures I encountered problem after problem with no clear solutions. First, I was failing grade ten. Secondly, I was struggling with my body image. Thirdly, my mother was terminally ill. Lastly, I was unhappy and did not know why I could not shake it off. I have always been self-conscious about my academic performance. This doubt started in grade three when I had a teacher who was very critical of my work. He would often yell, ask me to sit in the hallway for long periods, and

rip pages out of my book when he was not happy with my performance. In hindsight, viewing the

situation through the lens of a mental health counselling professional, he appeared to be struggling with

professional burnout. He seemed only to treat me this way, which resulted in my mother getting involved.

Despite my friends, family, and faculty clarifying that I did nothing wrong, that experience impacted my

academic performance throughout elementary school and the beginning of high school. I passed my

subjects with Cs, and I was content with these grades.

I knew I was not stupid, but I believed I was not smart, and my grades reflected this. It was not

until grade ten, where grades do matter, that I felt pressure from my teachers to perform at a higher level.

I was required to improve, and also reminded that if I did not get higher grades, I would not amount to

anything of substance. Academic advisors encouraged me to register for elective courses such as dance,

cooking, and applied core courses. This illustrated that they did not see an educational future for me. I

had no confidence in myself, and it appeared that the people in positions to support me did not either.

While grades were supposed to be my only concern considering they play a vital role in my

future, they were not. My social life was the most important aspect of my life. I had a close group of

friends, but I never had a boyfriend. From a young age boys made it very clear to me that they do not like

fat girls.This message was received loud and clear between the bullying and the lack of interest. This

narrative continued throughout high school. All my friends had boyfriends except me. Hanging around

girls who never had an issue with getting a boyfriend reminded me that I was not good enough. I

attributed this to my physical appearance. As a result, I believed that I needed to lose weight for a guy to

be interested in me.

Losing weight with no education was challenging. I did not know where to start, nor did I

understand how to do it. In school, they never spoke about healthy weight loss; they just reminded

students that we need to be healthy, but what that entailed was not clear. I went on a restricted diet and

worked out, but my efforts fell short. For support, I resorted to the media, and I saw on a TV show that a girl in a similar situation as I was trying to lose weight too. Specifically, she would eat what she would like and then throw up after. I thought this would be a better route because I was tired of working out and starving myself. I made this decision not understanding how my actions could impact my health; I did this in silence for approximately four months.

To no surprise, the treatment towards me changed. Boys began to "flirt" with me, increasing my confidence. An acquaintance asked me how I lost so much weight within a short period. I explained my "method." Her response was discouraging and alarming. She explained it was considered anorexia, and only White people lose weight this way. I was completely thrown off guard as I had never heard the term before. Embarrassed and confused, I did my research in silence. My acquaintance was partially correct; I only saw images of extremely skinny White females and no one who "looked" like me. Shocked by the photos, I immediately stopped. I was not knowledgeable enough to understand that what I was doing did not make me anorexic but instead bulimic, a life-threatening eating disorder where the person secretly binges and then purges to get rid of the extra calories. As a Black youth engaging in behaviours that were not socially acceptable within my race, I felt it was best to deal with this problem in silence. I stopped, but this solution did not address my body image issues.

Preoccupied with my social status and body image, I ignored my failing grades. With my life out of control, I failed to notice that my mother was becoming ill right in front of me. Her overall behaviour did change, but I never thought too much of it because I was dealing with my issues, on my own, in silence. On a random Saturday in December 2007, my mother abruptly screamed while lying down in her room. I ran to see what had happened, but she appeared to be sleeping. To ensure she was OK, I asked her why she screamed, but there was no response. I called 911, and when the paramedics arrived, they had to resuscitate her.

After being admitted to the hospital, there was no clear answer as to what happened to her, and she was sent home. Shortly after she was discharged, she began displaying paranoid behaviour, and I had to call 911 again. Initially, it was questioned if it was the onset of mental illness. Still, my family and I did not accept this narrative. My mother was not "crazy." My mother is a well-educated, hard-working single mother of three, loved and trusted by everyone around her. My family and I concluded that the medical professionals clearly did not understand my mother or her situation. My family and I believed it was the Devil working against her.

Growing up in a Christian home, religion was what helped guide me and keep me grounded. When something terrible happens, it is usually a result of the Devil, and the solution is to pray. For this reason, my family came together and prayed for healing, guidance, and support. We relied on religion and family connections during this challenging time. After several more tests, it was found that my mother had a rare condition. Receiving clarification about what was happening with my mother was only one aspect of understanding and overcoming this obstacle in my life. Dealing with the trauma associated with this experience was not addressed. No amount of prayer changed what had happened and how it made me feel.

After undergoing brain surgery, my mother explained what was going on in my life to my teachers and counsellor. However, all I received from the people who were able to support me was, "I am so sorry to hear about your mother." There was no inquiry about how I was doing or any form of accommodation/support. Instead, I was notified that I would have to attend summer school because of my failing grades. At this point, I ignored all the sympathy statements because it was too late. My trust in my support circle and with those around me was gone. Providing words of encouragement after the fact did not feel genuine, nor did it relieve my sadness. I tried to deal with it the best way I could, on my own, in silence. It was difficult to process what was going on in my life. I was always sad and crying. I was

failing the majority of my classes. I felt sadness like I had never before, and it was not temporary sadness. It felt like something I was struggling to "shake off" no matter what I did. I recognized something was going on with me, but I did not understand to what extent.

I knew about resources such as the kid's helpline. There was a counsellor at my school but reaching out to a stranger was scary and uncomfortable. It is hard to trust people, and to trust a total stranger with my struggles was scary. These assumptions stemmed from my understanding of help and who it is OK to get help from. In my eyes, the only person that would be able to speak about how I can navigate in this world is another Black person. Although my story is unique to me, my experiences of oppression, discrimination, and racism resemble the experiences of my friends and family that are Black. Receiving support from someone who may not have these shared experiences is scary because they may steer me in the wrong direction and make matters worse. Therefore, the thought of speaking to the school counsellor was out of the question for me. Overall, she was not relatable: she was a white woman, older in age, and appeared to be stuck in her ways. The idea of her understanding what it was like to always have to defend myself and overall, just being a Black girl in this world was next to impossible in my eyes. I doubted she had experiences like mine.

Growing up, the culturally embedded message "strong black girl" was a constant message I received from those around me. Strong in my mind meant overcoming every obstacle with little to no help. This way of thinking was a constant reminder that I needed to get over this feeling of sadness and "shake it off." Failure to do this made me less than because strong Black females can overcome anything. I will unpack these notions further in my literature review. Still, as a result, without counselling support, I struggled to find a solution to shake off my sadness. My life shifted when I used one of my Christmas gifts. I was gifted with a paint-by-number art set. To my surprise, I fell in love with painting, and art became my coping technique. It was a time I would set aside to focus on something for me. Not only was

it something I did independently, but it was also a product of my efforts. It illustrated that I can make something amazing when I put the right amount of time, energy, and passion into my work. I continued to paint, which created structure, bringing focus and ultimately happiness into my life.

By the end of the school semester, I had to go to summer school for failing geography and history, which was better than failing the whole grade. I promised myself that was the last time I was ever going to summer school. The concentration and effort I placed into my art, I transitioned it into my schoolwork. I went from being a failing student to a provincially recognized academic scholar by the premier of Ontario.

My Entry Into This Project of Research

Reflecting on my childhood experience through a mental health counselling professional lens, I had mental health concerns that were not being addressed, nor did I understand how to manage them. Throughout this body of research, I will use the term *mental health concerns,* which refers to a wide range of problems that affect one's mental or social well-being. I was a young Black girl who was experiencing barriers on several levels. I did not have the appropriate resources to support me with these issues during this time. As outlined throughout my story, I have received several cultural and societal messages that informed my assumptions about mental health and help-seeking. These assumptions created barriers to seeking and receiving appropriate help invisible. Growing up, I experienced people and systems meant to support me, such as my counsellor, grade three teacher, and medical professionals, who treat me poorly and dismiss me. The last thing I wanted to do was reach out to generic resources that did not highlight their efforts to support youth like me. If I knew there was a service for Black youth, I would have felt more inclined to try it rather than go to my school counsellor. Keeping this in mind, one cannot assume that all youth feel safe speaking to someone.

As I completed my graduate degree, it was stated that trust and rapport are foundational to counselling. Still, there are invisible implications when it comes to trust. As mentioned previously, one cannot assume that counselling is safe for a person; therefore, trust cannot be implied. With my negative experiences as a youth with professionals, seeking help from a counsellor was scary and uncomfortable for me before even entering the room. My reality, and the literature, have illustrated that Canadian Black youths experience life differently due to being a racialized oppressed group.

To improve accessibility and appropriateness of psychological services for Black people, counsellors must integrate Black peoples' cultural context, identity, and family history in their work. This entails considering historical adversities, the impact of adverse historical treatment, the relationship between intentionality and perception, and norms against psychological help-seeking within black communities. Without safe places for Black youth to speak or connect, they risk relying on media or friends. Further, with limited access to appropriate services, Black youth are more susceptible to struggling with mental health concerns in silence as I did.

My lived experience has drawn me to the field of counselling psychology. I believe a physical representation of Black people in the field is needed to expand curriculum and practice. I am currently obtaining my master's in counselling psychology, and I have realized it would be a surface-level assumption that having a more diverse field would solve the current gap in the literature and practice for Black youth. Instead, evaluating how counsellors are trained and educated is a huge component. Understanding the social construction of how counsellors are being educated and why they are being educated this way needs to be explored and understood.

My "Problematic"

To move beyond current practices, and focusing on expanding what is already known, institutional ethnographers (IE) begin with a *problematic* (Campbell & Gregor, 2002). A researcher's

problematic sets out a project of research and discovery that organizes the direction of investigation from the standpoint of those whose experience is its starting point (Campbell & Gregor, 2002). Essentially, a problematic is used in institutional ethnography to direct attention to a possible set of questions that arise from people's everyday *actualities* (Campbell & Gregor, 2002). (Campbell & Gregor, 2002).

Completing my Master of Counselling at Athabasca University is a step toward becoming a registered psychologist in Ontario. Coming into the program, my main goal was to learn how to provide culturally appropriate counselling services to racialized people. I was very excited to learn about diversity and its relation to counselling practices. Given this program is self-directed focus, I have always tried to keep my topics about Black youth or POC in counselling between significant assignments such as literature reviews, term papers, and presentations. However, I found that Canadian literature is largely silent on this topic in my focused studies. For instance, limited inclusive data sets, including race and ethnicity, explain the relevant, unique, and distinct experiences of marginalization and exclusion (Mount Sinai Health System, 2016). Also, there is limited data on the effects of racial trauma, informing counselling approaches and interventions. These are only a few out of the many pieces missing. Still, for the purpose of this research project, I am focusing on counsellor education.

What was found in the literature is that Black youth of Caribbean, East, and West African origin residing in Ontario have a 60% increased risk of mental health concerns (Pahwa et al., 2012). This increased risk is attributed to experiences of racism, violence, and macroaggression, which has created mistrust. With this being said, the found literature has demonstrated that race and culture play a vital role in understanding counselling practice pertaining to POC. As previously mentioned, my intent was to make this learning experience mine. When I began to learn about culture, I found that I was learning from a generalized racial lens or an Indigenous lens, which went against everything I thought I knew about culture. Learning about various racialized issues is what I was expecting, but instead, it was heavily

focused on Indigenous issues, and everything else was categorized as racialized issues. As someone who is an ally of the Indigenous community, I have had many conversations about the acronym BIPOC/IBPOC. Lumping racialized issues or generalized racial issues has always been perceived as convenient for non-racialized people. There are many limitations when one tries to understand other people's cultures when one doesn't take an individualized approach. I can say this with confidence because it is my lived experience, but what does that mean for students who do not have this insight?

During the completion of the last year of my graduate program, I began to reflect on my readiness to provide counselling services to the population I entered this profession to be able to serve. Further, I began to question what it entailed to be culturally sensitive. Completing my practicum placement and providing counselling to POC, I have seen integration as a considerable component of working with a cultural lens. My professors did a fantastic job providing me with a foundational understanding of the need to address culture. However, developing the skill of utilizing a counselling approach while integrating the knowledge of cultural context, identity, and family history in my practice with various racialized clients was not addressed. My experience thus far has shown that failure to incorporate these contexts limits my understanding of their presenting concerns, and in turn, I am not as effective as I aspire to be.

The *problematic* of my research came to be when I began to question why do I not possess the skills or confidence to be able to provide culturally sensitive counselling services? Given the increasing need for culturally specific practices for racial minorities, why aren't students learning about counselling from various cultural lenses? A limited or generalized approach to counselling does not enable the counsellor to have a holistic understanding of the needs of their clients. Currently, all educational programs and licensing bodies require a multicultural counselling course. Both have acknowledged that a sense of culture is needed from all counsellors, but some pieces are missing. Cultural education needs to

be relevant and informed by current world issues. Several incidents pertaining to race trauma and Black people have surfaced throughout recent years. Yet, conversations about race trauma remain undiscussed. The unique issues that Black people face mandate *safety* as a number one priority. Safety entails understanding, empathy, and intentionality to acknowledge their lived experience and integrate it into their counselling goals. While learning institutions strive to provide the best education to their students, clinical psychology and counselling psychology programs do not sufficiently train future psychologists and counsellors on how to provide *culturally competent support* and promote *safety* in this way to various minoritized groups.

My reality is that despite the requirement of educational courses that focus on multicultural counselling, I do not feel prepared to offer counselling services to the specific communities with which I plan to work with, which is POC. This then poses the question, how has this come to be when these courses are a requirement in all programs? The connections between knowledge, power, and literacy organization play a significant role in this research project. Specifically, how the curriculum is constructed in a way that may limit students' counselling approach in practice, I recognized that the curriculum that I am required to follow does not put me in the position to have the foundational skills to integrate culture into my practice. Counselling is taught in a specific way, but this generalized approach might not always be appropriate; this is considered a *ruling relation*. As a result, graduate programs risk teaching future counsellors to become agents of traditional westernized approaches to counselling.

My "Standpoint"

An IE researcher is recommended to adopt a *standpoint* before beginning their research (Smith, 1992). This allows the researcher to understand how things are socially organized, focusing on "what happens" and "how it happens" (Smith, 1992). Beginning with the data about people's particular positioning in the regime's work, researchers can learn how participants are active in and subject to the

organized power of the institution (Smith, 1992). To exemplify this in my research, I take up my *standpoint* as a woman of Colour who is a graduate student pursuing an education in psychology to support POC. Understanding the social organization of my story contributed to my development of a new critical stance. It has situated me as a knowing subject who can now begin to research the *actualities* of other students and my experience**.**

Purpose and Relevance of the Study

This study aims to critically examine, and bring academic awareness to, how graduate students understand and perceive counselling psychology curricula and how those understandings affect their personal and professional successes. It will serve as an introduction to a deeper understanding of the ways counselling psychology is taught, learned, and applied in practice. Further, I extend the invitation to further consider, from the standpoint of a racialized student, an example of how culture is both taught and performed in the fields of counsellor education. These findings have implications for supervised student therapeutic practices and beyond.

Research Questions

The purpose and relevance of my study has drawn me to two research questions: How has students' learning become dominated and shaped by institutional forces? How is the teaching of culturally informed counselling practices socially organized? First, my literature review will draw upon current research and knowledge to offer an integrated review and synthesis about seeking and utilizing psychological support among Black people to position this study. Further, my literature review will focus on factors that inform the norms against psychological help-seeking, which supports the need for counsellors to learn how to integrate psychological, cultural, and systematic factors into their work. The synthesis will then be used as a foundation for the IE I carried out.

Chapter Summary

The broad field of psychology, with its many sub-disciplines, has become an incredibly powerful force in both society and in individuals' lives. The reach of psychological theories, research, and practice extends to politics, education, economics, business, law enforcement, and culture. The discipline of psychology has evolved under Westernized culture, and contemporary psychology still embodies many of the values and beliefs of a society that is hyper-focused on uniformity. As a racialized student obtaining a master's in counselling psychology, I sought to make this learning experience mine to prepare me for my career in supporting POC. My lived experience as a Black woman and racialized aspiring psychologist highlights a critical association between norms against psychological help-seeking and counsellor competency. Further, how I understand and perceive counselling psychology curricula and how those understandings affect my personal and professional successes. In this research project, I carried out an inquiry using Institutional Ethnography to create this level of understanding for others as the first step toward informing advocacy for change for counselling psychology discourse and education. This level of change starts by considering and responding to the fundamental questions: How are counsellors being educated? What are the current practices? Furthermore, how have current practices come to be? how are they maintained? And how can advocacy for change be most effectively informed?

Chapter 2: Review of Literature

As I completed my master's degree in counselling psychology, there were several *disjunctures*; local experiences in a setting and the difference between the institutional account and the embodied experience illustrated through class engagement and practice. The disjunctures regarding culture and how I was taught compared to how culture was practiced with racialized clients had implications for my overall success as a student counsellor. Initially, these experiences were rationalized as a misunderstanding, but as I sought to understand the disconnect, it created questions that did not have readily accessible answers. This then posed the question: How might we expand our understanding of how we address culture in our work if we critically engage curriculum from the standpoint of minoritized and racialized students?

My literature review will support two narratives. One is about counselling Black people, and the unique considerations counsellors need to be aware of for effective counselling practice. The second narrative is the intersection of being a Black woman in a program seeking to teach counsellors how to work with racialized populations and the potential implications of being colour-blind to the actual people in the program. Further, how the colour-blind nature of the program impacted my overall success as a student. My literature review articulates what currently exists in academia and provides considerations to take forward to continue to evolve practices of counselling and counsellor education.

The Canadian Code of Ethics for Psychologists articulates ethical principles, values, and standards to guide all members of the CPA (Canadian Psychological Association). The Canadian Psychological Association, principal III states: "Psychologists are not expected to be value-free or totally without self-interest in conducting their activities. However, they are expected to understand how their own experiences, attitudes, culture, beliefs, values, individual differences, specific training, external pressures, personal needs, and historical, economic, and political context interact with their activities, to

be open and honest about the influence of such factors, and to be as objective and unbiased as possible under the circumstances." (CPA-Code, 2000, p.25). For this reason, it appears counselling psychology curriculum is written for the objective counsellor. Counsellors are trained to distance themselves when interactions with their clients become personal. Principal III.9 indicates psychologists have a responsibility to evaluate how their own experiences might influence their activities and thinking and integrate this awareness into their attempts to be as objective and unbiased as possible in their work (CPA-Code, 2000). The appeared objective nature of psychology discourse places students, such as myself, who are racialized and will support racialized clients, in a unique position as maintaining objectivity when race trauma and adversities are involved is not as achievable as one may think.

Counselling literature consistently shows that the willingness to seek and utilize services is dependent on how accessible and appropriate they are to the person's needs (Chodos, 2017; Mental Health America, 2021; Pahwa et al., 2012; Williamson, 2014). Accessibility and appropriateness of services have many factors beyond what is immediately visible, including culturally held attitudes, institutional racism, and other barriers. Counsellors need to go beyond the status quo to be able to attend to clients' lived experiences and broader institutional categories and factors of equality. But how do counselling professionals gain awareness that this is a necessary task? And are they being adequately mentored (in both in-class education and supervised practice components of their work) to understand how to embody this awareness in the actualities of their work with clients?

Revisiting the previously cited example of under-utilization of available services, to improve accessibility and appropriateness of psychological services for Black individuals, counsellors must be able to recognize and address intersecting needs of cultural context, identity, and family history in their work. Failure to implement a holistic approach risk counsellors misunderstanding their clients' lived experiences and needs. This level of change starts with considering the fundamental questions: What is

included in current practices? What is being left out? Furthermore, there should be a consideration for how racialized students, such as myself, might experience the material being taught. My literature review will unpack my responses to these questions based on a review of relevant literature. This includes delving into the impacts of normative beliefs, assumed safety, racism, the threat of violence, and historical mistreatment in the context of providing culturally competent services capable of supporting Black people as a Black counsellor. The synthesis was used as a foundation for the Institutional Ethnography I carried out.

For this body of research, note that what is articulated as experiences within Black communities is not intended to encompass all Black individuals and cultures. Rather, the examples presented reflect my standpoint, incorporating relevant counselling literature available to describe my lived experiences so that they become visible in the arena of academia. While the information presented is not intended to be all-encompassing, I hope it provides an example of considerations counselling professionals can attend to in our work to further our understandings and challenge our assumptions.

Norms Discouraging Psychological Help-Seeking Within Black Communities

There are many cultural factors, societal pressures, and stereotypes that may influence beliefs about mental health in Black communities. Normative beliefs give rise to strong in-group, social, or community social pressures that can create and perpetuate the avoidance of psychological help (Conner et al., 2010b). Particularly prevalent is the stigma that implies a mental health condition is a sign of weakness that should be kept hidden from others with the assertion that mental health problems should get better on their own (Ward et al., 2014). This stigma is formed through experience, cultural traditions, and formal education (Jones et al., 2018). As a result, the embodied definition shared by Black families and communities could see mental health concerns as moral defects.

Factors such as historical negative treatment and adversities towards Black people have solidified these beliefs. Examples of normative beliefs that require consideration when constructing culturally appropriate counselling resources include: Mainstream mental health services would not be effective (Conner et al., 2010b); "Black people do not get depressed" and that mental illness is a "White people thing" (Campbell & Long, p. 51). Misconceptions can be correlated with the idea that ongoing mental or emotional challenges are an inherent part of the Black experience; given historical adversities, therefore, mental illness isn't a problem in Black communities (Ward et al., 2014).

Expectations of Strength

Mental illness denial in the Black community may be linked to another normative belief: Black individuals must always exhibit strength and conceal vulnerability (Thompson et al., 2004). A study conducted by Campbell and Mowbray (2016) found that Black youth with depression indicated that trying to uphold the image of a strong person forces them to hide or deny their experience with depression. Similarly, these beliefs may be held by Black West Indian Canadian women with depression. According to Schreiber et al. (1998), women felt highly stigmatized and misunderstood within their own West Indian community because West Indians are expected to be *strong people*. Goffman conceptualizes this behaviour as *concealment*, which is the medium through which one's internal self is presented to others (Khan, 2020; Goffman 1963). Goffman outlines two main reasons why individuals adjust what others know about their backstage selves (Khan, 2020; Goffman 1963). Firstly, the reduction of personal costs (shame and stigma), and secondly, the maintenance of a given definition of the situation (Khan, 2020; Goffman 1963).

Historically, Black people were perceived as *strong* due to the burdens they carried during the transatlantic slave trade and the civil rights movement (Schreiber et al., 1998). The requirement to remain *strong* appears to have been carried from the past until the present day, where Black individuals feel the

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need to exude a *strong* presence as they continue to withstand adversity in the form of prejudice and discrimination (Williamson, 2014). Specifically for Black women, the *Strong Black Woman* (SBW) archetype is a cultural ideal that portrays Black women as strong, self-reliant, nurturing, resilient, and invulnerable to psychological or physical challenges (Woods, 2013). The significance of this archetype suggests an internalization as an ideal that many Black women strive to achieve, which may promote effective coping despite ensuing hardships (Woods, 2013). This archetype, however, can also be problematic as it narrowly defines acceptable behavior, where Black women also suppress any outward appearance of physical or emotional distress (Jones & Shorter-Gooden, 2003).

A Black woman who is told she is *strong* by her therapist may be left feeling that she is required to live up to the therapist's expectations to be superwoman and therefore cannot be free to share her weaknesses and vulnerabilities (Williams, 2020). As a student who was socialized to be a *Strong Black Woman*, it was easy to fault the disconnects I was experiencing on my own inabilities rather than the program, which resulted in the invisible work I had to engage in to make the experience mine. Understanding this through the lens of institutional racism, when racism is reflected in professional practice, working methods, and learning institutions that result in racialized disparities, it necessitates Black people's drive to present themselves as strong (Lazaridou & Fernando, 2022). As a result, one can assume that resistance to seeking and utilizing psychological resources may be perceived as an admission of one's vulnerability or weakness. In addition, this illustrates how these archetypes have the ability to translate into other aspects of Black women's professional lives.

Lack of Faith

Another normative belief is that seeking professional help could be construed as lacking faith in God (Waldron, 2020; Ward et al., 2014). All of these ideas contribute to the belief that Black individuals are immune to psychological and psychiatric problems, which, in turn, can lead to rejecting the value of

mental health services. In one example Waldron (2020) cited, Black women sought mental health support through alternative approaches rather than therapy. These include "meditation, mindfulness, acupuncture, reaching out to friendship networks, self-reliance, reliance on religion, spirituality, and a belief in a higher power, church, spiritual healers, and solitude" (Waldron, 2020, p. 35). In Conner et al.'s (2010a) focus group study, Black individuals reported that the most culturally acceptable strategy for coping with depression was prayer and connection to God. The same participants further emphasized that seeking help from a professional for a mental health concern would suggest a lack of spiritual faith (Conner et al., 2010s). To illustrate, Schreiber et al. (1998) described how Black West Indian Canadian women with depression felt that belief in the Christian doctrine was a dominant force within West Indian society. All the participants indicated that they were raised in the church, believed in God, and prayed regularly (Schreiber et al., 1998). Some mentioned that "God would replace their troubles, and they are not given more than they can handle" (Schreiber et al., 1998, p. 513). Others stated that they would be able to "endure their problems because of God-given strength" (Schreiber et al., 1998, p. 513).

Spirituality was also identified as necessary among Black individuals in Nova Scotia to help them decide whether to seek professional help since faith in God reportedly helped Black Nova Scotians cope with their mental health concerns (Etowa et al., 2017). Additionally, normative beliefs about seeking help from a professional demonstrate "a lack of faith in God, assumes that receiving spiritual support and receiving mental health services are fundamentally incompatible" (Etowa et al., 2017, p. 392). Beliefs held by individuals, families, and communities about God, religion, and spirituality can ultimately make one feel they have to choose between their religious and community support and seeking psychological support. Similarly, coming into this program as a 2nd generation Caribbean Black woman, I experienced internal conflict of shame and guilt. Being raised Christian in a Caribbean household meant God was at the forefront of all adversities. If life became challenging, I would need to pray; if I felt sad, I must pray.

Prayer is seen as the end all be all, so to willingly enter a field that encourages more than prayer, I felt like I was stating God is not enough, which goes against everything I learned growing up.

Shame, Stigma, and Guilt

Further, reflecting on the conflicting messages and choices some Black people must make the idea of shame and guilt come to mind. Brene Brown, in one of her recent books, stated, "We desperately don't want to experience shame, and we're not willing to talk about it. Yet the only way to resolve shame is to talk about it" (Burke & Brown, 2021, pg. 52). Black people may be reluctant to discuss mental health issues and seek treatment because of the shame and stigma associated with such conditions (Mental Health America, 2021). Conner et al. (2010b) found that cultural differences in the way depression symptoms are manifested, defined, interpreted and labeled, as well as cultural beliefs and attitudes about seeking care had a significant impact on the help-seeking behaviors of African American older adults with depression. Similarly, Williams et al. (2012) found the barriers to treatment for African Americans with OCD are cost/insurance coverage, fears about the therapist or therapeutic process, stigma and judgment, feeling too busy for treatment, and a belief that treatment is unnecessary. Both studies illustrate that stigma is a salient factor that impacts psychological help-seeking amongst Black people.

The normative beliefs discussed illustrate various ways. Black people may be more susceptible to barriers that prevent them from getting the psychological support they need when advised. There is more that requires consideration in the presentation of this material. From the standpoint of a racialized Black student, this is not objective information about a minoritized population that should be considered when constructing a counselling treatment plan. I experience many implications of this material that shape my perceptions and awareness of approaches to counselling practice. When we become aware of the influence of normative beliefs, we can inform counselling practice to incorporate these considerations into education, practice, and policy.

In the organization of counsellor education material, it is taken for granted that counselling is accessible if there is an available counsellor. The work required of clients who are discouraged from help-seeking by their cultural or family norms and expectations is invisible in the assumptions that counselling is de facto viewed as a supportive practice in our society. Counselling for some Black people can mean going against what they were taught growing up, which can come with fear, hesitancy, and resistance to treatment. As a result, these clients may seek counselling but also may distrust the process (Jones et al., 2018). Counsellor education needs to highlight that the assumption of safety leaves little room to create space to acknowledge these messages and that the process of establishing and strengthening a therapeutic alliance will require attention to these experiences.

"Safety" in Accessing Mental Health Services

The notion of the therapeutic alliance between a client and a counsellor as a necessary foundation upon which counselling work is done is well-established in counselling (and counsellor education) discourses (e.g., Zilcha-Mano, 2017). Central to the success of a therapeutic alliance is that it is a safe place. Safety for Black people, for example, cannot be implied, given their unique circumstances. Historically, the Black community has been placed at a disadvantage when it comes to their mental health, given their subjection to trauma through enslavement, oppression, colonialism, racism, and segregation, much of which extends to the experience of mental health care inequity today (De Freitas et al., 2021). These experiences can be seen to have the ability to take away one's sense of safety in the world (Milles et al., 2021). Further, these lived experiences are especially noteworthy when one's sense of safety is closely linked to the perceived safety within counselling (Byrne et al., 2021).

Cultural safety is about acknowledging the barriers to clinical effectiveness arising from the inherent power imbalance between provider and patient (Laverty et al., 2017). This concept rejects the notion that health providers should focus on learning the cultural customs of different ethnic groups

(Curtis et al., 2019). Instead, cultural safety seeks to achieve better care through being aware of differences, decolonizing, considering power relationships, implementing reflective practice, and allowing the client to determine whether a clinical encounter is safe (Laverty et al., 2017).

Creating safety for Black people needs to be both informed and intentional; the factors currently being left out of dominant discourses and discussions about creating safety for Black people further entail creating an environment that acknowledges the role of systemic racism inside and outside of counselling. This needs to include acknowledging how current attitudes, beliefs, and experiences are perpetuated by intergenerational trauma and poverty, current community unrest, and intentional targeting of Black people by those in power (Mckenzie-Mavinga, 2012; Okech & Champe, 2008; Proctor et al., 2021). While a counsellor cannot predict every instance or topic that may be experienced as triggering or unsafe for a client, the awareness that safety is constructed – not assumed or implicit – is critical when assessing what it might mean for a Black person to feel safe as a client of counselling therapy.

What are some considerations for racialized students engaging with this material? I struggled with the term *safety* and how its meaning was constructed for me, as compared to my non-racialized peers. My choice to pursue counselling psychology as a profession was not originally received well by my family, who suggested I should become a social worker and engage in advocacy for Black people instead. The hesitancy expressed by my family was appropriate, given their experiences with institutions with inherent power dynamics. The field of psychology has a history of pathologizing and misunderstanding my community. Some examples of this are the practices psychologists engaged in to measure Black features such as lip thickness, hair texture, and skin tone (Guthrie, 2004). These measurements were used to enable discriminatory and prejudicial actions and racist practices in the treatment of BIPOC communities (Guthrie, 2004). As a result, becoming a psychologist came with the assumption that I do not see what has been done as wrong. In the same way that the safety and accessibility of counselling services cannot

be assumed for clients, it can not be assumed that pursuing the vocations of counsellor or psychologist will be supported, respected, and viewed as a positive educational and life choice for graduate students.

Impacts of Racism on Black Mental Health and Safety

Historically, racism, lower income, and fear of the threat of violence have led to a higher risk of mental health concerns within Black communities (Williams, 2018). Considering social and economic factors and the physical environment, the impact of racism and trauma are critical components for all involved with addressing mental health concerns in the Black community to orient towards in their practices (Gharabaghi et al., 2016). Paradies et al. (2015) examined health outcomes, racism, and poor mental health. They found that racism is significantly correlated to poorer health, with the relationship being stronger for poor mental health and weaker for poor physical health. Further, Hankerson et al. (2022) stated that intergenerational trauma and present-day racism remain significant issues for Black people in North America. In addition, structural racism and cumulative trauma are fundamental drivers of the intergenerational transmission of depression (Hankerson et al., 2022).

In a sample of Black Canadians, Cénat et al. (2021a) sought to determine the prevalence of depression in Canada for this population and the association between everyday racial discrimination experiences and depression. The study found that rates of depressive symptoms among Black people are approximately six times the 12-month prevalence reported for the general population in Canada (Cénat et al., 2021a). Further, they found that racial discrimination, which significantly predicts greater depressive symptomatology, is consistent with earlier studies in the United States and suggests that Canadian colorblind policies may inadvertently reinforce racial discrimination with detrimental effects on mental health (Cénat et al., 2021a, Cénat et al., 2021b).

Although progress has been made toward racial equality and equity, the negative impact of racism on health through implicit and explicit biases, institutional structures, and interpersonal relationships is

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evident (Stroud et al., 2015). Failure to address racism will continue to undermine health equity for all. Rose et al. (2019) found that when Black people experience racism frequently, it "causes inflammatory reactions in their bodies that can ultimately lead to immediate health problems and, in the long run, chronic diseases" (p. 2277). As a result, researchers now believe that racial disparities have far-reaching effects as children develop, including infant mortality rates, mental health problems, and behavioural issues (Rose et al., 2019). This is true for implicit bias as well. In Canada, anti-Black implicit bias was correlated with poor mental health outcomes (Gran-Ruaz et al., 2022). This work underscores the need to dismantle ideologies of white superiority and the resultant oppressive attitudes, stereotypes, and behaviours present in the general population (Gran-Ruaz et al., 2022).

Further, research has indicated that health effects beyond discrimination, such as observed racism, can impact one's self-confidence and mental health, influencing developmental milestones and achievements in school (Rose et al., 2019). There may also be a gendered component to be considered in the impact of mental health. Assari et al. (2017) followed 681 Black youths for 18 years from 1994 to 2012, and the independent variable was perceived racial discrimination. Outcomes were measured in 1999 and at follow-up in 2020 and included psychological symptoms such as anxiety and depression (Assari et al., 2017). The study found that Black male youth, which experienced increased perceived racial discrimination between ages 20 to 23, was predictive for increased feelings of anxiety and depression from ages 20 to 32, but among Black female youth, change in perceived racial discrimination did not predict future depressive or anxiety symptoms (Assari et al., 2017). These findings illustrate that Black males can be more susceptible to the psychological impact of racial discrimination over time. With the main concern being understanding normative beliefs regarding psychological help-seeking, racism plays a vital role in the mental health concerns of Black populations.

Racial trauma may merit a Statistical Manual of Mental Disorders–Fifth Edition (DSM-5)

diagnosis of PTSD when there is an identifiable index trauma (Criterion A), re-experiencing of the

trauma (Criterion B), avoidance of trauma reminders (Criterion C), negative mood/cognitions (Criterion

D), and hyperarousal (Criterion E). Articles by Williams and colleagues (should you add years here) aim

to provide a context for understanding how racism can lead to a diagnosis of PTSD according to the

DSM-5 (Williams et al., 2022b; Williams et al., 2018). They found that experiences of explicit racism

were associated with lower depressive affect and externalizing symptoms, being angry, which resulted in

anger-out coping (Williams et al., 2022b). Contrarily, subtle racism was associated with internalizing

symptoms and higher depressive affect (Williams et al., 2022b).

However, race trauma and PTSD need to be differentiated into two distinct types of

conversations. Many non-racialized students have been socialized to demonstrate non-racist values by

adopting a color-blind attitude; thus, they may not have had the opportunity to be mentored by peers and

instructors in the practice of discussing racial issues (Shin & Bonilla-Silva, 2006). Sociologist Eduardo

Bonilla-Silva writes that historically people used color-blindness as a means of avoiding the discussion of

racism and discrimination (Shin & Bonilla-Silva, 2006). While this approach was initially intended to

promote equality at a time when inequality prevailed, it hasn't evolved sufficiently in psychology

discourse to require equitable approaches that take important distinctions and differences into account

(Burkard & Knox, 2004; Lowe, 2018; Morgan, 2021). A colour-blind approach to education and

practices of equality leaves non-racialized students ill-prepared to engage in productive discussions about

traumatic experiences of racism with their racialized clients.

I understand what it is to live in a Black body in this country. Experiences of race-based

discrimination inform how I present as a Black woman and as a racialized student in this world. I am

hyper-aware of racism's prolonged impact on Black people and its relevance to counselling practice. Due

to the continued prevalence of racism, it is impossible to simply heal from racial trauma and move on. When there is a potential for personal discrimination or racial harassment at any time, there is a constant level of anticipatory stress that cannot be ignored. I also have the embodied experiences of being enrolled in a graduate counselling program where the dominant assumptions in aspects of counsellor education and counselling practice do not appropriately support my engagement as a racialized student. These are the invisible narratives that are often not discussed that had implications for my learning experience.

Intentionality and Mental Illness Stigma

In Ottawa, Ontario, the Ottawa Public Health (OPH) released a report in August 2020 which examined the mental health of Ottawa's Black community. The results indicated that racism, police brutality, and daily microaggressions are among the factors that negatively affect the mental health of Black people, while stigma and a fear of being judged prevent many from telling others about their struggles. A review of relevant literature indicates that one of the significant factors commonly associated with attitudes that impact one's intentionality is mental illness stigma. Mental illness stigma is conceptualized as the "stereotypes, prejudice, and discrimination that accompany labelled as mentally ill" (Alvidrez et al., 2009, p. 130). Further, Gary (2005) described a concept called the *double stigma*, which is a "stigmatizing experience that occurs when a person experiences prejudice and discrimination, not only from having a mental illness but also from being a member of a racial or ethnic minority group" (p. 982).

In a mixed-methods study, nearly half of the mothers of African American youth surveyed reported fears of stigma from their community (Chavira et al., 2017). A mother reported, "If I took my child to a professional for help with emotional or behavioural problems, I think people in my community would find out" (Chavira et al., 2017, p. 238). Alvidrez, et al. (2009) research found that Black people reported that after being diagnosed with a mental illness, family and friends became more socially distant

and began treating them differently due to stigma within the community. Mental illness stigma can also be related to adverse effects on one's sense of self. Conner et al. (2010a) found that depressed Black people "internalize their mental illness diagnoses, which is perceived as a sign of weakness because they require professional help" (p. 543). Seeking help outside of family and religious practices can be seen as disloyal (Conner et al., 2010a). My (Lee) own lived experience as a Black youth shared previously is an example of how stigma fosters shame and guilt, and in turn, creates confusion, compounding the silence and shame, and perpetuating difficulty experienced in seeking counselling support.

There are assumptions within the Black culture about what is OK for Black people to do and what is not. While Black youth often sought family and friends first in the help-seeking process (Breland-Noble et al., 2011), there were situations where teens who decided to seek help eventually stopped, "fearing that friends would laugh, joke, or tease them" (Lindsey et al., 2006, p. 53), or that family members might "feel offended that they were not able to help or that they were a second choice" (Lindsey et al., 2013, p. 113). Reducing stigma requires challenging and changing understandings of acceptance, respect, and equitable provision of support. It is critical for counsellor education curricula to include consideration of the intentions, attitudes, and perceptions toward psychological help-seeking within the Black community toward increasing the likelihood of facilitating relevant and appropriate mental health support. As a racialized student, I had a lot of unlearning to do to place myself in a position to support the community I sought to support as I embark upon my counselling career.

The potential to experience shame and guilt associated with seeking help for some populations, and therapist responsibilities in appropriately working with these experiences, are not adequately addressed. Pathologizing language further perpetuates stigma rather than inviting new considerations. Williams et al. (2022a) stated although most therapists have seen clients with stress and trauma due to racialization, very few are taught how to assess or treat it. Furthermore, clinicians and researchers can

cause harm when they rely on white-dominant cultural norms that do not serve BIPOC clients (Williams et al., 2022a).

Threat of Violence and It's Relation to Black Mental Health Concerns

With adversities such as racism and low income being at the forefront of increasing concern with mental health amongst Black people in Canada, there is currently a very high presence of violence toward Black people. This not only has adverse consequences for the individuals but also for their families and communities at large. Black male youth are more likely to be singled out repeatedly by police enforcement because of stereotypes about being involved with crime (Ontario Human Rights Commission, 2018). These factors need to be considered when engaging with Black populations.

Young Black participants who witnessed and experienced police violence met the DSM-5 criteria for trauma exposure (Smith-Lee & Robinson, 2019). The participants' disclosures of what they witnessed and experienced reflected the theoretical conceptualizations of racial trauma (Smith-Lee & Robinson, 2019). It was reported that exposures to police violence caused distrust of police and informed participants' views of their vulnerability to police violence across their life course (Smith-Lee & Robinson, 2019). Similarly, DeVylder et al. (2018) found that exposure to assaultive forms of police violence is associated with an increased risk of suicidal ideation among adults across racial and ethnic groups. Stroud et al. (2015) found that the total number of police-initiated stops and intrusiveness of the stops were associated with PTSD and anxiety symptoms in young adults. These findings illustrate that repeated exposure to these types of events not only have the ability to impact one's mental health concerns throughout life but also contributed to a sense of guilt and shame that continues with them (Mental Health America, 2021).

Between 2013 and 2017, a Black person in Toronto was nearly 20 times more likely than a white person to be involved in a fatal shooting by the Toronto Police Service (TPS) (Ontario Human Rights

Commission, 2018). Despite making up only 8.8% of Toronto's population, data obtained by the Ontario Human Rights Commission (OHRC) from the Special Investigations Unit (SIU) shows that Black people were over-represented in use of force cases (28.8%), shootings (36%), deadly encounters (61.5%) and fatal shootings (70%) (Ontario Human Rights Commission, 2018). With these concerning statistics, it is reasonable to question: What are the psychological impacts these incidents have on Black people? What services are available to provide individualized support? Do mental health practitioners possess the cultural sensitivity to address these complex needs? Moreover, what do practitioners need to learn to support Black mental health?

As a racialized student, I have many people in my life who have fallen victim to violence in Canada. Some are currently incarcerated, while others are no longer with me. Seeing how violence continues to impact Black communities with no clear solutions creates more concern about the need to support Black mental health with appropriate resources. It is a topic that has been ongoing but, in recent years, has shed light on the inequities Black people experience in relation to the judicial system (Maynard, 2018). Robert Maynard (2018) highlighted the prevalent legacy of slavery across multiple institutions in America, shedding light on everyone's role in perpetuating contemporary Black poverty and unemployment, racial profiling, law enforcement violence, incarceration, immigration detention, deportation, exploitative migrant labour practices, disproportionate child removal, and low graduation rates. Some have argued that Canadian researchers need to be mindful of American literature being used in this context as systemic racism in the United States of America (USA) differs significantly from Canada. I would respectfully challenge this as although systemic racism in Canada does not mirror USA, it does exist in Canada and the lack of literature that speaks to it can be seen as another systemic issue. As a Black student, it did not make sense that there was no discussion of this topic in a Canadian context where the shared experience is so prevalent.

Despite considerable and ongoing efforts made to address considerations of culture in counsellor education, it is evident that unrecognized topics of structural racism persist in counselling psychology. This requires the focus of counsellor educators and curriculum to continue to seek connections linking course topics with issues of socially important and ongoing inequalities. Social and political factors are important for psychological understanding and must be addressed on an ongoing basis.

Impact of Negative Historical Treatment on the Perceived Safety of Counselling Practices

As previously mentioned, my choice to become a psychologist was not initially well received by my family. Reflecting on this, influencing their response align with several normative beliefs discussed in this paper. Inserting myself into a profession that I have not perceived as inviting to people who look like me was a scary risk. I entered this profession with my idea of what I needed my educational experience to be, and I was willing to do what I needed to do, including the invisible work of *code-switching,* to get my credentials to become a psychologist. From this section forward, I will be identifying some of the absences in the literature to support developing counsellors, such as myself.

When it came to beginning my internship as a student therapist, I began to question if what and how I learned, as a racialized student, was appropriate to support racialized clients. Little content in the course curricula addressed this experience, leaving me feeling unequipped as a counsellor. I was working with clients who sought a racialized counsellor to create a space in which they could feel safe to discuss racialized issues. As a racialized student therapist, I did not know how to address these issues without positioning myself, which shifted from what I learned about the counselling process from the dominant narrative of objectivity and how to appropriately deal with transference and counter-transference in the therapeutic relationship (Murdin & Scott, 2010). The dominant counselling narrative of objectivity is that the counselling process is about the client's experiences, not the counsellor. But what if these experiences

are connected, and these connections are occasioned as relevant and necessary to the therapeutic alliance and process?

Considerations of Trust

Historical mistreatment, including racism and the threat of violence, has caused distrust, leading to the reduced willingness of Black individuals to seek and utilize services with inherent power dynamics and imbalances (Pahwa et al., 2012). Race continues to significantly impact psychological well-being in diverse modern societies (Fitzgerald et al., 2021; Pickett, 2020; Polanco-Roman et al., 2021). With this, distrust was identified as a significant barrier to receiving mental health treatment by racialized groups (Taylor & Kuo, 2018).

The most widely known research that speaks to mistrust in counselling practice was conducted in the 1980s in the United States of America and is known as the *Epidemiologic Catchment Area* study (Office of the Surgeon General, Center for Mental Health Services, & National Institute of Mental Health, 2001). This study suggested that almost half of Black people, as opposed to 20 percent of white people, reported distrust of mental health treatments (United States Department of Health and Human Services, 1994). The Office of the Surgeon General (2001) reported that racialized people feel extreme distrust of government due to centuries of legalized discrimination and segregation.

More recently, Alang (2019) found that experiences of racism outside of the health care system also causes distrust among Black people. To further highlight the potential for distrust amongst practitioners and minoritized people, Joseph and Kuo (2009) found that Black Canadians with elevated levels of cultural mistrust were significantly more likely to prefer treatment from a Black mental health professional. For a profession that appears to be dominated in Canada by white psychologists and counsellors, the underrepresentation of Black professionals in mental health services has been identified

as another obstacle related to mistrust that impedes Black individuals' access to psychological treatments (Treasury Board of Canada Secretariat, 2017).

As a Canadian Black woman and a psychologist in training, I have experienced a curriculum that has not adequately trained me to integrate all relevant factors into my counselling practice. Thompson et al., (2004) found that Black Americans reported doubting mental health professionals' ability to understand their circumstances or address their concerns satisfactorily. This poses the question regarding how future counsellors are being trained and educated to build trust within communities where trust is not automatically given during the relationship establishing process. Also, what are counsellors' and psychologists' understanding of interconnected systems of oppression? In composing this literature review, I struggled to find literature that spoke directly to how learning institutional processes contribute to inadequate services, and thus I hope to encourage this conversation by sharing this work.

Educational spaces meant for reflective practice are not always positioned to support racialized students (Oshin et al., 2019). To illustrate: I was often required to engage in course material without due consideration for how I might both experience and learn from it as a racialized student. For instance, in the first week of the first course in the program, my peers and I were all required to answer a question about what had brought them to the profession. Being the only racialized student in the class to share what had actually brought me to the profession (including the barriers I experienced) did not feel safe, as my peers responded that their personal positive counselling experiences and interest in supporting mental health had informed their enrollment. As a racialized student, I was doing the invisible work of balancing how I position myself with anticipating how the rest of the class will form their assumptions about me, specifically regarding the topic of race. Identifying myself as the person that will speak to this moving forward could have negative implications as we moved forward in the program, and I was fearful of the consequences of coming to be known as the student who engaged in disrupting and challenging.

Accordingly, I code-switched (Harvard Business, 2019), which was how I was taught by my family and peers to navigate situations with non-racialized people. Engaging in reflective and reflexive practices was work I felt I had to do on my own and outside of the course curriculum.

Considerations of Microaggressions

A common theme in counselling research is that oppression and racism embedded throughout society may be mirrored in the therapeutic relationship through *microaggressions* (Sue & Spanierman, 2020). Microaggressions are defined as interactions, whether intentional or unintentional, that communicate hostile, derogatory, or negative attitudes toward stigmatized or culturally marginalized groups (Sue et al., 2007). Further, they have been identified as a contributing factor to early termination of therapy, poor client outcomes, and inadequate support (Sue et al., 2008). Specifically for Black individuals, resulting experiences include poorer therapeutic relationships, lower perceived counsellor competence, and less satisfaction with psychological treatment (Cruz et al., 2019). Cénat et al. (2021a) found a total of 50.2% to 93.8% of participants declared having been victims of at least one episode of racial microaggressions. Further, the results showed a significant negative association between racial discrimination and satisfaction with life and self-esteem (Cénat et al., 2021a).

The unconscious nature of microaggressions creates a significant challenge for non-racialized psychologists and counsellors who believe that they are fair and unbiased (Sue et al., 2007). Constantine (2007) studied microaggressions experienced by Black clients by white therapists. He identified 12 categories of therapist microaggressions: (a) colour-blindness, (b) overidentification, (c) denial of personal or individual racism, (d) minimization of racial/ cultural issues, (e) assignment of unique or special status based on race or ethnicity, (f) stereotypic assumptions about members of a racial or ethnic group, (g) accused hypersensitivity regarding racial or cultural issues, (h) the meritocracy myth, (i) culturally insensitive treatment considerations or recommendations, (j) acceptance of less than optimal

behaviours based on racial/ cultural group membership, (k) idealization, and (l) dysfunctional helping or patronization (p.12). Further, it was found that Black clients' perceptions of racial microaggressions by their white counsellors negatively influenced the therapeutic relationship and, consequently, affected clients' perceptions of their therapists' competence (Constantine, 2007).

In an ideal world, clinicians would recognize their own in-session microaggressions and invite and encourage the client or supervisee to provide feedback about such incidences. However, literature has illustrated that clinicians are at times the source of racial microaggressions, but these experiences are typically not addressed. Owen et al. (2014) found that when therapists and clients could discuss and process these incidents, the rupture in the working alliance was repaired. Thus, ignoring the racial microaggression compounds the detrimental impact of the occurrence itself (Owen et al. 2014). What is currently not being discussed is whether this is an occurrence that happens in counselling practice and how are students currently being prepared to address it.

Another study found, that over time, racialized individuals may develop a susceptibility to developing what is referred to as racial battle fatigue, which is a collection of negative reactions that includes shock, anger, disappointment, anxiety, helplessness, hopelessness, and fear (Smith et al. 2016). As a result of these experiences, BIPOC individuals may develop a distrust of others, decreased self-esteem, diminished sense of belonging, and specific mental health symptoms (Sue et al. 2008). In addition, racialized individuals are at risk of further harm when they face agencies and practitioners who do not acknowledge the occurrence or detrimental consequences of these incidents (Houshmand et al., 2017).

According to Maxie, Arnold, and Stephenson (2006), most psychologists believe they are adept at discussing cultural differences, although white fragility and white privilege are major problems for many clinicians. In particular, Williams (2020) stated, in general, "White therapist trainees' reactions to efforts

to increase their awareness of privilege are not much different than the general public, and may including anger and defensiveness, focusing on how they are exceptions to the rule, and other forms of denial" (p. 121). It is clear that silence surrounding race only perpetuates covert expressions of racial microaggressions (Houshmand et al., 2017). Thus, given the growing number of BIPOC people living in Canada, it is imperative for all clinicians to recognize they are not immune from the cultural forces that produce these difficulties for most white people (Kanter et al., 2019). The first step is awareness and recognition of unconscious biases to make clients' 'invisible' work explicated and visible to practitioners and counsellor educators. In addition, mindfulness of the behaviours that cause counterproductive defensive behaviours.

As a racialized student, I still question what I can and should do when I am the target of racial microaggressions within the counselling space. The acceptable learned response is to pretend to ignore it, but what if it is repeated exposure that negatively impacts my ability to engage effectively? How can I address this without disrupting the therapeutic alliance with my client or my working relationships with peers and instructors? I am soon due to graduate from my program with distinction, but I am leaving the program unsure of how to address this inevitable issue in my career.

There appears to be an over-emphasis on the relationship between non-racialized counsellors with their minoritized clients, without due consideration of the perspectives of racialized counsellors working with non-racialized clients or when both client and counsellor are racialized. Failure to include these dimensions can leave students such as myself excluded, limiting our learning and impacting our counselling practices. The assumption that appropriate guidance can come from those who have never experienced a racial microaggression is implicit in creating a course curriculum that does not adequately address these issues.

The Relationship Between Intentionality and Perception and Impact on the Social Organization of Counselling Practices

Clients who have negative attitudes toward help-seeking are more likely to have poorer treatment outcomes than clients with positive help-seeking attitudes (Shaw & Morgan, 2011). According to the theory of planned behaviour (TPB), an individual's intention to perform a behaviour directly determines if the individual will act upon the behaviour (Taylor & Kuo, 2018). More specifically, TPB suggests that intention is determined by three key factors: the individual's attitudes toward behaviour, subjective norms, and perceived behavioural control (Taylor & Kuo, 2018). Current evidence about Black peoples' psychological help-seeking corresponds closely with the classification of beliefs proposed by the TPB, specifically the intention to seek help from mental health professionals, where findings indicate low intentionality within this population (Campbell & Long, 2014).

Intentionality should be considered - by counsellors and counsellor educators - for all Black people attending therapy and attempting to address barriers and gaps in service. They are at a higher risk for mental health concerns, yet statistics indicate they are least likely to seek or receive them(citations?). Given that counselling practitioners will encounter clients who have low intention to seek mental health support, having a foundational understanding of such contributing factors is imperative for positive outcomes. Consistent with the standards and principles of the relevant professions (e.g., American Psychological Association 2003; Canadian Counseling and Psychotherapy Association 2015), a culturally sensitive practitioner should demonstrate appropriate awareness, knowledge, and skills to engage in competent service delivery. In the context of intentionality, sensitivity to clients' cultural values and experiences, coupled with practitioners' understanding of how negative attitudes toward help-seeking impact their daily work with members of various racialized groups, is essential.

Illustrating a Disjuncture of Theory and Practice

As a Black counselling psychology student completing my practicum placement, I (Lee) experienced reluctant behaviour in my work with BIPOC clients as I attempted to establish a therapeutic relationship in the ways I had been instructed in my Master of Counselling coursework. The majority of the clients I (Lee) worked with as a student therapist came to therapy seeking short-term support to find solutions to problems they were experiencing. As a student new to the counselling field, Solution-Focused Brief Therapy (SFBT) was presented as an appropriate approach to doing this work (Cepeda & Davenport, 2006). Through the lens of SFBT, practitioners intend to support their clients in developing solutions by first generating a detailed description of how the client's life will be different when the problem is gone, or their situation improved (Cepeda & Davenport, 2006). However, this approach was not well received by my clients as they considered it to be unrealistic and inappropriate.

When I discussed this disjuncture with my supervisor, it was explained that SFBT was not the most appropriate approach to intervention, as viewing problems and solutions through this lens may not resonate with some clients who identify as BIPOC. Viewing contributing factors to their problems as able to "disappear" to reveal a preferred future could even be experienced as therapeutically violent, particularly regarding experiences of racism and discrimination. As a result, the miracle question, which is an intervention used to explore clients' hidden resources or solutions for their present problems, appeared to offend some of my clients and caused a disruption in therapy (Kayrouz & Hansen, 2020, p. 223). This possibility was not presented in any of the educational and resource material about SFBT I had accessed. I realized I only learned about SFBT in ways that did not consider the implications of counselling, psychotherapy, and psychology practiced in a multifaceted society and with racialized populations.

Inclusive Data Sets Including Race and Ethnicity

For the experiences that have been outlined in this literature review to be included in psychology discourse, there needs to be data. There is currently a dearth of information considering the importance of inclusive data sets. Data sets that include both race and ethnicity are required to understand the relevant, unique, and distinct experiences of marginalization and exclusion (Mount Sinai Health System, 2016). It was found that addressing mental illness stigma is crucial for adequately improving attitudes toward psychological help-seeking, but there is little research about how to effectively address mental illness stigma within Black communities (Knifton, 2012). I believe this continues to perpetuate the current narrative.

A randomized pilot study found that culturally informed psychoeducational interventions are more effective than generic psychoeducational interventions for reducing stigma among Black individuals (Alvidrez et al., 2009). However, current interventions do not address how one's culture contributes to the impact of mental illness. Future research needs to include both race and ethnicity to improve the current interventions and attitudes toward seeking and utilizing psychological supports. Data that addresses people explicitly in the Black community is vital because it provides a baseline against which future progress can be measured. Although there is a lot of research about help-seeking and utilizing experiences of Black communities residing in North America, more so in the United States of America, it cannot be assumed that their findings are generalizable to Black communities in other countries.

Overall, there is a gap in the literature about supporting and providing counselling services for Black people, especially in Canada, which appears to be hindering the inclusion of their voices in psychological discourse. Counselling psychology students would benefit from inclusive data sets reflecting various racialized populations. This will provide space for them to develop a deeper

understanding of the context, persona, and family history associated with the present disparities within Black communities.

Pedagogy and Counselling Curriculum

Pedagogy refers to the theory and practice of educating and the relationship between learning techniques and culture (Loreman, 2017). The intention is to present the curriculum in a way that is relevant to student needs. Shaped by the educator's own experiences, pedagogy must take into consideration the context in which learning takes place, and with whom (Loreman, 2017). It isn't about the materials used, but the process and the strategy adopted to lead to the achievement of meaningful cognitive learning (Loreman, 2017). Educators being mindful of the way they teach can help them better understand how to help students achieve deeper learning. Without intentionally incorporating the context in which the learning takes place, and with whom, increases the risk of marginalizing students' experiences.

The book *Black Appetite. White Food: Issues of Race, Voice, and Justice Within and Beyond the Classroom* (Lyiscott, 2019) also speaks to this notion as the author illustrates the tension of existing as a person of color and the pain and power of knowing their own value, but still be required to assimilate into white, middle-class values to be validated as worthy of access (Lyiscott, 2019). I as a racialized student had moments within this program where I felt the need to assimilate in fear of being labeled and disconnected from my peers. For instance, in year two, week four in the GCAP 633 course, the author stated:

> This applies to all kinds of nondominant groups within society, but in this lesson we are going to focus in particularly on Indigenous peoples and the degree to which the process of colonization, which is an extreme and probably the most dramatic example of cultural oppression within our own nation, and look at the ways in which Indigenous people have, and continue to be,

dramatically affected by this form of cultural violence. This is not an easy topic, and I expect that

some of you might have emotional reactions to this. It might be guilt; it might be shame; it might

be denial; it might be frustration; it might be anger. (Collins, 2022, W3)

This course was intended to highlight and bring awareness to the unique nature of culture and the

implications it has on counselling practice. The way in which this is articulated comes with the

assumption that I am White, because as a racialized person why would it be assumed I would feel guilt,

shame, or denial, colonization happened to my ancestors too. As my peers aligned with this, it placed me

in the position to either go with what everyone else was stating or disrupt. With this, it can be assumed

that diversity equity, and social justice would be celebrated and embraced, but in my head, I question if I

challenge this, how many of my white peers will engage? So, it is best to continue the same narrative, so I

am accepted and included in the discussion thread. This is one out of many examples where I knew my

own value but felt the need to assimilate. I will delve into the implications of pedagogy in my analysis

where I will walk you through my experiences with how I was taught and my embodied experience.

Chapter Summary

Cultural competence is widely identified as a foundational pillar for reducing disparities through a

culturally sensitive and unbiased approach (Jones et al., 2018). My literature review drew upon current

research and knowledge to offer an integrated review and synthesis about seeking and utilizing

psychological support among Black people to position my study. The factors I have discussed, and many

that have not yet been touched on, continue to impact Black peoples' lived experiences as they seek and

utilize psychological services. Throughout the examples I have shared of theoretical underpinnings as a

racialized student therapist who experienced them, I have highlighted examples of unique challenges and

needs Black people may present that we should be prepared to respond to. This synthesis was used as a

foundation for the Institutional Ethnography I carried out.

Chapter 3. Methodology

In this chapter, I address the theoretical and methodological framework for this study. I used Smith's (1987; 2005) Institutional Ethnography (IE) to understand how institutional learning forces inform counselling practice and constrain students' learning experiences. Thus far, I have used literature to illustrate the unique considerations counsellors need to be aware of for effective counselling practice with Black people. In addition, the intersection of being a Black woman in a program seeking to teach counsellors how to work with racialized populations. In this chapter, I will walk you through my IE project methodology from start to finish to illustrate how and what I gathered to formulate my ethnography.

Introduction

In January 2021, I started my placement with excitement and enthusiasm to finally begin counselling. In Ontario, you cannot legally practice without credentials, so this was considered my first experience. As articulated previously, I entered this program with the intent to counsel POC. In 2018 when I started my Master of Counselling program, I found my placement; I specifically found an organization that was intentionally constructed to support POC so that I could practice embedding culture into my work.

On the first day of placement we had a clinical meeting with the rest of the students from other counselling and social work programs. The team was diverse, and for the first time, all my peers were racialized. This further contributed to my excitement as I was not only surrounded by peers who had a similar interest in supporting POC, but they also had shared experiences, so those silent moments and invisible work I had to engage in during my program, I believed it would not be the same during my practicum placement. Having spent considerable time and effort understanding how to embed culture into practice, I thought this would be equally beneficial in sharing information on how to practice culturally

responsively. Imagine my surprise when I realized I was not well-versed in this area. I was learning topics such as parenting styles in the Caribbean and the association of guilt and shame within Caribbean communities. As a racialized counsellor, I learned how easily I could make the session about me, given shared race and lived experiences. Also, I learned how to identify transference and countertransference and how to process it when it occurs. These topics were new but relevant to practice as I supported POC. For this reason, I began to question why these topics were new if I had been learning about culturally informed practice? At that point, I received clarity about my thesis topic to find a solution to my *problematic.*

To begin to address my *problematic*, I sought to understand if and how working with racialized people has been understood in the past. Traditionally, research has focused on individual experiences; IE transitions the focus to broader, systemic institutional gaps. The founder of IE, Dorothy Smith (1987), explained that oppressed groups were not included in institutional texts, and therefore their experiences and perspectives were invisible. This shift in focus has expanded my thinking from considering issues pertaining to accessibility and appropriateness are not only due to lack of cultural sensitivity, but also how curricula construct, constrain, and organize student counsellors' work as they obtain their credentials to practice. My IE research made this visible.

Introduction to Institutional Ethnography

As noted earlier, IE is a method of inquiry developed by Dorothy Smith as a sociology *for* people (Smith, 2005). Further, IE is an approach to inquiry that avoids both importing and developing theories about the issues being researched (Campbell & Gregor, 2002). Instead, IE was originally proposed to understand the everyday experiences of women, and it was later expanded to the study of any "oppressed subjects" (Babbie, 2008, p. 328) to help people understand "the conditions of their oppression" (Campbell & Gregor, 2008, p. 113).

IE's method of inquiry is meant to "reorganize the social relations of knowledge of the social so that people can take that knowledge up as an extension of our ordinary knowledge of the local actualities of our lives" (Smith, 2005, p. 29). *Social relations* are defined as coordinating and organizing forces that render actions recognizable in specific categories (Campbell & Gregor, 2002). According to IE, knowledge, and practices, including professional knowledge and practices, are socially organized (Campbell & Gregor, 2002). The social organization occurs systematically and covertly through intricate *ruling relations,* which involve various institutions organizing people's actions in their everyday work.

As an IE researcher, I sought to make what is invisible visible, by exploring the everyday work of a student, my personal experiences with that work as a Black student, and the social relations that structure and govern those experiences (Campbell & Gregor, 2008; Smith, 2005). Using my own lived experiences, I will walk you through my IE research project from start to finish. Specifically, I have highlighted the institutional contexts and conditions that impacted my day-to-day activities as a racialized student obtaining a Master's in Counselling Psychology to be utilized as an extension of the current knowledge that exists to inform advocacy for change. As I introduce IE into this body of work, I provide definitions of the new terms as they are introduced. Some of the terms described include the following: epistemology, ontology, social relations, ruling relations, the role of texts in ruling relations, and problematic.

Epistemology and Epistemological Shift

While IE may be congruent with other critical analytical frameworks, it is sociologically built on core epistemological premises (Campbell & Gregor, 2002). Epistemology "is a way of understanding and explaining how we know what we know" (Crotty, 1998, p. 3). IE relies on an epistemic assumption that "all knowledge is socially organized; knowledge is socially constructed and carries particular interests embedded in its construction, and knowledge is never "neutral" (Rankin, 2017, p. 2). With this,

institutional ethnographers map out *translocal* (spaces outside the boundaries of people's everyday experiences) and *social relations* (coordinating and organizing forces that render actions recognizable in specific categories) to figure out how they impact people's daily doings in their local environments.

Using IE as the method of investigation for my master's thesis research enabled me to see the disjuncture between two contradictory ways of knowing something: knowing experientially versus knowing objectively or ideologically (Campbell & Gregor, 2002). In recognizing that the problem I was experiencing with integrating culture in my practice is located in the learning institution, instead of in me, I made what institutional ethnographers refer to as an epistemological shift. According to Frampton et al. (2006), this radical turn in thinking is one of two imperatives to understanding IE.

Ontology and Ontological Shift

The second imperative to understanding IE is ontology, which is concerned with "what is, with the nature of existence, with the structure of reality as such." (Crotty, 1998, p.10). From an ontological point of view, this means moving away from notions like discriminative and attitudinal barriers, so researchers can begin to understand the influences of actualities and embodied experiences (Deveau, 2009). IE's social ontology demands an explanation of the emerged social relations that coordinate what happens in the practices of people (Campbell & Gregor, 2002). With this, institutional ethnographers do not use ideas established in the literature; instead, they rely on people's experiences as the point of entry into research by making connections between people's everyday lives and institutional processes (Campbell & Gregor, 2002).

For example, Deveau (2009) shared a personal experience about her understanding of IE before learning about it. With attention to workers with various disabilities, she focused on removing attitudinal barriers against them as they were not given the same career advancement opportunities as their colleagues. She assumed that disabled workers were experiencing oppression due to the obstacles they

faced. Having an ontological shift in thinking, she moved away from wanting to know why they were experiencing oppression to wanting to know how. Further, Deveau (2009) described her shift in thinking as empowering because she was able to use her understanding of "how" to work towards "how to." This means she was able to utilize the insights of how workers with disabilities experience oppression to inform how to inform advocacy for change.

In essence, ontology in IE prefers empirical descriptions of a social world happening, where data collection is consistently focused on people's actions in settings that matter (Xenitidou & Gilbert, 2009). Prior to learning about IE, I was focused on considerations counsellors need to be aware of for effective counselling practice with Black people. I was convinced that the lack of awareness is what impacted my ability to integrate culture into practice. After shifting my focus from wanting to know why to wanting to know how, I felt more empowered because from my standpoint as a racialized student, understanding how curricula construct, constrain, and organize student counsellors' work provided clarity to know how to address this problem. This shift in approach from trying to explain is what institutional ethnographers strive for in their research. We do this by focusing on social relations and on keeping people's actions at the center of happenings in the everyday world.

Institutional Ethnography & Text-Data

To keep the institution in view, a critical defining feature of institutional ethnography is the role that *texts* play in the coordination of peoples' work. Texts are considered any type of document on paper or electronic file that can be reproduced, copied, transferred, and disseminated by different people at different times (Grahame & Grahame, 2000). Texts are viewed as being the connection between the everyday work people do and how daily doings are organized and coordinated. Further, text-based data seek to identify power on an institutional level and later the public/policy level that articulates "a

generalized language for describing and explaining society, its problems, and solutions" (Grahame & Grahame, 2000, p. 6).

Social institutions manage people and their actions mainly through texts (Campbell & Gregor, 2002). Textually based discourses are spread through technology and are taken up by people in their talks and in what they do (Smith, 1987; 2005). Professionals take up texts by reading, interpreting, and applying them to do their work depending on the situation, their position, roles, and intentions (Pence, 2001). People take up processes of ruling and use them in their activities of living and working, often without knowing how they are externally coordinated (Campbell & Gregor, 2002; Smith 1987; Smith 2005).

Dorothy Smith conceptualized texts as replicable material objects that carry messages (LaFrance, 2019). These replicable texts provide the bridge between local everyday experiences and beyond. Their replicability means they can exist simultaneously in multiple locales across place and time (Grahame & Grahame, 2000). Institutional texts are linked to sequences or chains of texts and actions. Thus, they must be analyzed at particular times and in particular places alongside those who activate them (LaFrance, 2019). Once texts are read or used in some way, they and the discourses embedded within them are viewed as being *activated* (Grahame & Grahame, 2000).

Once they become active, the elements of *social relations* are discussed, and their ability to coordinate becomes visible (Grahame & Grahame, 2000). Through the IE lens, how people take up texts and use them in their everyday living is how both everyday work/experiences are coordinated and how people have agency. Institutional ethnographers will then analyze this data for their connections to institutional activity (Grahame & Grahame, 2000). Their analytic use will vary depending on the research objective. Rather than being used as sources of factual information, texts are relied on as clear *social relations* (Campbell & Gregor, 2002).

In Dorothy's book *Incorporating Texts into Institutional Ethnographies,* there was a great example provided that illustrates what this could look like.

Text (the application) is sent to a reader (the farmer) who interprets and works on the text (fills out the application); which is then sent to another reader (certification committee member, via administrative officer). This reader in turn interprets and acts on the text (deciding whether it is complete, presumably based on whether the farmer has filled out all categories delineated on the form). Then, if the text is deemed ready to continue on in the process, it is sent (via the administrative officer) to the next reader (the verification officer), who engages with the text and, in conjunction with a farm tour, works to produce another active text (the narrative report). Both active texts (the farmer's application and verification officer's report) are then returned to the initiators of the text/reader sequence (the certification body and, in turn, the certification committee). Here the texts are engaged with by readers and thus activated (in the decision as to whether certification will be granted). The committee then works to produce another text (the letter of certification), which is returned to the original reader (the farmer), read, interpreted, and worked on to gain certification for the following year. The entire active sequence – text reader/work text reader/work text reader/work text/text reader/work text reader/ work – is mediated by the central regulating text (the BC Certified Organic Farming Standards), and further mediated by two regulating. (Smith, 2014, p.46)

I will now walk you through how I used this approach to understand how curricula can construct, constrain, and organizes student counsellors' work.

My Approach

Beginning with a *problematic*, which is a project of research that organizes the direction of the investigation, the IE researcher explores how everyday work is experienced, talked about, and made

sense of by people at a local level (Devault, 2006). The *local* is always linked to the *trans-local*, which are spaces that are outside the boundaries of people's everyday experiences (LaFrance, 2019). How the *trans-local* influences the *local* is understood in IE to be directed by texts. With this, work tasks are considered the fundamental grounding of social life (LaFrance, 2019).

I started my approach by creating space for myself to self-reflect and to journal about my journey from the moment I applied to the program up until I completed my practicum placement. This was to document my reflective thoughts and feelings from the beginning of the journey until the end. I started with GCAP 500, which is the orientation program, and reviewed each course I took in the sequence I took them to create a detailed view of all the work that's done as a student obtains their Master's in Counselling Psychology; and noted which activities are recognized and which invisible work I had to engage in (LaFrance, 2019). My main objective was to establish theoretical value through my observations, experiences, and interactions while encouraging the exploration of new standpoints rather than working from established ways of knowing (LaFrance, 2019). For this reason, Smith (1987) advocated that researchers, such as myself, should pay attention to how multiple levels of power, such as text, work to create, maintain, and facilitate people's social experiences. This focus helped me better understand the relationship between power and participants' *social relations* and networks (Smith, 1987).

The analytical intent of this project was to explore how Master of Counselling: Counselling Psychology student learning experiences are put together across multiple different sites from the standpoint of a racialized student. With a specific focus on culture, it provides an example of how it is both taught and performed in the fields of counsellor education, with implications for supervised student therapeutic practices and beyond. My approach has placed me in the position to utilize text data to understand my subjective experiences navigating my learning institution.

Data

As mentioned, texts are considered any type of document on paper or electronic file that can be reproduced, copied, transferred, and disseminated by different people at different times (Grahame & Grahame, 2000). Specifically, texts come into play in coordinating their doings, whether the text is being produced or being taken up and activated. Institutional texts are seen and explored as they enter and are brought into people's actual courses of action; texts are not taken up in or for themselves (Smith, 1987). With this, institutions, services, and processes have been designed by white men and really, accordingly, prioritize their needs (Smith, 1987). This concept can be applied to the construction of counselling psychology. Black voices have not been included in the institutional texts, and as a result, their perspectives are invisible to those who are being trained to support them.

As disclosed, I have positioned myself in this research project as a point of entry. As I noted earlier, I am a Black woman who is currently obtaining the credentials to become a registered psychologist in Ontario. Therefore, the selected texts that I am orienting towards were utilized as I obtained my Master's in Counselling Psychology. The text documents that I analyzed for the current study are:

- The Athabasca University *Graduate Student Handbook*
- Athabasca University's Master of Counselling-GCAP course syllabi from the first year to the third year
- Athabasca University's Master of Counselling-GCAP stated learning outcomes from the first year to the third year
- Athabasca University's Master of Counselling- GCAP program Description
- Athabasca University's Master of Counselling- GCAP Disciplinary Competencies
- Athabasca University's Master of Counselling- GCAP Transdisciplinary Competencies

- Athabasca University's Master of Counselling GCAP Program Competency Spreadsheet

- GCAP 633 Program Outcomes Rubric

- The Canadian Psychological Association (CPA) licensure requirements

- The College of Psychologists of Ontario (CPO) licensure requirements

- The Psychologists' Association of Alberta (PAA) licensure requirements

Traditionally IE research projects seek to explore how lives are put together across multiple sites, which would require the institutional ethnographer to negotiate access to the organization where the research will be conducted. However, since all documents are public, this was not required. A request was sent to the IT management team of Moodle, which is an open-source learning management system used at Athabasca University, to gain access to all the course syllabuses from year one to year three of the Master of Counselling program. Once I gained access, I was prepared to begin my data analysis.

Data Analysis

IE is grounded in a particular understanding of the relation between the knower, in this case me, and the known. The analysis carried out within this study utilized the recommendations of Wright and Rocco (2007), who proposed two phases of IE. First, the researcher conducts an analysis of processes and larger social organization through the person's account of the experience. Second, the researcher establishes the interconnection between macro and micro relations (Wright & Rocco, 2007). Further, an IE researcher is recommended to adopt a *standpoint* before beginning their research (Smith, 1992). This allows the researcher to understand how things are socially organized, focusing on what happens and how it happens (Smith, 1992). Beginning with the data about people's particular positioning in the work of the regime, researchers can learn how participants are active in and subject to the organized power of the institution (Smith, 1992). To exemplify this in terms of my research, I take up my *standpoint* as a woman

of Colour who is a graduate student pursuing an education in Psychology to serve POC. Given the standpoint I am taking up is my own, I am writing my analysis in the style of an auto-ethnography.

Through this method, I would be considered a person who has activated the text I am reviewing. Between my established everyday experience as I complete my Master's in Counselling Psychology and personally reviewing the text data, I am in the position to highlight the interconnection between macro and micro relations. Carefully reviewing each document, I identified and explicated the coordinators of the recursively occurring work. This entailed highlighting texts that either prompted a critical reflection of experience within the course or a disconnect between what was taught and how it was practiced with racialized clients during the completion of my practicum placement. Using Microsoft One Note, I created a notebook for each course. Within the notebook, one section was dedicated to the course introduction, and the other section was broken down into the thirteen learning weeks. Within each week, there were two subheadings to organize the text. One was learning outcomes, and the other was learning activities. As texts were explicated and identified, I would copy and paste the excerpt into the notebook, followed by a reflection written from my standpoint as a racialized student.

To address how this has come to be based on what I have identified, in Chapter 5, I used Smith's (2005) participant mapping technique to highlight my standpoint and visually depict the social organization of my work. In my analysis, mapping involved linking the *boss texts*, course texts, and discourses to my *actualities* and their contexts. Starting with my *standpoint* and my experiences in GCAP 633, illustrated in Chapter 4, I used my experiences to inform my looking at the boss texts that construct, constrain, and organize student counsellors' work. Starting with my actualities acknowledges the unique nature of my reality, and "truth" is linked to my embodied experiences. I then referred to regulatory documents such as CPA, CPO, and PAA to bring attention to how course curricula are designed in a

specific way to conform to the licensing procedures. Participant mapping placed me in the position to highlight the social and institutional organization of culture from my standpoint.

Interpretation of Analysis

Working with data in IE calls for finding conceptual links to make sense of the findings. Specifically, interpreting data relies on, explores, and explicates linkages that are lived, brought into existence in time and space by people doing actual work (Campbell & Gregor, 2002). My interpretation started with articulating what I have seen and come to understand of the data to formulate an argument. Then I moved past my activation of the text and sought to identify how it has come to be this way by finding the connections in regulatory documentation to illustrate how it is implicated in the organization of the field of counsellor education. This placed me in a position to pick and choose which lines of analysis would be followed up versus the ones that would not. With the lines of analysis that were chosen, I organized them into coherent sections with each addressing my articulated argument. The interpretation of my analysis concluded with what the data allowed to be said and what the writing of it actually said, which tied into my final thoughts on the IE analysis process. How I differentiated between the two is through my small hearo diagram, which illustrated the strong connections between the data and my actualities.

Rigour

Reflexivity & Reliability

Reflexive journaling has been one of the most described and often used techniques to support rigour in research. According to Creswell and Poth (2018), reflexive journaling can be used to evaluate the quality of qualitative research as it has proven to be a useful tool for understanding the processes of qualitative research more fully, as well as the experiences, mindsets, biases, and emotional states of the researcher. Further, Harding (2004) mentions that standpoint theory requires a strong demand for ongoing

reflection and self-critique from within a standpoint, enabling the justification of socially situated knowledge claims. This approach results in a stronger notion of objectivity than traditional approaches (Harding, 2004).

I have been utilizing a reflexivity journal since May 2020, when I first learned about IE. As I carried out this project, in my journal, I communicated my initial and emerging thoughts, biases, and assumptions as well as the rationale for critical decisions made throughout the project. The intent was to help me analyze my journey over the past three years. As texts were activated by me, I was able to emphasize the connections between how my embodied experience as a racialized student and institutional practices, which are shaped by regulatory schools, organized my learning experience. These connections are included in chapter four, and the threads are then organized in chapter five.

Ethical Consideration

I have completed the Tri-Council Policy Statement (TCPS 2): Ethical conduct for research involving human tutorial in preparation for this study (Appendix A). As mentioned, I have sought permission from the IT management team of Moodle, to gain access to all the course syllabuses from year one to year three of AU's Master of Counselling program. An application was submitted to the AU Research Ethics Board and received ethical approval. The given material is only accessible to Athabasca University students, the integrity of the course material and resources will be maintained.

Chapter Summary

The present study has been influenced by the theory of IE. Through this research framework, I have analyzed text that students orient towards as they obtain a Master's in Counselling Psychology and licensing. I then used my experiences with the texts to determine how they are taken up and applied in counselling practice with the purpose of identifying whose experiences are made visible and who's invisible. Further, how course curricula are constructed and maintained through regulatory schools and

texts for licensing, has implications for students learning experiences. Through a social constructionist paradigm, my analysis is founded upon the belief that oppressed groups are not included in institutional texts, and therefore their experiences and perspectives are invisible. If Black voices are not included in the institutional texts, their perspectives are rendered invisible to those who are being trained to support them. In these ways, how student counsellors' education and learning experiences are coordinated lies within the core of understanding the role institutions have in constructing, constraining, and organizing student counsellors' work as they obtain their credentials to practice.

Chapter 4: Analysis: My Standpoint-I am a Black Woman

A researcher's *problematic* sets out a project of research and discovery that organizes the direction of investigation from the *standpoint* of those whose experience is its starting point (Campbell & Gregor, 2002). An IE researcher is recommended to adopt a *standpoint* before beginning their research (Smith, 1992). This allows the researcher to understand how things are socially organized, focusing on "what happens" and "how it happens" (McCarthy & Smith, 1992). Beginning with the data about people's particular positioning in the work of the regime, researchers can learn how participants are active in and subject to the organized power of the institution (McCarthy & Smith, 1992). To exemplify this in terms of my research, I take up my *standpoint* as a Black woman who is a graduate student pursuing an education in Psychology to serve POC. Given the standpoint I am taking up is my own, I am writing the first part of my analysis in the style of an auto-ethnography.

An autoethnography is a "highly personalized account that draws upon the experience of the author/researcher for the purposes of extending sociological understanding" (Sparkes, 2000, p. 21). Exploring my experience as a Black student and understanding the social organization of my story contributed to my development of a new critical stance. It has situated me as a knowing subject to research the *actualities* of other students and my experience**.** Further, this body of research serves as an invitation to further consider, from the standpoint of a racialized student, an example of how "culture" is both taught and performed in counsellor education, with implications for supervised student therapeutic practices and beyond.

My standpoint begins with a personal story, in this case, my story. In this chapter, I invite you into my world as a racialized student obtaining a Master's in Counselling Psychology. There is currently an absence of information considering how dominant approaches to research and practice impact racialized students in their counselling programs and, consequently, their work as student therapists. Narratives told

by racialized students can be powerful stories in which meaning, and identity are adjusted and redefined. The characters that the stories feature, their roles, and the connection of those stories to the larger social context speak volumes about how narratives, such as mine, can create reality and be portals into a realm of greater understanding of how counselling psychology is organized. The call to address pedagogy and curriculum in education is seen as an example of this.

Pedagogy refers to the theory and practice of educating and the relationship between learning techniques and culture (Loreman, 2017). Shaped by the educator's own experiences, pedagogy must take into consideration the context in which learning takes place, and with whom (Loreman, 2017). It isn't about the materials used, but the process and the strategy adopted to lead to the achievement of meaningful cognitive learning (Loreman, 2017). When educators are mindful of the way they teach they can help students achieve deeper learning. Without intentionally incorporating the context in which the learning takes place, and with whom, increases the risk of marginalizing students' experiences. *Black Appetite. White Food* also speaks to this notion as the author illustrates the tension of existing as a person of color and the pain and power of knowing their own value, but still being required to assimilate into white, middle-class values to be validated as worthy of access (Lyiscott, 2019).

As I walk you through my journey, I want to clarify that this work should not be considered a criticism of Athabasca University's Counselling Psychology program. In fact, how Athabasca University's programs are structured has enabled me to bring my own voice and experiences into the story of how counsellor education is organized and delivered. Coming from a low-income family, I have not had the privilege to attend school and not work. All other programs could not accommodate me attending school full-time and working full-time except for Athabasca. For this, I have a positive view of this institution because it reflects inclusivity for graduate school admission. Instead, sharing my journey is intended to explicitly link concepts from the literature to my narrated personal experience (Holt, 2001).

My story invites personal connection rather than analysis (Frank, 2000) and explores issues of personal importance within an explicitly acknowledged social context (Holt, 2001).

As a Black female student, I have experienced the difficulties that emerge from the complex intersection of social locations and have experienced many internal and external struggles throughout my educational journey. My journey has required a different level of awareness, reflexivity, and care that cannot easily be articulated to others. From year one to year three, I will share what makes my level of awareness, reflexivity, and care "different." I will: introduce a course, share critical reflections that came to me as I reviewed the text within the learning lessons (the core curricula to help the student meet the learning objectives) and learning activities (activities students participate in to encourage their development of crucial skills), and explain the invisible work I had to engage in to make sense of what I was learning and the implications it had for my future career.

<div align="center">**Year One**</div>

GCAP 631 - Models of Counselling

Entering this program for a purpose that extends beyond me is what kept me grounded over the past four years. Introduction to counselling models was a course I started with several reservations because I came with the foundational knowledge that numerous counselling models are rooted in Western ideologies that I may not agree with. Still, I saw it as an opportunity to gain insight into how counsellors are being taught in hopes of understanding what it meant to adapt it for my proposed practice. How the course was introduced, provided hope with how I could make the learning opportunity mine.

> This course critically examines a wide selection of contemporary counselling models evidentiary support, guiding assumptions, historical and cultural context, and relationship to common factors of change. The intent of this course is to foster an open, inquisitive, appreciative, and flexible

attitude towards counselling models associated with the four primary domains of human

functioning. (Nuttgens, 2022, GCAP 631: Syllabus)

The "truths" of our counselling models are invariably constructed from myriad assumptions,

which when held to close inspection, often reveal two notable features. First, that power dynamics

are embedded within every model's assumptive underpinnings, and second, that when broken

down into their constituent parts, there are often striking similarities in these assumptions across

models that otherwise are viewed as conceptually distinct. (Nuttgens, 2022, GCAP 631: Syllabus)

As I reviewed these texts, what came up for me is although the counselling approaches are grounded in

traditional ideologies that I may not align with, I needed to be open to what they are and how they can be

adapted to the work I intended to do. Further, I needed to be aware by highlighting the assumptions I hold

and their implications for my future practice.

Learning Lesson: Introduction

This course orients student counsellors to simultaneously learn about counselling models while at the

same time begin to develop their professional identities.

As counsellors, we do not come to the profession via an experiential vacuum, devoid of beliefs,

values, biases, emotional triggers, and the like. Far from it! Rather, we come to this profession in

much the same way that our clients come to us, replete with life experiences that give shape to our

ever-evolving personal view of self and the world around us. It is incumbent upon us, as

counselling professionals (regardless of our status within the field), to reflect vigilantly on how

our personhood influences and informs every aspect of our work. (Nuttgens, 2022, GCAP 631:

W1)

This was the first moment where I realized this would be an emotional and awakening journey for me. As

a Black woman, bringing in my life experience ultimately shapes my view of self in the profession, the

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world around me, and the type of psychologist I want to become. I did not know what this entailed because up until this point in my learning, I was not required by any professor to bring myself into my work. During the completion of my undergrad degree, I was required to memorize and reflect on what was being taught. Going back to the notion that normative beliefs give rise to strong in-group, social, or community social pressures (Columbia University Department of Psychiatry, 2019), it was a held belief that the field of psychology was not welcoming to Black people as a profession and within the practice. So, to be asked to bring myself into my work and share was scary, given the field lacks diversity amongst existing counsellors, professors, and peers. This then posed questions about safe spaces.

Learning Lesson: Transference and Countertransference

One learning lesson that stood out to me during this course was the ideas of transference and countertransference, and the implications of both in my counselling practice.

> A key feature of psychoanalysis is to help clients work through transference material in which the client transfers relational responses to the therapist as if the therapist was an important person in the client's present or past. Freud believed that the therapist is also prone to a transference experience, which he called countertransference, described as an unconscious feeling in the therapist that is elicited by the patient. (Nuttgens, 2022, GCAP 631: W1)

The notion of transference and countertransference became a significant point during my practicum placement. As a Black woman wanting to support Black people, this reality has far-reaching effects that are currently being left out of curricula and discourse. In this course, I learned about these concepts as an occurrence within the clinical setting without delving into the effects they can have on students depending on the context (Nuttgens, 2022). How I experienced it was different for me because race trauma was a factor. Race trauma is defined as traumatization is due to experiences of racism such as workplace discrimination or hate crimes, or it can be the result of an accumulation of many small

occurrences, such as everyday discrimination and microaggressions (American Psychological Association, 2019). Hearing stories of inequities and discrimination that mirror my own life experiences can be traumatic and detrimental to my mental health if I do not have the spaces to process or acknowledge these experiences. What does processing countertransference look like? What does processing countertransference for racialized practitioners look like? These topics are currently being left out of this lesson.

Learning Activity: Introduction

Learning activities in this course were seen as an opportunity to explore and understand the application of contemporary counselling models. As mentioned before, I was looking at how to make this learning experience mine. That meant understanding how to adapt in a way that stays true to the core of counselling psychology. As I was looking for clarity and building my professional identity, it appeared that safety was often assumed. I have defined *safety* as the condition of being where a person feels secure and free to express themselves in an authentic, open way. How does a student in year one ensures safety as learning activities require personal vulnerability and self-disclosure?

> The Influential Life Experiences exercise invites you to consider how significant life events have influenced your core assumptions about the counselling process. Complete this exercise and then engage in the class discussion"(Nuttgens, 2022, GCAP 631: W1).
>
> "Share the results of this exercise as per the directions found in the related discussion forum. Note that you need not share details of your personal experiences in this forum. (Nuttgens, 2022, GCAP 631: W1)

I respectfully noted that we were not required to share our actual lived experiences. Still, from what I saw amongst my peers, it was difficult to answer a question such as "How do these experiences influence your view of how human problems develop?" (Nuttgens,2022) without context embedded into the response. I

questioned how I could mention systemic racism without being explicit or making the conversation uncomfortable for my peers. I did not feel safe introducing those types of conversations, so I did what I needed to do to blend in with the rest of the class.

Addressing Culture and Therapist Expertise

Blending in and holding back my views about culture and counselling models was easy because there were not many spaces for it. The way in which the course was constructed students would have to bring up topics on their own rather than receiving an invitation to explicitly discuss them. During week seven though, there was a learning activity addressing culture and therapist expertise.

It is worth noting that none of the articles this week, which address therapist expertise, mention culture. Could it be that attention to cultural differences plays a role in therapist expertise? Have a look at the various competency documents that have been published by the American Counselling Association over the past decade or so. Notice that the vast majority focus on counsellor competency across areas of cultural diversity, suggesting that this is, indeed, an important facet of counsellor expertise. Glance through two of these documents and apply what you learn to your review of your peer's Therapist Effectiveness Conceptual Quilt. (Nuttgens, 2022, GCAP 631: W7).

I appreciated the author of the course acknowledging the lack of mention of culture and asking students to apply the learning from another article source to review students' work. One assumption about this activity is that students have the cultural understanding to critique others' work or embed it in their own. Until this point, the mention of culture has come up in the course, focusing on critical evaluation, but again not too much about its application. I struggled with this because culture was so broad and what that looked like in practice was confusing. What that meant for my effectiveness was not clear, and I

questioned if it would ever be clear or if I would have to figure it out on my own as I continued in the program.

The lack of conversations pertaining to culture carried into how I showed up in group discussions. A group learning activity required us to "reflect critically on historical omissions within counselling models related to gender, culture, age, and social status" (Nuttgens,2022). I remember in the group, we started discussing socioeconomic status and women. This was the first time I started becoming comfortable sharing my personal thoughts and opinions, but I did not bring up race or culture. There were moments I could have tied it in, but still, I assumed my group members would not feel comfortable given they were white. I should not have done this, but reflecting now, this made the situation more comfortable for me. This brought up thoughts about comfortability with discussing racialized issues in all aspects of counselling psychology and not only in culture-specific courses. Although race can be uncomfortable to discuss if the environment does not invite these types of conversations, areas where it is relevant, such as within counselling psychology, it will be missed.

End of GCAP 631

All in all, I came into the GCAP 631 course wanting to make the learning experience mine but fell short. As discussed, there were moments where I was not comfortable sharing. It was unknown if the course was structured while taking into consideration how some activities could be taken up differently by various students. How I showed up in this course, I did not want to be my norm in this program, so I remained hopeful for GCAP 633, a course specifically focused on sociocultural and systematic influences.

GCAP 633 - Sociocultural and Systemic Influence

This was the course I was the most excited about. I believed this course would provide the opportunity I was waiting for. It was the one course I believed intentionally provided space to discuss one

of the most important topics in my future career. To my surprise, this was a course in which I identified

the most *disjunctures.*

> I do want to be very explicit upfront that this might seem a little bit like the Sandra show. You
>
> have videos from Sandra, you have a course text that I have written, I have done the course, I
>
> have created a teaching and learning guide. However, I hope that you don't feel that as you start to
>
> go through the course, because I have been really deliberate about trying, particularly in the
>
> course text, to integrate the voices of others. (Collins, 2022, GCAP 633: W1)

The thought that went into creating this course was evidently intentional. As a Black woman navigating

this course as one of the very few racialized students, I saw how my views differed from my classmates,

given my lived experiences. The course I was most excited about, that explicitly spoke to the type of

psychologist I would like to be, was written by a white woman. I did not know how to feel about this in

the beginning. I began questioning if the course was structured based on the course author's expertise, if

so, then aspects could easily be overlooked. I was not sure if I was the only one who saw the limitations

already from week one, but I remained silent on the matter.

> I also want to talk a little bit about the e-book and the way in which this course is structured, just
>
> to give you a few more tips in terms of your own management of your own learning. You will
>
> have figured out by now that there are a lot of concepts and a lot of learning objectives in the e-
>
> book, and I'm not choosing to cover all of them in this course, because that is impossible. It would
>
> just be way too time-consuming for you, as a student in the course. (Collins, 2022, GCAP 633:
>
> W2)

Another example is when the author stated "One of the things I want you to do throughout this

course is to claim your learning as your own." (Collins, 2022, GCAP 633: W2). I liked how the eBook

spoke about cultures and the various concepts, and I learned a lot from it. The aspect that did not sit well

for me is that someone else chose what would be covered and what would not. Given culture, and specifically supporting BIPOC communities is an interest of mine, I would have liked more autonomy in what I would wanted to focus on. It was mentioned that the learning experience was ours as students, which I envisioned as a more open-ended, student-guided approach. Instead, it appeared our learning pathway was chosen for us.

Learning Lesson: Indigenous Focus

The following quote illustrates a time where the course author chose a very specific population which had a material impact for others, but chose to only focus on one population.

> This applies to all kinds of nondominant groups within society, but in this lesson, we are going to focus in particularly on Indigenous peoples and the degree to which the process of colonization, which is an extreme and probably the most dramatic example of cultural oppression within our own nation, and look at the ways in which Indigenous people have, and continue to be, dramatically affected by this form of cultural violence. This is not an easy topic, and I expect that some of you might have emotional reactions to this. It might be guilt; it might be shame; it might be denial; it might be frustration; it might be anger. You may want to alienate yourself from your own cultural heritage, or you may take the position, emotionally and cognitively, that this really is not about you and that this is a historical issue. The reality is that colonization is alive and well. You will see more as you go through the book and you look at the experiences of some of the contributing writers that it is really important for us all to wrestle with our position within that relationship with Indigenous people. (Collins, 2022, GCAP 633: W4)

In this lesson, the author chose to focus on Indigenous issues only instead of various BIPOC issues. It was not clear the rationale. This is when I truly began to question the construction of the course. Was it competencies that need to be met? Was it a reflection of the author of the course's expertise? Was

it because of prevalent Indigenous issues within Alberta, where Athabasca University is located? Was it because it is one of the most dramatic examples of cultural oppression in Canada? Or was it a combination of all of these factors?

To find answers to these questions, I sought to understand the rationale for this particular focus. The Government of Canada's (GoC) approach to reconciliation is guided by the United Nations Declaration, the Truth and Reconciliation Commission of Canada's (TRC) Calls to Action, constitutional values, and collaboration with Indigenous peoples as well as provincial and territorial governments (Government of Canada, 2021). Further, The GoC recognizes that reconciliation is a fundamental purpose of section 35 of the Constitution Act, 1982. In 2015, the TRC published its final report detailing the experiences and impacts of the residential school system (Government of Canada, 2021). One outcome of the report was a document detailing 94 calls to action across a wide range of areas including child welfare, education, health, justice, language, and culture. Action 57 calls the "federal, provincial, territorial, and municipal governments to provide education to public servants on the history of Aboriginal peoples, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations." (Truth and Reconciliation Commission of Canada, 2015, p. 6). With Athabasca University's commitment to this call to action, courses have been constructed to reflect. The second part of my analysis will delve into how this has come to be, but for now, it is evident there is a connection between why our program courses focus on Indigenous issues and the TRC's report.

Reviewing the text pertaining to this subject is when it was confirmed to me once again, that the course was written with the assumption the students were white. I did not feel a sense of guilt or shame, but I knew many other students did based on the engagement during the discussion. Instead, I was sad, and I was heartbroken because I understood the trauma associated with historical mistreatment. I grew

closer to another Indigenous student, and we bonded through talking about our cultural background and how our experience in the program. For the first time in this program, I felt genuinely connected to a peer. Another example of disconnect I felt was within the introduction to week five's lesson.

Positioning Myself as a Racialized Practitioner

How I position myself as a racialized practitioner relative to my racialized clients and the role marginalization and privilege play within the counselling process are significantly different from how I was taught. The following quote speaks to a generalized assumption about positioning oneself within practice.

> The author took a really strong position and made a really good argument about the difference between discrimination and unfairness. I may be passed over for a promotion at work, or I may encounter a snub or a sense of rudeness from a stranger I encounter. However, it is really important for me to step back and ask myself questions about where that is coming from. Is that an encounter that reflects an interpersonal interaction that may be unfair to me, or if I position that within the broader lens of society as a whole, is that a reflection of my relative marginalization within society? Is it a reflection of the way in which my particular cultural group, or groups that I am part of, have been marginalized or stigmatized within society? This is the kind of struggle and tension that we are going to look at this week, as we look at how we position ourselves relative to our clients and how relative marginalization and privilege play out within the counselling process. (Collins, 2022, GCAP 633: W5)

I have been experiencing systematic and institutional discrimination and racism since I was a little girl. I have been socialized to understand what it is and its implications for me. This is because it is anticipated that this will be an experience of mine, given I am a Black female, and it will happen more than once in my lifetime. Further, I have been socialized, and my behaviour has been restricted because

consequences for me and people who look like me are very different from others. These shared

experiences I have with my clients have implications that were left out of this course. Again, the

curriculum was constructed in a way that disregarded me from discussions and further limited my

learning experience.

These are when my first thoughts of the disconnection between psychology discourse, not just a

course, first emerged. Until this point, I thought I was finding some aspects of the courses unrelatable had

to do with me and my comprehension ability (going back to the little girl in grade 3). Still, after this other

racialized student, who I developed a relationship with, shared the same sentiments, I knew this had to be

attributed to something more beyond me. What does this mean for a student like me who wanted more

from this course and other students early in their journey about the role of culture in counselling practice?

Perspectives: Intergenerational Trauma

The introduction to week seven spoke volumes about the limitations of solely focusing on

Indigenous issues in a cultural psychology course.

It recognizes also the impact of trauma across generations, which is really foundational to

understanding and appreciating what we are hearing from Indigenous people in Canada about the

impact of residential schools, the impact of the 60's Scoop, the impact of many of the other

culturally oppressive practices that were implemented as part of colonization. (Collins, 2022,

GCAP 633: W7)

Intergenerational trauma was a great opportunity to speak broadly to include various marginalized

perspectives. Some implications this course may have on the understandings of students who are non-

racialized is that they may assume Indigenous issues can apply to other racialized people, which it

cannot. This distinction is extremely important. As someone who identifies as an ally to the Indigenous

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community, this is often a frustration I have shared with others - lumping racialized issues. It's offensive and appears to be a way some people have decided to learn about culture.

When I see courses and workshops teaching in this way, I perceive it as performative rather than intentional. In discourse, it should be made explicit that racialized issues are unique to a person and their identified cultural group. As a result, cultural psychology courses need to stop teaching in this way. It is not an inclusive approach to the development of curricula when it is assumed students can decipher which issues happen cross-culturally and which ones are unique to specific cultural groups. Also, it is an inequitable approach to developing curricula to focus on a group of racialized issues and not provide space for others.

Learning Activities: Inclusion and Supports

The learning activities in this course were very interactive. They were constructed to allow students to reflect, engage with others, and to independently engage with the content. What is currently missing is the support within the program and what that looks like for students with various intersecting identities. I recently took an Equity, Diversity, and Inclusion (EDI) course at the University of Toronto. The structure of that course differed from this course, which I appreciated. There was an acknowledgement from the beginning that the people who would be in the space would be predominantly non-racialized, but also there were racialized students, and the course would try to incorporate both perspectives. Further, at any point, if someone felt they were excluded they were invited to notify the professor.

How the course began spoke to an inclusive approach. It acknowledged the power dynamics and disparities and left room for students to navigate. This was an alternative to a teacher-centered approach. Further, the course started with acknowledging some of the limitations non-racialized people have when it comes to discussions of EDI. The reality is that asking students to reflect on culture might be too

abstract given their social location or level of understanding of the topic. Instead, the approach started with people acknowledging their privilege and social location first and understanding the implications given they work in a position of power and are white.

The same approach taken in the EDI course could be applied to cultural psychology courses. How can you ask students to reflect on culture when some of these conversations are new? Alternatively, why not have students reflect on what they have always had and what they have always known and draw a connection between privilege and power, which informs how they respond to culturally sensitive issues? Intentional reflective practice was done in the GCAP 633 course but not within week one. The course's introduction asked students to reflect on cultural responsivity, social justice, cultural self-awareness, cultural self-exploration, and personal cultural identities. There was a lot of reflection and sharing with little guidance or support on what that should look like for students who are new to this, including me. The lack of guidance and support within the curriculum in introducing these concepts translated into a very traumatic experience for me, which resulted in the professor reaching out.

Learning About Culture with a Colour-Blind Lens

In week five of GCAP 633 the students were asked to watch a YouTube video as part of the learning lesson.

> Consider the implications of peeling off the labels we apply to each other for how you view yourself and how you might view your clients. Consider what it might mean to accept the idea that many of the things we hold as *truths* are simply a reflection of the sociocultural context in which we developed our sense of self and the world around us. Watch the YouTube video "*I am NOT black, you are NOT white*". (Collins, 2022, GCAP 633: W5)

I experienced internal conflict as I watched this video. The message is beautiful but what came up for me was the notion of *colour-blindness*. A message I often hear is "We are all one and remove labels that

are socially constructed that divide us." when I have engaged in dialogue with non-racialized people about colour-blind attitudes. Again, it is a beautiful message but is this realistic? – No. Not to be cynical but removing labels such as race and gender for the entire civilization is not seen as feasible in my eye, so I question the purpose of this lesson. I got into a disagreement with a classmate who was saying colorblindness was the end goal, and I respectfully shared with her that when my colour and who I am as a woman are not acknowledged, it is equally as disrespectful and hurtful as racism. It alarmed me that students who would soon graduate to support people with various intersecting identities did not understand how wrong this was. Also, they did not notice how hurtful this was to me.

My hurt and anger towards my peers were misplaced. They do not know what they do not know. Videos, such as the one shared in this course, perpetuate colour-blindness, again well-intentioned, but it could make matters worse depending on where someone is at in their journey. Discourse and course curricula need to reflect on the implications course material has on students outside of the dominant field because failure to do so maintains spaces of oppression and exclusion instead of inclusion.

Racialized Counsellors: Power, Privilege, Dynamics

It would have been valuable, to my personal journey, to delve into the experiences of minoritized counsellors with various client groups. The literature I reviewed highlighted how important it is for students to understand these various dynamics. For example, the following quote speaks to how power, privilege, and dynamics was introduced.

Note that this model challenges the biased assumption that counsellors are always in positions of

relative privilege and requires a more nuanced approach to applying CRSJ counselling

competencies, although the inherent power of counsellor role must always be taken into account.

(Collins, 2022, GCAP 633: W5)

These dynamics are the realities of my future profession, so why is this not included? For example, a Black counsellor supporting a non-racialized client who questions their credentials and educational background may feel different given the stereotypes about Black people's intellect and overall competency. Another example is a Black counsellor supporting a Black client who has shared experiences and must take a different approach when it comes to boundaries given the increased risk of transference and countertransference.

Safety as a Foundational Pilar

Safety is another essential piece to note when discussing the construction of culture in counselling psychology and the activities students are mandated to participate in this course. What does safety look like for all students involved in an activity, and is there room for students not to join if they identify a space as unsafe? This level of autonomy and sensitivity is currently being left out of this specific course.

> Identify a niggling *Yes, and . . .* statement about the human rights, social justice, and positioning in society of persons or communities with whom you continue to struggle to find common ground or for whom you find it difficult to embrace fully their rights to self-determination. (Collins, 2022, GCAP 633: W8)

> Be as honest as you can about your lingering challenges (biases?) and be open and inviting of feedback from your peers. Feel free to be creative in how you express your *Yes, and . . .* expression. However, you are expected to be respectful of your peers and to recognize that your classmates represent diverse cultural identities, social locations, and worldviews (Collins, 2022, GCAP 633: W8)

> This activity was another disturbing learning experience I had and should be removed from the course. I was not the only one hurt during participation despite the disclaimer at the end. The groundwork had not been done for this to be a safe place for this activity. This activity would only be perceived as

safe if all students participating did not identify as an ally or part of any minoritized group. Regardless of how it was presented, the statements I read hurt me and others, which required the instructor to follow up with certain students. To read a student's statement that we should move past what happened to the Indigenous community was both shocking and disheartening. This activity created tension amongst the students; I looked at some of them very differently after I read their statements. Currently, reflecting on the experience, the students were only doing what the course was asking them to do. This would be considered a culturally inappropriate activity when considering students' *cultural safety* and autonomy.

End of GCAP 633

What does it entail to be a culturally sensitive and anti-racist counsellor? This was unclear by the end of this course. There was a lot of space for students to reflect, engage with others, and independently engage with the content. What is currently being left out of the construction of this course is the power of language, intentionality, and safety for the people engaged in the literature and course content and their potential clients. In addition, concrete, actionable steps students could take were missing. This needs to be clear and explicit before students transition into GCAP 671 where the focus is on developing a working alliance.

GCAP 671 – Developing a Working Alliance

Developing a working alliance is considered a continuation of GCAP 633 - Sociocultural & Systemic Influence. This course serves as a deeper examination of, and applied practice focusing on, what it really means to foster culturally responsive and just relationships with clients (Ko et al.., 2022). Instead of the course author being the sole person in the material, there were three other faculty members included, which highlights once more the importance of co-design of courses and bringing in multiple worldviews on the subject. With this, it is important to note when I completed this course, this was not

the format. Nonetheless, I will include this course in my analysis as it serves as the curriculum students are orienting to currently.

Learning Activities Introduction

The redesign of week one had a very different tone than GCAP 633. As part of the collaborative development of the course, the authors used a mind-mapping tool to generate and organize their ideas to establish a framework for the course. Please refer to Appendix B. The reality of this specific course is that there is a lot of self-learning students must engage in outside of course material. It can be confusing and overwhelming, but my goal for myself was to always finish the course and understand what I had learned. This framework would have been a critical resource for me as I completed this course and practicum because the relationships between theory related to responsive relationships, the counselling processes, the micro-skills and techniques, and the specific aspects of reflective practice can be unclear and aspects can be overlooked.

There was a new activity that particularly stood out to me which was a video of faculty members being transparent about their learning experiences. As it was mentioned in the learning lesson during the first week, students often feel nervous and vulnerable at the prospect of engaging in counselling practice with their peers and presenting their work in front of peers and instructors (Ko et al., 2022). When I took the course, my partner and I were overthinking the process and tried to perfect it before we filmed. I believe we lost sight of the importance of failing and trying again. It particularly made it difficult for me because there was no relationship with my instructor. The addition of this video really normalizes the process of learning and how it will look different for everyone.

Intercultural and Historical Implications of Trust and the Power of Language

The notion of trust and mistrust was discussed in week two, with a focus on the implications for practice.

However, trust and mistrust may also be intercultural and historical (Collins, 2018b; Dupuis-Rossi, 2018; 2020). The ongoing cultural genocide of Indigenous peoples through colonization, enacted at community, organizational, economic, and political levels (Dupuis-Rossi, 2018; 2020; Fellner et al., 2016), as well as the specific experience of systemic racism in encounters with healthcare practitioners, results in justifiable and sensible mistrust on the part of some Indigenous clients. The continued cultural oppression of other nondominant populations (e.g., 2SLGBTQIA+ persons, individuals from working or poor social classes) (Lavell, 2018; Nyland & Temple, 2018) also results in barriers to trust in healthcare systems and practitioners. Building or rebuilding trust in this case may be supported by other relational practices (e.g., building cultural safety, trauma-informed practice). (Ko et al., 2022, GCAP 671 W2)

As stated, trust and mistrust are intercultural and historical. With this, in my literature review, I shared how this is very applicable when supporting other racialized populations, such as Black people. With this, I have had multiple conversations about lumping cultures together to address culture. Addressing trust and mistrust with people who identify as Indigenous is very different from addressing it with someone who is Black, for example. The intercultural and historical mistrust experienced by both groups stems from different experiences. One being cultural oppression and colonialism and the other cultural oppression and slavery. Thus, the approach to such topics needs to be different. For a student who is not Indigenous or Black how are they supposed to understand this if the course is presented in this way? There was an opportunity to address there are other cultures within Canada that have the same mistrust in systems and 2SLGBTQIA+ persons, individuals from working or poor social classes were the only other groups included. I questioned if the groups were identified because it was what came to mind, or was there a specific reason why these other non-dominant groups were named specifically?

In this video, we reflect on the conversations about the language used to describe various aspects of the counselling process and the critical choices we have made to employ, purposefully and critically, the terminology used in this ebook. We refer deliberately to language to reinforce the active process of choosing appropriate words and phrases to support our intentions and the outcomes we anticipate. (Ko et al., 2022, GCAP 671 W2)

The use of language to explain the counselling process and also within the sessions was significant when supporting racialized clients. I like how this course highlighted the active process counsellors have to engage in to choose appropriate words that not only align with our intention but also resonate with the client.

End of GCAP 671

The transition from what this course was in 2019 to what it is today illustrates to me that the discipline of counselling psychology is moving in a positive direction. The framework created for this course ultimately served as clarity for how students can respond in various situations, and students need tools such as this to guide them during their learning. I had very little to say as I reviewed the text in this course. There was a lot of information and resources for students, which was great from a self-learning perspective. As brought up in my initial reflections about assuming students can decipher between what skills/approaches can be used cross-culturally, it is important that there is support and guidance to ensure students are taking up this material appropriately. Also, given there is a lot of information to understand within one week, students are comprehending rather than being performative.

GCAP 635 - Intervening for Client Change

In preparation for practicum placement, the learning I did in GCAP 635 played an important role in how I engaged with my clients. Several cultural pieces were left out of the construction of this course that had implications for me as a racialized student counsellor supporting racialized clients. It is

important to note that when I took this course, it was when it was taught in person during the summer institute. The texts available to me to complete this project were constructed for online learning. Despite the delivery of the course, the literature and the construction of the curricula appear to remain the same. As a result of the available text that was activated, the structure of this part of my standpoint will not be broken down into learning lessons and learning activities but instead by the skills I was required to demonstrate.

Movement From Preferred Problem to Preferred Outcomes

This was particularly difficult for me as a student counsellor because my racialized clients identified problems and preferred outcomes, were highly correlated with institutional and systemic processes beyond their control. During practicum placement, most of my sessions entailed listening, validating their experiences, and identifying what the client could control. My aim was to essentially create a space where they felt heard because between their family (whose' values differed from Western society), work, and school, it appeared there were no spaces where my clients could be themselves. They were hiding certain aspects of themselves from their families, such as sexual orientation or shifting religious views, or at school and work by engaging in *code switching*. Being in a room with a Black therapist appeared to be a space to let everything out. I struggled as a student therapist to facilitate movement from problem to preferred outcomes because their ongoing presenting concerns were so layered. So what did that mean for me? I went back to textbooks and assignments to shed light on these experiences but found little guidance. Below are some examples of problems provided within the course and in italics are problems raised by my clients.

Complaints: "My son is staying out all night and stealing cars." (Collins, 2022, GCAP 633: Unit 1) *"Everyone keeps mispronouncing my name at work, and my boss asked for a nickname when I brought it to his attention."*

Dreams: "I'd like to go back to school and become a doctor" (Collins, 2022, GCAP 633: Unit 1)

"I would like a workplace that didn't make me feel like the "other.'"

Desires: "I would really like to have a better relationship with my daughter." (Collins, 2022, GCAP 633: Unit 1) *"I would like to be able to speak my mind without people assuming I have an attitude."*

Hopes: "One day, I'd like to overcome my tendency to get involved with women who aren't right for me." (Collins, 2022, GCAP 633: Unit 1) *"One day, I would like equity to be a real thing."*

Specifically, I remember when I was trying to support goal setting with my clients, the expressed concerns we practiced in this class were not what I experienced in reality. I understand that in-class learning will not exactly illustrate what happens in practice. It appears the intent is to introduce and have students become comfortable with various approaches. As a result, the examples we worked with were general, which did not provide an opportunity to work with unique and complex examples. The limitation of this approach is when students begin practicum, there is a possibility that what they experience in practice does not reflect those general instances and creates confusion. This is exactly what happened to me. I would have liked some practice and guidance with clients that present with systemic and cultural concerns. This is currently being left out of counselling psychology discourse and training.

Working with actions

Working with actions appeared to be the most natural place to explore with my clients and the least challenging for me as a student counsellor. I am not sure why, but I observed that a focus on action did not require a focus on feelings, which appeared challenging for most of my clients.

When change has been noted by the counsellor or client, developing a thick description of the action(s) that led to or evidenced that change has the potential to reinforce the client's sense of agency and hope for further change. (Collins, 2022, GCAP 633: Unit 2)

Promoting intrinsic motivation, I observed, was well received by my clients. Although they presented with concerns on a macro level, promoting intrinsic motivation allowed them to evaluate their situation through their own lens. It provided them with a moment to highlight what they felt they did well. I would typically follow this with the question, "What do you think that says about you?". Being a racialized student counsellor, I often saw my clients would not go into details because they assumed I could relate. Instead, I would get a partial answer followed by "You know what I mean." I had to find creative ways to avoid this type of interaction. I made up the approach, but I was initially unsure what I was doing. This is an example of invisible work I had to engage in.

> Empowerment is a common technique in feminist and multicultural counselling models. The process of actively engaging in constructive collaboration though an egalitarian relationship with clients is foundational to client empowerment. The counselling process is demystified, therapeutic goals and processes are actively negotiated, and client perspectives are foregrounded. When a systems lens is applied to locating both the problem and the target of intervention, empowerment becomes an important process for supporting clients to change the contexts that negatively influence their lives, at the micro (i.e., individuals, couples, families), meso (i.e., schools, organizations, or communities), and sometimes even at the macro levels (i.e., broader social, economic, or political systems). (Collins, 2022, GCAP 633: Unit 2)

Empowerment for self-advocacy was another technique that I often used with my clients. Reviewing text within this course, system lenses were addressed to locate the presenting concern and the intervention. Still to this day, I am not clear on how I can support a client to change the context that negatively influences their lives on the meso and macro level. I went through the textbook as well, and again these discussions were missing. I acknowledge there must be some self-learning beyond this program, but I specifically took this program to be a psychologist supporting racialized populations, and

from personal and placement experiences presenting concerns often fell within meso and macro systems.

Another aspect of empowering for self-advocacy is counsellors educating their clients on self-advocacy.

It is important to note that I am unaware of other techniques that could be used in these types of

situations. Although self-advocacy is great, it is very individualistic in nature, which places emphasis on

the person to advocate for themselves and create a sense of isolation. In this course, I would have liked to

see what educating clients about advocacy would look like in a counselling session and other techniques

that could be used. Specifically, I would of liked to learn how to teach and support clients with situations

where they feel they are being discriminated against, targeted, or ignored.

Working With Emotions

The below quote is an example of how I was taught to work with emotions in the course.

"To be optimally effective with clients, counsellors must learn to *lean into* strong emotions,

creating the space for clients to express feelings they may tend to avoid, or lack safe environments

for such expression." (Collins, 2022, GCAP 633: Unit 4).

Leaning into strong emotions with the clients I was supporting was tough. I noticed specifically talking,

identifying, and sitting with emotions was challenging for my clients. I attempted to find a balance

between meeting them where they were at, while not avoiding the conversation of feelings and emotions.

My supervisor highlighted the importance of trauma-informed approaches. Some clients have been raised

not to express or acknowledge certain emotions, or there is a lot of trauma associated with them. This

ties back to intergenerational trauma that was taught in GCAP 633, but as I have mentioned before,

lumping racialized issues and how to address these issues in counselling is not the appropriate approach. I

learned about Indigenous intergenerational trauma, which is very specific to the population. So I

wondered why have I come to a point where I am supposed to apply the knowledge acquired during my

studies and still have difficulty with application? I was taught in a very specific way that limited my

understanding of intergenerational trauma. This can serve as an example of why specific topics within cultural psychology courses cannot be generally taught while some can.

Paré (2013b) cautions against making universal assumptions about emotion without carefully attending to cultural identities and context. He argues that, "given the merits of both these universalist and relativist views of emotion, it makes sense to empathically acknowledge clients' expressions of feeling while also continuing to be curious about what is unique about their emotional experiences" (p. 372). Emotion is one of the ways in which we all make ourselves understood; however, we may each also have idiosyncrasies related to the expression of emotion that only those closest to us understand. (Collins, 2022, GCAP 633: Unit 4).

Drawing the client's attention to the expression of emotion through nonverbal behaviour, or to bodily sensations related to emotions in the here-and-now, is a very effective way to invite exploration of emotional content.(Collins, 2022, GCAP 633: Unit 4).

Supporting my clients to locate feelings in their bodies was especially challenging because I struggle to do it myself. Unconsciously, I have grown up to align with the notion of being a *Strong Black Woman (SBW)*. The SBW archetype is a cultural ideal that portrays black women as strong, self-reliant, nurturing, resilient, and invulnerable to psychological or physical challenges (Woods, 2013). The significance of this archetype suggests an internalization as an ideal that many black women strive to achieve, which may promote effective coping despite ensuing hardships (Woods, 2013). This archetype, however, can also be problematic as it narrowly defines acceptable behavior, where black women also suppress any outward appearance of physical or emotional distress (Jones & Shorter-Gooden, 2003). For instance, someone who identifies as a Black woman who is told she is *strong* by her therapist may be left feeling that she is required to live up to the therapist's expectations to be heroin and therefore cannot be free to share her weaknesses and vulnerabilities (Williams, 2020). In comparison, a well-meaning

therapist could provide this form of praise without awareness when delivering it from a discourse of counselling psychology that is intended to foster resilience (Jefferis & Theron, 2018).

For me, this meant that even when circumstances get hard, I push through despite adversities, and do not disclose how I actually feel. In addition, being socialized from a young age, women who look like me experience the world very differently and letting anyone see my weakness was not an option. These self-reflections came to light during my practicum experience, where my supervisor, who is a Black therapist, encouraged me to process this part of my identity. I am thankful for this, and question if she was not Black, would this level of self-reflection and support be available? This is when I realized the privilege I have as a racialized student counsellor. There are only certain insights any professor or learning institution can bring without lived experiences. With this being said, should learning institutions co-create courses with psychologists who bring various voices to the discourse? Should this be the new standard?

Tracing Thoughts and Beliefs

The below quote is an example of how I was taught to trace thoughts and beliefs.

These external narratives might manifest in particular values, interactional patterns, expectations, norms, and so forth. The counsellor invites the client to engage in critical reflection on these narratives. You will see similar techniques to those you have worked with so far to separate the client from unhelpful discourses (e.g., externalization), to invite critical reflection and perspective-taking, and to generate and evaluate alternatives (in this case, alternative narratives or stories). (Collins, 2022, GCAP 633: Unit 3).

Deconstruction appeared to be helpful in my counselling sessions as sometimes the presenting concerns of my clients had strong ties to their cultural origins. One of my clients asked her Trinidadian grandmother to respect her boundaries and triggers. Using deconstruction, my client traced the problem

to a wider cultural way of thinking. Also, it brought about client awareness that through her experiences of in-patient and out-patient treatment, she developed a vocabulary that differed significantly from what her first-generation grandmother understood. This translated to concrete goals that addressed the disconnect between how her grandmother was trying to support her and how her psychiatrist taught her to support herself. The homework she was being given from her psychiatrist was essentially creating more conflict in the household, which led her to seek a Black counsellor who she assumed would be able to help. It was an awkward position to be in because she was already receiving treatment from a psychiatrist who appeared to be supporting her well. Still, some cultural factors weren't considered, which created a disconnect within the home. My role was to help my client understand her position within the context of being a granddaughter of a first-generation Trinidadian woman. Although both provide conflicting messages, I had her highlight what it means for her and her treatment goals.

Another example is when I supported a young woman who was second-generation Ethiopian. She was formally diagnosed with depression, which required medication and counselling. Her family did not trust medicine, even though it made her feel better. She essentially stopped taking her medication and attending counselling due to the pressures of her family members. It resulted in her life changing significantly. Her parents, not understanding depression, thought she was "lazy". She sought a Black therapist because she needed someone to help provide her with the tools to help her parents understand what she was going through. Again, this was another situation where I tried to refer to my course notes about how to explain Westernized concepts to people who were born in a country where depression is not discussed to this extent. I couldn't find anything. Instead, I resorted to deconstruction, promoting intrinsic motivation and self-advocacy. These moments brought up a further reflection on my learning experiences. In our Athabasca program, I learned how to counsel with the assumption that the person sitting in front of me would eventually buy into what mental health, coping, triggers, and all those other

terms were, but the reality is that might not be the case given their cultural background and how they were raised.

I had to engage in invisible work to integrate culture into practice as I went and tried to attend to my clients' needs. I did not know for certain deconstruction could be adapted in that way. I was taught to acknowledge culture in practice, not the various ways it can be integrated into tangible steps. Further, I questioned if this was something I was supposed to learn in school or if this was something I had to learn how to do on my own. My fear was without guidance about if I was doing it the right way, I could not for certain state I was doing it correctly and possibly cause harm. Either way, as a student, I struggled to find literature outside of Paré that somewhat spoke to this.

End of GCAP 635

GCAP 635 played a significant role in how I engaged with my clients. As I completed my practicum placement, I identified cultural pieces left out of this course that had implications for the work I did with racialized clients. I have illustrated through sharing my experiences that a lack of cultural awareness impacts the counsellor's effectiveness and overall therapeutic success in clinical settings. As I was trained to engage with my clients in a particular way, it is equally important for students to understand how it may vary in practice and what they can do if it does. What is currently missing is guidance for all students on how to integrate culture, which goes beyond identifying micro-skills and domains, it requires intentional practice with what integration may look like, which provides students with skills to adapt.

GCAP 691- Methods of Inquiry

At this point, I am coming to the end of my second year and there have not been many opportunities where I have felt comfortable speaking to the disjunctors I have identified through the program. GCAP 691 served as an opportunity for completing my second year on a different note as my

final assignment, my literature review, initiated the initial thoughts about this research topic. The support I received during this course made my experience different from the others. I will share how I engaged with the course content and activities and how the support offered provided a different experience than the rest. This part of my auto-ethnograhy can serve as an example of how instructors can support racialized students.

Foundation of Research

The purpose of GCAP 691 Methods of Inquiry course is for students to understand the nature and purpose of research, evaluation, and various methods of inquiry (Wong, 2022). Specifically, this course focuses on the theoretical, conceptual, and applied nature of research to provide students the opportunity to gain information, insight, and experience in proposing, conducting, analyzing, evaluating, and reporting research. Throughout the course, I engaged in reflective practice on both the process of conducting research and evaluation and my roles and positioning within that process. I aimed to seek clarity about my thesis and how I could move forward with my topic interest – supporting POC within counselling practice.

> The first step in the research/evaluation process is to develop a rational and purpose for conducting research or evaluation. Check out the section on Reasons for Doing Literature Reviews in Mertens (2020) Chapter 3, pp. 89–92, and compare literature reviews for planning primary research with literature reviews as an end in themselves. Then read Section 4.2 Understanding Literature Reviews in Collins (2020), Professional Writing in the Health Disciplines. You are mostly likely to write a traditional, narrative, or conceptual review (or draw on elements of each) in Assignment 1. Finally, read Collins (2020) Section 5.2 Structuring Your Literature Review for a broader perspective on how the professional literature functions as a foundation for process of research design. (Wong, 2022, GCAP 691:W1).

It was quite easy to explain the rationale and purpose of my research in my head. I was coming from a place of lived experience. We need to understand the unique approach to support Black people because race and history impact approach and style. My concern was articulating this to the larger audience without making others feel I am saying other races are not important and unique and avoiding making people uncomfortable. With the rise of conversations about equity, diversity, and inclusion considering George Floyd's wrongful death, currently, I feel comfortable talking openly about racial concerns, but I was completing GCAP 691 in 2019. At time I felt differently, so figuring out how to position myself and my research topic was my focus.

As I progressed through the course, I began to question if the topic was appropriate. Conversations with my peers about epistemology, ontology, methodology, and axiology, and paradigms made my topic seem unrealistic for a master's thesis. As I did my own research to understand what it could mean, I became overwhelmed with how I could articulate myself. It appeared other students had a clear understanding, but I struggled, and I did not know if this problem started with me or how the course was structured. As I was asked to complete other tasks and activities with group members, I was constantly trying to figure out if my topic was realistic.

In week three, I began delving into qualitative research methodologies and only found one that appeared to be the most appropriate, which was participatory action research (PAR). The problem with choosing this approach as a research methodology was it entails participation and action by members of communities affected by that research (Baum, 2006). At this time, I was the only Black person I knew in the program and had no ties to the Black community to conduct this research. It was as if the more I was learning about research, the more uncomfortable I felt with my topic.

My first assignment deadline was quickly approaching, and I was panicking because I wanted to use what I articulated in this course as part of my thesis. In addition, I would not be considered for a

thesis exit if I did not do well in this course, so the level of pressure I placed on myself in comparison to my peers was different. Reaching out to my professors about my experiences had not been my approach in the past. The professor I had for this course was very open and honest about her culture and history, which created a sense of trust. As a result, I shared with her how I was feeling and how I have been feeling in the program. To no surprise, she validated my experiences and encouraged me to continue with my topic despite my hesitancy. Hearing from someone else for the first time my topic was relevant gave me the courage to continue with what I initially wanted to do. I knew at this point the person who would be receiving my topic would be receptive to what I had to say.

Research Support and Clarity

It is easy to say any professor should be receptive to their students' work, but I have lived experiences of professionals and educators becoming uncomfortable with the topic of race, especially if they are not racialized themselves and not well versed in Black issues. Race, in my experience, creates uncomfortable conversations. I needed to hear that if I went through with my topic, the person reviewing my work would be open, and that is what I received from this professor from the beginning of the course. I submitted my assignment and did very well. What I concluded and has stayed with me throughout my thesis with regards to the purpose and significance of my study was:

> To gain an understanding of Black youths' experiences with regards to mental health diagnosis and access to psychological services. Further, to use this awareness and understanding can be used to integrate the culture, context, persona, and family history to improve the development and delivery of culturally appropriate mental health services. Also, counsellors need relevant training and support in developing effective communication strategies to deliver individually tailored and culturally sensitive care. (Smith, 2019, GCAP 691, Assignment1Pt1)

My instructor continued to support me throughout the course. I began feeling more comfortable talking about cultural considerations. Now reflecting on my experience, I believe another fear I had was no one responding to my discussion posts but I remember my instructor responding to all of them. She asked questions and challenged my way of thinking, so I was also considering the ethical aspects and risks associated. To my surprise, other students joined as well, which created an even more inviting space to share freely. I vividly remember wishing this was my experience from my first course as it created *safety* for me to show up authentically. What worked well with me in this course was there was a lot of room to make this experience mine. I will share some of the activities that stood out to me that provided space to reflect on my own values, culture, and worldview and their relation to my research topic and approach. I believe having this level of autonomy in this course coupled with the support of my instructor gave me the confidence to continue with my thesis exit route.

Literature Review

The activities I engaged in during this course were intended to help me formulate a foundation for my inquiry as well as design and conduct ethical and culturally sensitive research (Wong, 2022). Additionally, teach me how to critically evaluate literature that I drew on for future assignments, decisions I make in working with my future clients, and my journey as a psychologist. Initially, some of these activities involving paradigms created more confusion about my direction and understanding of my research, but as time passed, with support, it became a priority to complete this course with the foundation of my research.

> For Assignment 1, you will write a literature review as a foundation for research on the topic area of your choice. You won't actually conduct this research, but you will learn how to position potential research within the body of literature pertaining to counselling psychology. Please carefully review the requirements of Assignment 1. You are expected to follow the guidelines in

Collins (2020), **<u>Professional Writing in the Health Disciplines</u>** for each component of the

assignment.(Wong, 2022, GCAP 691:W1)

As mentioned, in comparison to my peers, I actually wanted to conduct this research, so the added

pressure I created for myself made moments very heavy for me. When I refer to heavy, I mean in the

sense of overthinking and doubting. I would flow through moments of confidence and then doubt

throughout the course. Confidence came from moments of clarity when my topic made sense. Doubt

came from being new to the research process and my topic in relation to the others in the field. This is

where mentorship played an essential role in my completion and overall success in this course. My

instructor who was very comfortable with discussing culture and well versed in research served as a

strong ally and resource during my journey.

"Drawing on directives for conducting culturally responsive and socially just research in the Week 6

Wiki, reflect critically upon on your own worldview, values, cultural identities, and social location in

relation to conducting research. Reflect upon the following questions:

- How might your cultural lens or values influence the problems in which you are interested and the

    questions you might ask?

- How might your social location pose benefits or barriers to working with either dominant or

    nondominant populations?

- What potential personal or professional assumptions or biases might you need to monitor?

- Which continued competency goals might you need to set to increase your comfort and

    competence in working with marginalized populations?" (Wong, 2022, GCAP691 W8

End of GCAP 691

Sharing how monumental this course was for both the formulation of my research and developing a

sense of belongingness in the program, this activity would be considered one of the most memorable

points for me. Positioning myself in my own research required vulnerability. As previously shared, being vulnerable was not my strong suit given my determination to always be perceived as strong, which I am not. This activity encouraged me to begin to unpack this. Specifically, it assisted me with establishing what about my research is so important and the purpose of it. Further exploration helped me develop my standpoint, which helped me in the Advanced Qualitative Research GCAP 693 course.

<div align="center">**Year Two**</div>

GCAP 693- Advanced Qualitative Research

Reviewing the text within GCAP 693, not much came up regarding the organization of culture. The only aspect that was identified was the audience of the Advance Qualitative Research course is nurses. It is understood that GCAP is an applied psychology program, but there are opportunities for GCAP students to complete a thesis, so why isn't the course speaking to both consistently? The space did not feel welcoming to GCAP students, which I did not understand given the opportunity presented.

Needless to say, most of the students in the course came from the nursing program. With this, the course route they have taken in comparison to the counselling students placed them in a very different position than us once they began this course. They already had thesis statements and supervisors already established. Although it was clarified as to why certain students were in a different position compared to the rest, it was still an intimidating and uncoordinated process to be a part of. For some discussions that took place, I felt I was not in the position to speak to because I was nowhere near that point in my research. One would think because I was surrounded by other students who were ahead, I would feel comfortable sharing where I was at for support, but that was not the case for me. Looking at their topics of interest, none spoke to equity, diversity, inclusion, or culture within their profession, so there was hesitancy on my part. I was already on the fence about my topic and approach from GCAP 691, so I didn't have the confidence to present to others I didn't know about such a sensitive topic. Given my

moments of isolation in my program, to transition into a new space and feel the same sense of isolation was not welcoming.

Overall, as I have explained, when courses are taught in a way that is not inclusive of all the students, it marginalizes students' personal and educational experiences. How this is related to this specific course is this was a space where students from various disciplines were supposed to come together to learn about qualitative research. Speaking to one discipline instead of all marginalizes students' experiences, voices, and learning opportunities. Although this project focuses on the construction of culture within counselling discourse, an overall review of tone within academic courses should be a focus for course development moving forward.

GCAP 632 - Professional Ethics

History of Ethics

Ethics courses were my favourite courses during my graduate and undergraduate studies. Ethics is an important requirement in psychology, particularly as it relates to therapy and research. There are codes and mandates, and it is enforceable. With this being said, ethics is also institutionally organized. While many laws exist to set basic ethical standards within society, psychology's professional standards are largely dependent upon the American Psychological Association (APA) to develop a code of ethics, with the first version written in 1953 (American Psychological Association, 2015). With this, each revision has been guided by a set of objectives:

> to express the best ethical practices in the field as judged by a large representative sample of members of the APA; to reflect an explicit value system as well as clearly articulated decisional and behavioral rules; to be applicable to the full range of activities and role relationships encountered in the work of psychologists; to have the broadest possible participation among psychologists in its development and revisions; and to influence the ethical conduct of

psychologists by meriting widespread identification and acceptance among members of the

discipline. (Hobbs, 1948, p. 80)

Given the time the APA code of ethics was established and what I have shared in my literature

review about the profession being dominated by white males who pathologized and engaged in unethical

practice on POC, it can be assumed that ethics were not originally constructed from a place of cultural

sensitivity and inclusion. With this, it creates curiosity for me about the evolution of the document and

what it has come to be today. Working with clients and conducting psychological research can pose a

wide variety of ethical and moral issues that need to be addressed. The CPA ethics code provides

guidance for professionals working in the field of psychology so that they are better equipped with the

knowledge of what to do when they encounter some type of moral or ethical dilemma. Some of these are

principles and values that psychologists should aspire to uphold.

Ethics and Culture

The following quote illustrates how we were taught to position ethics and our moal beliefs.

"These theories, however, do not stand in isolation from our personal beliefs and values, nor from

the values in the societies in which we participate every day. Who we are as individuals, complete

with our myriad life experiences, influences the theories we are drawn to, which in turn influences

the way we approach ethical problems. In this lesson, you will also reflect on the origins and

development of your moral beliefs. (Nuttgens, 2022, GCAP632 W2)

As I navigated this course, I experienced a lot of internal conflicts as I reflected on my personal,

religious, and cultural beliefs in relation to the literature.   For instance, I grew up with cultural norms

that did not support speaking about personal conflicts with strangers. My worldview expanded because

of my education but applying these views to my personal life was challenging. When cultural norms

conflict with professional principles and values as a student counsellor, where is the balance?

"Increasingly, however, counsellors and psychologists are looking beyond the individual to consider ways in which social and cultural forces contribute to and shape the expression of individual problems, thus shifting the sole focus of intervention from the autonomous client to the client in context. With this shift comes ethical questions involving the role that counsellors and psychologists ought to play in addressing the social conditions that give rise to individual problems"(Nuttgens, 2022b, GCAP632 W4)

As previously stated, within my Caribbean culture speaking to strangers is frowned upon. In addition, opening up about racialized issues can be challenging in itself. Talking about race has widely been seen as a controversial topic. As shared in my literature review about police brutality within Black communities, there are some people who do not see the relations between black populations and the police as an issue despite the alarming statistics. When I constantly witness injustices and see people who justify them, it creates hesitancy on my part to discuss these topics because I do not know how that person will respond. In counselling practice, it creates another layer of complexity to be required to open up to someone who has not made it clear their efforts to understand racialized issues. According to the CPA Code of Ethics, psychologists need to "Be sufficiently sensitive to and knowledgeable about individual and group characteristics, culture, and vulnerabilities to discern what will benefit and not harm the individuals and groups (e.g., couples, families, organizations, communities, peoples) involved in their activities" (CPA, 2017, p.20).

The College of Psychologists of Ontario (CPO) mentions the role of equity, diversity and inclusion in the profession by stating "while advocacy falls outside of the College mandate, we do have a key role in providing guidance and resources to our members that empower them to employ sound clinical and ethical judgment in making decisions that will benefit the individuals, families, and communities being served." (College of Psychologists, 2022). As I continued to explore the website, it appeared there was no

specific reference to cultural sensitivity with obtaining licensing. Instead, they spoke of identifying any regulatory practices that may reflect systemic prejudice or discrimination as one obtains licensing and how programs need to be accredited in Canada.

Previously, I wrote about my program's focus on Indigenous issues and the relations that informed this being mandated by the Truth and Reconciliation Commission of Canada (TRC). To me, this means all counselors are mandated at minimum to understand Indigenous, but not required to delve into other specific racialized issues within counselling. Looking toward Psychology Today, which is a media organization that features therapy and health professionals' directories, some psychologists were explicit about their knowledge and commitment with regards to embedding cultural sensitivity and EDI into their practice while others are not, which poses the question "How comfortable are all counsellors with these topics and are we all being trained the same way?". If so, why aren't all psychologists more explicit with how they embed it into their practice if cultural awareness is considered an integral piece of effective counselling? This is currently not being considered.

Perception and Ethics

Ethics is foundational to both research and practice, so how students understand and perceive ethical principles is critical. "Ethic of care (discussion forum). For this learning activity, come up with three or four concepts or values that you think are especially pertinent to fostering respectful and collaborative conversations." (Nuttgens, 2022, GCAP632 W1). Engaging in this discussion was particularly interesting because most students had similar responses about establishing therapeutic alliances. I was the only student who mentioned fostering safety. A student questioned the difference between establishing therapeutic alliance and safety as they should come hand in hand. The extent to which I can provide an explanation now compared to third-year has expanded tremendously. Explaining the difference is less about my personal experience and more about the shared experience that is often communicated in

various ways (non-verbal body language, hesitation, resistance, reluctance, "wall up") but often overlooked. To further expand the idea of safety within the clinical setting, the foundational knowledge my literature review presents illustrates creating safety for specific populations needs to be intentional. In week four, Nuttgens stated "Analyze critically the ethical and legal obligation to understand and regard diversity within the Canadian multicultural society. Synthesize the major themes in professional codes and guidelines that address the ethics of multicultural practice." (Nuttgens, 2022, GCAP632 W4).

Reviewing these learning activities, I believe Canadian multicultural society can be understood in two ways depending on your lived experience. First, it can be understood as various cultures within Canada (mosaic). Alternatively, it can be understood how multiple cultures come to Canada where organizational structures and intuitions require one to conform to be accepted (melting pot). Being second-generation Caribbean, I grew up understanding Canada to be a melting pot rather than a mosaic. I agree there is a visible representation of various cultures amongst the public. However, my experience was systems designed to support people who have migrated here still are left unsupported. An analysis or synthesis of professional codes was challenging for me because I could not see how those codes addressed the ethics of multicultural practice. I was at the beginning stages of recognizing the conflict between cultural and professional values. They were both very important to me, and I wanted to hold both, but it was not feasible.

Representation and Rural Practices

Based on my lived experience, there are not a lot of Black or racialized psychologists in the greater Toronto area. Currently, there are no metrics that exist to capture the racial disparities in the profession. According to APA (2022) only 2 percent of the estimated 41,000 psychiatrists in the U.S. are Black, and just 4 percent of psychologists are Black. With the rise of systemic and political racial issues, it has been observed that people who are seeking support look for support from those they assume they

can relate to. In this ethics course we were taught to "Recognize boundary concerns that accompany rural practice and identify strategies for managing dual and multiple relationships that inevitably occur. Understand and manage the ethical tension between the therapeutic benefits of self-disclosure and related ethical concerns" (Nuttgens, 2022, GCAP632 W9).

Dual and multiple relationships were common during my practicum placement. I facilitated group discussions where some of the participants were my clients. I rationalized this as being ok given the limited support available. As I have learned, there were boundaries established to manage these types of relationships. I was challenged on this. I attempted to justify and bring in the ethical guidelines regarding working in rural areas with Indigenous people and questioned why the same principles cannot be applied to Black people. As stated in my literature review, there are limited appropriate resources available for Black people within the Greater Toronto Area. Coupled with this, there are few professionals that are explicit with providing support to BIPOC communities. As a result, seeking multiple services within one organization made sense, and providing both group and individual counselling did not feel ethically wrong. Despite my attempt to justify the dual relationships, it was still unclear.

End of GCAP 632

Ethics remains to be one of my favourite courses. The study of ethics helped me critically look at my own life and evaluate my actions, choices, and decisions. How this course accomplished this in comparison to GCAP 631 is given ethics are tangible guidelines that are enforceable, I was often placed in a position where I had to decide if this profession is for me because I do not have autonomy when it comes to these codes. It helped guide my thinking about morality and face the disconnect between my cultural values and beliefs and ethical practice. I still have a lot more work, but I have realized that it is a journey like most aspects of learning. The culture within the ethical practice has a role for both the

counsellor and the client. With this, the counsellor has a responsibility to understand how both have implications for counselling practice.

GCAP 634 - Assessment Processes

Assessment processes and practices have been a controversial conversation in my community for a while. I attempted to enter this course with an open mind despite personal experiences with assessment processes that have misdiagnosed my family members. This course simply teaches about various assessment processes, which evoked many negative feelings in me. Attempting to remain objective and responsive to the material was unique to my learning experience.

History, Culture, & Assessments

In week one, we were asked to reflect what assessments mean for us.

A*ssessment:* What does this word elicit for you? The terrible tests you took some time in your K-12 school career? An exercise you undertook to explore your career interests or aptitudes, the fit between you and your (prospective) spouse, or something that established a label for you or a loved one as "learning disabled," or some other such diagnostic term? A test you, or someone you know, took to try to get into medical or law school, an MBA program, or another graduate program? (Chang, 2022, GCAP634 W1).

Assessment for me went much more than what it can suggest it means for some. Assessment meant inferiority, pathology, and cultural deprivation. Historically, assessments were created to blame my ancestor's cultural beliefs, values, and practices for their lower scores on tests, with the idea that minoritized cultures are inferior and assimilation into the majority culture is desirable. The tone I perceived from this course was not to delve into the controversial issues with assessment. Week one is not appropriate to start these discussions either. Requiring students to reflect and share their experiences with assessments within week one illustrated to me that there was no consideration of negative cultural

associations students could draw on as they participated. This places students like me to either not

participate or lie and not fully engage in the activity. Both narratives represent a disruption in students'

learning. Given the nature of the course, as it pertains to culture, there were minimal instances as I

reviewed the text within the learning lessons that evoked a reflective response. Most were in response to

participating in the learning activities.

Assumption: Trusting the Process

With your partner, you will do a series of three interview segments that will simulate an intake

interview with a client. You will use and further develop your counselling skills and develop a

case conceptualization and goals, using elements of your preferred theory.

Interviewing and assessments with clients that are reluctant, misinformed, or overall do (Chang,

2022, GCAP634 W2).

Not trusting the process due to historical mistreatment is a topic that was not covered in this

course but can serve as very relevant when counselling individuals who are racialized. Intake interviews I

believed were different with my racialized clients than non-racialized for the following reasons: I

observed confidentiality as a significant contributing factor to some of the racialized clients'

comfortability level with proceeding with counselling; and any form of clinical jargon and pathologizing

appeared triggering. For instance, instead of using the term "anxious" stating "extremely worried"

seemed to better resonate with the client. Another example was instead of using the term mental health

concerns, I would refer to it as a challenging period. All in all, any form of intake or assessment tool I

used had to be adapted and reframed with anti-oppressive, strength-based language. I was taught about

strength-based counselling throughout my learning experiences, but when it came to assessment and

adapting for racialized clients, it was not clear how to do this while staying true to the tool's purpose.

Emotional Support for Racialized Students

Keep in mind that in your practicum you may be seeing clients with unfortunate and tragic stories, doing your best to be helpful. So please reflect on how you will develop ongoing practices to meet your needs for emotional support and rejuvenation as a practicing therapist. (Chang, 2022, GCAP634 W3).

From a racialized student counsellor's standpoint, emotional support cannot be a check-in. I need someone who specifically understands what I am going through or someone who has intentionally sought to know how navigating in this world within the same spaces as non-racialized students are different. When clients identify as the same race or cultural background as you and stories mirror your own, there are a lot of emotions that come with this. I have looked for resources to support me through this. I do not want my lived experiences to impact my professional responsibilities, but I needed support to navigate this. I think, given my circumstances, I should have had ongoing emotional support. I questioned if my experience was the same as other students that supported people of the same race or cultural background, or was it a me thing?

Clients usually come to counselling with a statement that something is amiss: Things are not as they are supposed to be; something is wrong. So of course when they meet us for the first time, they describe what's wrong. This is a good start. It is important to listen to client accounts of what is wrong very carefully, but it is usually not adequate to stay with descriptions of only what the client does not want (Chang, 2022, GCAP634 W4).

End of GCAP 634

What if what is wrong is systemic and institutional rather than personal? Most of my clients' presenting concerns pertained to systematic issues at work, at school, and in the health system. As it pertains to assessments, where is the appropriate "good start" when the situation is embedded in the everyday life experience of a racialized person? There was an activity in week five asking students to

take clients' expressed concerns and help them formulate measurable goals. How can student counsellors

co-create smart goals out of situations beyond the person's control when is this is embedded in

society's way of knowing? As we discuss how these courses were meant to build on one another to place

me in a position to engage in ethical counselling practice. A realistic approach to the application of this

was not clear for me in this course, nor was it in other courses to adequately prepare me for GCAP 681

and 682.

Year Three

GCAP 681 - Counselling Practicum I and GCAP 682 - Counselling Practicum II

Throughout my IE, I have extended the invitation to further consider, from the standpoint of a

racialized student, an example of how culture is taught and performed in counsellor education, with

implications for supervised student therapeutic practices and beyond. From year one until my practicum

experience, I have shared how course curricula were structured in a way that limited my understanding

and readiness for my internship. I had the amazing opportunity to work for one of the most well-known

organizations in the Greater Toronto Area (GTA) that provides various supports for people with a central

focus on racialized people.

To be transparent, it was challenging for me to write this section as my thesis supervisor is the

course author. With the intention always to bring clarity to others on how this work can be taken up by

students who look like me, I do not want any author of my program to take this body of work as if they

have not done their job because they have Additionally, there are aspects that could be included to

strengthen the approach of the development of courses and how students are supported. I hope sharing

my experience with GCAP 681 and GCAP 682, despite the dynamics I have with the course author, can

serve as an illustration that this has nothing to do with the authors, but more with how course curricula

construction can impact someone's learning experience.

Learning Through Experience

My practicum experience clarified everything I was missing from the program. Foundationally, I was provided with the skills and knowledge to be a great counsellor. Still, aspects were missing that would have made me a great counsellor whose supervised practice was to support racialized clients from various backgrounds. The first aspect was during week one, when I was asked to reflect on the integration of social justice into my counselling practices. Although integration of social justice has been discussed in the program multiple times, integrating social justice with racialized clients and being a racialized counsellor was different than I expected.

Firstly, I was taught to ask questions to understand the client's lived experience. I often would fall into "I know exactly what they are talking about" in my head, but did I? I had to catch myself often as shared lived experience did not necessarily mean shared meaning. I asked the questions to avoid this even though I felt I knew the response. This sometimes backfired because my client would respond, "you know as a Black person" or "this never happened to you?" This often placed me in a position where my client expected me to be able to relate. As I have highlighted, safety and trust are important in all relationships, but it is especially important for people who experience systematic oppression, racism, and discrimination on an ongoing basis, as outlined in my literature review. I observed my clients often connected with me because they assumed I could relate. This could also relate to the notion of exhaustion and having to constantly explain yourself. I personally find this less likely to happen with another racialized person; it is like they get it without an explanation. I felt this pressure from my clients to "get it" and I got it most of the time, but what does that mean for me as a counsellor? Am I skipping corners? Am I making an impact? Is what I am doing in my sessions not necessarily aligning with what I was taught? I was overall confused, and up until it was brought up by my practicum supervisor, these types of power dynamics and relationships were not discussed.

Working With an Anti-Black, Anti-Racist, Anti-Oppressive Lens

During week two, I was asked to become familiar with the theoretical and metatheoretical approaches to counselling that I will be supervised utilizing during my practicum placement. At my placement, we worked with an anti-black racism lens. In my program, I was not taught this way, and my practicum placement was my first introduction to this approach. Working with an anti-black racism lens meant creating spaces for Black people to use their voices. As a counsellor, I encouraged my clients to empower themselves and to help identify spaces for representation. This includes seeking support and safety in spaces with people they connect with for mentorship. I included their stories, culture, and lived experiences in the type of homework I provided.

Further, I learned to promote and engage their success, creativity, art, experiences, and identity in spaces where they once felt ignored and isolated. This appears to be standard practice but bringing an anti-black lens to my work was different than what I had been previously taught. In my program, I learned how to address culture in a specific way. It was intended to be applied universally to various cultures, but this was not feasible. I had to be creative and did a lot of further learning to place me in a position to support my clients. The fact that I am Black played a significant role as I had to understand what anti-black racists practice would mean for me. For the students that do not have lived experiences to reference from, what does this mean for them and their future practice with Black people?

Gaps in Discourse and Practice

When we do not consider issues of oppression and inequality in our understandings of client characteristics, we run the risk of unintended continued marginalization of people surviving in disadvantaged and oppressive conditions. (Doyle, 2022, GCAP 681 W4)

Experiencing oppression and inequalities growing up highlights the importance of ongoing learning and understanding of issues of oppression and inequity. What does that mean for students who

do not have this level of insight? What does continuous learning look like when they are not exposed to such? What is currently missing in counselling psychology curricula is what it requires to engage in ongoing learning regarding culture.

Starting GCAP 682, I was more confident as I was more comfortable with the new space and was more open to embracing it. I started GCAP 681 confused, scared, and uncertain about what was next for me in my career. During the first week of GCAP 682, I was asked to reflect on where I was at in relation to where I started and articulate my hopes and goals for the second half of the practicum experience. I vividly remember wanting more from the course to provide further guidance, but I wondered if GCAP 682 would give it or if it should have been presented in previous classes. I was hoping to learn more about supporting racialized clients and how to incorporate a social justice lens with various groups rather than going off on my lived experience. I was hoping to receive clearer guidance on integration with intersectional identities while simultaneously addressing race trauma. Further, I was looking for more sharing from classmates with unique complex cases that require various levels of awareness, such as culture, social justice, sexuality, class, and trauma. Specifically, I wanted to know how other students discovered where to start, and if there is any literature to speak to support this?

The Wave of Emotions

> Counselling can be seen as a series of attachments and separations with clients. Because a counselling relationship is one-sided, because the counsellor is the caregiver, it may be tough to balance care for self and care for others. (Doyle, 2022, GCAP 682 W2)

As I experienced countertransference, this was significant for me. Sometimes my clients brought up feelings I believed were addressed in my past. I learned just because you heal from something, it doesn't take away from the fact it hurt. I began to doubt my emotional stability as a psychologist. I sometimes would catch myself emotionally moved by my clients who had similar experiences because I

could relate so much, did this mean I'm not fit to be a psychologist? It appeared my clients were further

drawn to counselling because they assumed I could relate, which strengthened the therapeutic alliance.

What did that mean for me and my healing and stability? Up until this point, I have learned from

a lens that assumes the client is racialized and not the practitioner; self-reflection about these issues

remained silent in this program.

During week two of GCAP 682, I was introduced to the term "grad student guilt" by the author of

the course. This refers to that nagging feeling when a person is engaged in something other than their

studies or work, and they feel they should be writing, reading, or being academically productive. This

resonated with me. Not because I felt guilt, but because I thought it was necessary to disconnect. I had to

disconnect from all the similar stories I listened to. If I did not, I would be consumed by them. I

felt more incompetent than guilty that I had to do this to remain present in my sessions.

In week three, the purpose of the discussion was to alert students to the phenomena of

countertransference, burnout, compassion fatigue, secondary traumatic stress, and vicarious

traumatization to recognize the effects of each and develop strategies for dealing with each of them. By

the time I entered GCAP 682, I had experienced most of those phenomena. As I mentioned earlier, I was

looking for guidance, but it appeared developing strategies for dealing with them was my job. Taking on

this responsibility, I sought to use this space to understand what other students were doing. The drawback

was the context in which they were speaking about it, and how I experienced it was very different. Most

students spoke to sad stories that were difficult to disconnect from. In contrast, my experiences were

highly associated with who I was as a person, my ongoing lived experience, and who I aspire to be as a

counsellor. Engaging in suggested activities of yoga and meditation were not s appropriate strategies for

my circumstances, and I still was not clear what was.

An Example of How Literature Can Be Perceived

In week four, we were asked to review two articles. The first was Collins, Arthur, & Wong-Wylie (2010), who provided a 13-step framework to assist counsellors with utilizing a cultural audit of their counselling practices. The second was the inconclusive struggles of cross-cultural psychology by Doob (1980). Each article evoked different responses. As a student, I believe any literature or tools that can provide frameworks are helpful. It serves as something the students can refer to and ensure they are doing what they intend to do correctly. Cultural auditing frameworks can be seen as a starting point for counsellors to account for reflections on self, clients, and the working alliance.

In comparison, Doob (1980) was triggering for me. The article used terms such as "investigate" and "exotic people" as if people outside of western society are some type of foreign species they need to examine. As articulated in my literature review, historical mistreatment resulted in unethical medical and psychological practices against POC. The one benefit I did see with this article is it sheds light on the shift in discourse. Also, those in the class who are in the early stages of learning on the matter received insights into what it was like for certain cultures.

> Consider, for example, the source of your client's referral, which largely determines the level of
> voluntariness or coercion experienced by the client. The less voluntary clients are, the more
> vulnerable they are. (Doyle, 2022, GCAP 682 W5)

The dynamics I observed, regardless of my clients volunteering to attend counselling, they were extremely vulnerable. Many of them were hiding counselling from their families and experiencing counselling for the first time. All my clients specifically requested either a Black male or female counsellor for personal reasons. To my surprise, some were willing to remain on waitlists until a Black counsellor was available, no matter the perceived crisis they were in. This illustrates and speaks volumes about the importance of safety and connectedness as foundational for some clients.

Yet another way in which you collaborate with other professionals occurs when you are required to refer a client to another practitioner. You may do so because the needs of the client are outside of your competence or outside of the mandate of your organization. (Doyle, 2022, GCAP 682 W5)

My supervisor stated networking is a huge component of her job. Connecting with other racialized counsellors is important, given that many racialized clients are seeking racialized practitioners. There are very few Black psychologists in Ontario and, more specifically, the greater Toronto area. I think it is important to understand my limitations and know I have a responsibility to make sure if I need to refer a client to another psychologist, they understand the specific needs within the counselling session and the responsibility they have to work with particular populations.

Adapting the Counselling Process

When counsellors describe learning from clients, they typically do so in one of three ways: (a) what counsellors learn from their clients indirectly about how to do counselling, (b) what clients say that is directly helpful, and (c) what counsellors learn about themselves or how they were personally transformed. This week we look at which ways you have experienced learning from clients so far in your practicum journey. (Doyle, 2022, GCAP 682 W7)

What I learned through my practicum experience was that I need to meet clients where they are at, even if that means placing a pause on the original direction. I have questioned if being too relatable to my clients creates blurred boundaries. Contrastingly, my clients articulate that is what they appreciate about the experience. I am still trying to figure out how to create a balance between being relatable and maintaining clear boundaries with minimal self-disclosure. By the end of my placement, I knew I was in the right field. The type of involvement I wanted in psychology became clearer. It went beyond helping a couple of people but instead helping the field evolve, which goes beyond me.

However, you may find yourself with mixed feelings about the completion of your practicum. Probably you are happy to be nearing its conclusion and pleased with the competence you have acquired, yet you may be worried about how clients will react to your departure, and whether your leaving will interfere with their progress. In this week's discussions we will focus on your practices, as well as your feelings and reactions to termination, especially your practices with clients whom you may not feel are yet ready. (Doyle, 2022, GCAP 682 W8)

With the ending of practicum, I felt a lot of shame and guilt. Shame because I was ending the relationship when many of my clients had made progress towards their counselling goals. Guilt because I knew there were limited resources for them. Guilt because my clients refused to continue counselling, despite my efforts to encourage them to continue. I felt like a failure because my clients did not want to participate in counselling unless I was their counsellor. I worked with a lot of them, addressing some of their assumptions and hesitancies about counselling to show them that counselling is not bad. With my efforts, I created a dependency on me in some way. Some cried, some were mad, and I couldn't understand what I did wrong or could have done differently. Throughout the relationship, I let them know I was a student, and it was temporary, which appeared to be ok in those moments. Still, when it became a reality, my clients were not ok.

End of GCAP 681 and 682

Finally, and pragmatically, as you exit your practicum and are close to concluding the program, you will need to plan the next steps of your professional development. Accordingly, you will need to develop a continuing competence plan and move toward registration or certification. As you conclude your practicum, it is time for you to take stock of how you have changed personally and to plan the next steps of your professional life. (Doyle, 2022, GCAP 682 W5)

This was a difficult moment for me because, ultimately, I was contemplating whether I end my studies on a master's level and apply to be a psychotherapist to start working in the field immediately or continue on to be a Psychologist. I was torn because I wanted both. I wanted to continue counselling, but the bigger picture is a systemic and institutional change for racialized people with mental health concerns; this is what I was interested in. I could not be involved on an institutional level without being a psychologist, so I decided to continue my studies. This required a master's degree with a thesis.

GCAP 696 - Thesis I & GCAP 697 - Thesis II

The Organization of the Thesis Exit Route

Like GCAP 691 and GCAP 693, there was not much that came up for me regarding the organization of culture as I completed my thesis. Given most of the students completing a thesis were nursing students, the way the course was structured was less inclusive of GCAP students. The process of being considered for a thesis is what really opened my eyes to how students with unique research subjects can be marginalized from the experience.

After I applied and was accepted into the program, I learned about the program's exit options. How the program was presented is that students have the option of a course exit or thesis exit. Depending on what a student chooses, the courses need to be selected accordingly. Later I found out through the student handbook that I needed to have a certain grade point average and an A-, at minimum, in GCAP 633 course. Further, I needed to find a thesis supervisor who had a similar research interest. This is when I felt like completing a thesis was not an option for me. The one faculty member who appeared to have my closest research interest was off on a sabbatical. I obtained a high-grade point average and met the minimum requirement for GCAP 633, but I still was not in the position to complete a thesis because my research interest did not align with the faculty members.

One can hear this story and state why I did not just speak to the faculty members about my dilemma. This way of thinking draws back the assumed safety people expect. I had little to no relationships with any faculty members, and any form of connection was virtual. Asking them to make an exception for a student who is still trying to understand her research topic and has no form of a relationship seemed unreasonable.

Not knowing how to move forward with a thesis, I still took the required courses without a supervisor. As I participated in GCAP 693, I became more and more worried as everyone had a supervisor but me. Listening to their research topics, the faculty member's research interests did align, so it made sense. By chance, I attended a presentation about IE. I was opened to a new point of view pertaining to my research topic. Although very sophisticated and not often used in the field of psychology, I wondered if I aligned with a faculty member based on research methodology rather than research topic, I would be able to find a supervisor. To my surprise, it worked. I remember crying uncontrollably when I found a supervisor because I did not think it was possible.

End of GCAP 696 and 697

I was about to negotiate my real interest just to get a supervisor and complete a thesis. The process to be considered for a thesis is constructed in a very specific way that can marginalize other students' experiences and ability to participate. Creating a process to ensure students are serious about completing a thesis is one way of understanding this. Another message this process illustrates is if you cannot align with what we think is interesting, it is not considered relevant. The more I begin to share my research interest with others, the more relevance I see, and everyone sees as well. Imagine if no supervisor was willing to step into an unfamiliar research area with me; what would that mean for my ability to ever become a psychologist in Ontario, which is why I chose to complete my master's at Athabasca University, to begin with.

Chapter Summary

From year one to year three, examining all the texts associated with each course, I walked you through my experience as a racialized student. I have shared my moments of shame, guilt, confusion, and overall isolation as I obtained my Master's in Counselling Psychology. This was not the intention, nor do I think it is the intention of any learning institution to have a student feel this way. With this being said, you don't know what you don't know. I don't think many learning institutions that offer counselling psychology programs understand what it is like to navigate in their program as a racialized student. My lived experience is a perfect example of how a learning institution's processes can marginalize a student's learning experience. Students should not have to go through what I have to make the learning experience theirs. As much as programs pride themselves on the courses they deliver and the autonomy they provide to their students, it would serve program directors and course authors well to consider the unique experiences all students coming from various walks of life bring to the program. Further, to consider how can courses be structured to embrace and celebrate it safely for the student. My invitation is one of many to consider as we discuss the organization of culture in counselling psychology curricula.

Chapter 5: Analysis: Connection to Institutional Texts

Institutional ethnography's method of inquiry seeks to make visible how texts coordinate individuals' doing, beginning with their *actualities* and experiences (Smith & Turner, 2014). The *problematic* of my research came to be when I started to question why do I not possess the skills or confidence to be able to provide culturally sensitive counselling services? Given the increasing need for culturally specific practices for racialized people, why aren't students learning about counselling from various cultural lenses? In *institutional circuits*, work involves mining actualities to identify aspects, features, and measures that fit the governing frame, which can be found in the *boss texts*. Boss texts are where the organization's governing practice and experience are located (Smith & Turner, 2014). As I read and reread my work, I became aware that there were threads that recur. Further, when the textual organization of my actualities was brought into focus, it became apparent how the *ruling relations* that determine how discourses of multicultural counselling (MCC) are integrated into applied counselling education had implications for me not only as a student but specifically as a Black student.

In this chapter, beginning with my actualities, I used Smith's (2005) *small hero diagram* to illustrate my *standpoint*. A person's standpoint is the position that they occupy in their everyday living (Smith, 2005). In this case, it would be during my educational journey at Athabasca University. My small hero diagram allowed me to map out what discourses, contextual factors, and texts impacted my learning outcomes, making visible how my experience was socially organized (Smith, 2005). As I sought to discover consistencies within the institutional texts, three distinctive threads were identified: (1) the discourse of multicultural counselling, (2) critical self-reflection, self-disclosure, and its implication for safety, and (3) invisible work. My small hero diagram was used to explicate how the threads are organized from beyond the academic coursework in the broader institutions of counselling psychology. To keep my analysis manageable, I have chosen to reference one specific course: GCAP 633 -

Sociocultural & Systemic Influence, given the focus of the course is culture. I formulated my diagrams

by creating a map to provide a contextualized account of my actualities concerning GCAP 633. In

identifying the threads and linking them to the broader institutional discourses of counselling psychology,

my intention is to bring awareness to how course curriculum construction/delivery take for granted how

students can take up their work, the implications it can have on racialized students, and how my

experiences and the course construction are part of something beyond Athabasca University.

Athabasca University and the Master of Counselling Program

Founded in 1970, Athabasca University (AU) is one of the first Canadian universities to specialize

in distance education. The Faculty of Health Disciplines (FHD) offers a 36-credit Master of Counselling

program through the Graduate for Applied Psychology (GCAP) department, which started in 2001. The

program is a distributed learning, with a mixed delivery (synchronous and asynchronous) curriculum

designed to meet the academic requirements for the career paths of a professional counsellor or

counselling psychologist in Canada (Athabasca University, 2022). The program incorporates core and

specialization courses to ensure that all learners attain competency in the fundamentals of counselling

psychology to meet the requirements for licensure with the Canadian Counselling and Psychotherapy

Association (CCPA), College of Alberta Psychologists (CAP), and College of Registered

Psychotherapists of Ontario (CRPO) (Athabasca University, 2022).

Beginning in 2016, AU undertook a curriculum renewal process led by Dr. Sandra Collins

(Athabasca University, 2018). The first step was to collect disciplinary (entry-to-practice) competency

profiles developed by several counselling, psychology, and psychotherapy organizations. Using this

overall competency map, they assigned the competencies to specific courses in the program, noting that

some competencies are developed progressively throughout more than one course. Please refer to

Appendix C for the Disciplinary Competency Map. Subsequently, in collaboration with FHD, AU

developed adapted transdisciplinary competencies, covering the broad domains of Scholarship, Knowledge Acquisition & Application, Knowledge Transfer, Digital Literacy, Interpersonal Relationships, and Autonomy & Continued Competency(Athabasca University, 2018). These are largely based on the Canadian Degree Qualifications Framework, which also ensures learners meet the requirements for licensure. Please refer to Appendix D for the Transdisciplinary Competency Map.

Licensure to practice is very important and granted by regulatory bodies in each Canadian jurisdiction. A licensed psychologist illustrates to the public that the professional has met and is accountable to rigorous standards of practice as outlined by the Canadian Psychological Association (CPA) (Canadian Psychological Association, 2022). Therefore, the professional should be regarded as trustworthy and competent. Given I am completing my master's in Alberta at Athabasca University but seeking to be licensed in Ontario, I will be referencing CCPA, CAP, CRPO, and CPA as examples of how the dominant discourses of counselling are institutionally organized. This organization is reflected in the overall program, individual courses, and the core curriculum of the Master of Counselling program.

Canadian Counselling and Psychotherapy Association

Students graduating from the Master of Counselling program at Athabasca University are qualified to apply for a Canadian Certified Counsellor (CCC) designation. In 1986, CCPA established a credentialing service for its members under Canadian Certified Counsellors: A National Certification Program for Professional Counsellors. The designation of CCC represents a successful evaluation of a person's qualification to practice and allows them to provide counselling services across Canada. The status of CCC includes recognition of professional preparation standards, continuing education, and a formal code of ethics (Canadian Counselling and Psychotherapy Association, 2022).

College of Alberta Psychologists

Students graduating from the Master of Counselling program at Athabasca University are eligible to apply for registered psychologists and provisional psychologists in Alberta. Following the Health Professions Act and the Psychologists Profession Regulation, CAP is considered the regulatory licensing body for both designations. To be eligible to practice as a Registered Psychologist (RPsych) in Alberta, candidates must meet a series of registration requirements, including academic qualifications, registration criteria, supervised experience, and examinations as outlined in the Process to Register as a Psychologist in Alberta 2021 manual. See Appendix E (College of Alberta Psychologists, 2021). Athabasca University's GCAP Master ofCounselling program has specifically structured its program outcomes to meet these educational requirements, making it easier for students to apply.

College of Registered Psychotherapists of Ontario

CRPO is the regulatory licensing body for registered provisional psychotherapists in accordance with the Psychotherapy Act and Regulated Health Professions Act in Ontario. It is governed by a Council of both professional and public members whose decisions are related to registration requirements, standards of practice, continuing professional development, and the professional conduct of registrants, along with developing and monitoring regulations, policies, and business systems for CRPO (College of Registered Psychotherapists of Ontario, 2022). Students who complete the MC program at Athabasca, but live in Ontario, meet the educational requirements to be considered for this designation.

Canadian Psychological Association

CPA is the largest national association for the science, practice, and education of psychology in Canada. The CPA has been accrediting doctoral and internship programs in professional psychology since 1984, which is governed by a set of standards and procedures to ensure that psychologists in Canada are trained for competent practice (Canadian Psychological Association, 2022). In addition, CPA

is responsible for helping to ensure ethical behaviour and ethical attitudes with its code of conduct. This Code articulates ethical principles, values, and standards to guide all members of the Canadian Psychological Association. Although the requirements for licensure vary from jurisdiction to jurisdiction, master's degrees orient their competencies for consideration for a doctorate degree, and many doctorate degrees in Canada are accredited by CPA, so the association has a monumental impact on the profession of psychology.

The Small Hero Diagram: Illustrating the Institutional Organization of Lived Experience

Institutional ethnographers utilize small hero diagrams to learn about the coordination that organizes practices and works in local sites in a way that produces specific experiences (Smith, 2005). Learning about the role of texts, their hierarchical order within institutional processes, and the moments of their activation in people's work allows institutional ethnographers to map how ideas and institutional discourses make their way into the local where they are translated into institutional practices (Smith, 2005). Visibility is important because how student counsellors' education and learning experiences are coordinated lies within the core of understanding the institutions' role in constructing, constraining, and organizing student counsellors' work as they obtain their credentials to practice.

The intertextual hierarchy of institutions is arranged by the information contained within specific *boss texts* (Quinlan, 2009). These texts set the frameworks for interpreting and working on other texts in organizations. According to Dorothy Smith (2006), a boss text "governs the work of inscribing reality into a documentary form by providing a discursive frame for those working in organizations" (p. 63), hence, orienting their work to certain elements of local actualities. The boss texts identified through this analysis were Athabasca University's Master of Counselling Student Handbook, which includes the program's competencies and all documents associated with obtaining certification/licensure with CCPA, CAP, CRPO, and CPA. This analysis aims to identify the boss texts to understand how my local

experiences (represented from my standpoint) are categorized, managed, and ruled. Given this, the first

goal of this ethnographic exploration of texts is to explore the kind of texts and the moments they entered

my work. The second goal is to explore how my work with those texts impacted my learning experience

in different contexts.

In the diagram below, I illustrate my actualities and the discourses, contextual factors, and boss

texts that have impacted my learning experience (see Figure 1). Through my analysis, three distinct

threads had a significant impact on my learning experience: (1) how the discourse of multicultural

counselling was taught; (2) critical self-reflection, self-disclosure, and its implication for safety within the

learning environment; and (3) invisible work I had to engage in to understand the content, engage with

other students, and make the learning experience mine. I will expand in the sections below to present an

account of how my learning goals were not met within the work I did as I completed this course.

Figure 1

Lee's Small Hero Diagram

Course Texts:
- GCAP 633 assignments
- GCAP 633 Resources
- GCAP 633 course textbook - *Embracing Cultural Responsivity and Social Justice: Re-Shaping Professional Identity in Counselling Psychology*
- GCAP 633 Program Outcomes Rubric

Discourses:
- Multicultural counselling
- Professional boundaries
- Applied psychology practice
- Ethics
- Evidence-Based Practice
- Self-disclosure

Boss Texts:
- MC Student Handbook
- GCAP Program Outcomes
- CCPA CCC application requirements
- CAP criteria for evaluating academic credentials document
- CAP licensure requirements
- CRPO criteria for evaluating academic credentials
- CRPO licensure requirements
- The CPA licensure requirements
- CPA Code of Ethics

Contexts:
- Racialized students engaging in course curriculum
- Racialized students integrating course learnings into practicum
- Safety within the learning environment and in practice
- Self-disclosure with clients to build rapport and creating safety
- Understanding the dynamics when client and counsellor share similar cultural backgrounds
- Invisible work to make the curriculum align with my learning goals
- Critical self-reflection and bringing self into the learning environment

My Actualities:
- Learning activities that are offensive and uncomfortable to engage with
- Curriculum and activities are written with the assumption I am white
- Lack of acknowledgment of the different implications for racialized practitioners/students
- Course has limited reference to other racialized groups
- Not feeling safe participating in the learning environment

With my clearly stated intention for enrolling in this program, my learning objectives as it pertained to MCC were (1) Be able to integrate my own culture and worldview into my practice to create safety for my racialized clients and (2) Be able to integrate my clients present and historical cultural context, identity, and family history with considerations of race trauma, anti-racism, and systemic oppression into my approach. I completed my program without obtaining these learning objectives, which impacted my confidence to continue my educational journey in this field. Looking at the diagram above, it is illustrated that there were discourses and texts that governed how I learned, which goes beyond the course author of GCAP 633. To make explicit the link between what is being taught and why it is being

taught, I will explain the textual organization found through my analysis to illustrate how my experiences and the course construction are part of something beyond Athabasca University.

The Discourses of Multicultural Counselling

Multicultural Counselling (MCC) originally emerged as an act of resistance to traditional psychological theories that assumed that white and middle-class values are societal norms (Palmer & Laungani, 1999; Senroy, 2011; Sisko, 2020). Compared to conventional psychological approaches, multicultural counselling theory seeks to embrace the variations of viewpoints that inform the worldview of those from other cultural and socioeconomic backgrounds (Senroy, 2011). The Vail Conference of 1973 launched an important discussion regarding psychological practice and cultural diversity (Korman, 1974). From this conference came the resolution that providing professional services to culturally diverse individuals is unethical if the counsellor is not competent to provide them. Therefore, graduate training programs should teach appropriate cultural content (Pope-Davis et al., 2003; Sisko, 2020).

A few years later, an article titled *Barriers to Effective Cross-Cultural Counseling* contributed to the early discussion on multicultural competence. The authors asserted that breakdowns in communication may occur in counselling due to the counsellor's inability to clearly understand cultural messages from the client and communicate culturally appropriate information to the client (Sue & Sue, 1977). The article found on how the values of traditional counselling practices in the United States may conflict with the values of individuals from racialized populations, how these conventional values may serve to distort communications by both clients and counsellors in cross-cultural counselling, and what implications these considerations could have for the practice of counselling (Sue & Sue, 1977).

 Since the article's publication, the topic has increasingly gained interest and support in applied psychology and related fields. As a result, many psychologists have worked to develop MCC standards and competencies. In 1992, Derald Wing Sue and his colleagues provided a conceptual basis to define

three key components of multicultural counselling competency: (1) knowledge of cultural minority groups, (2) awareness of the therapist's own worldview and cultural biases, and (3) application of culturally appropriate skills to intervene with client's presenting concerns as well as therapist biases (Sue et al., 1992). Their article provided a rationale for multicultural perspectives in counselling assessment, practice, training, and research, proposed specific standards for a culturally competent counsellor, and advocated for integrating these standards (Sue et al., 1992).

Endeavours to define MCC were immediately followed by efforts to provide guidelines for multiculturally competent training programs and curricula (Pope-Davis et al., 2003; Sisko, 2020). Sue et al. (1992) also asserted that professionals must work to integrate standards into their training and practice that accurately reflect the diversity that exists in our society (Sue et al., 1992; Johannes & Erwin, 2004). To respond to the need for extended MCC application in the profession, the authors called for action in developing and implementing specific multicultural counselling standards throughout the profession. This has brought us to a current era where multicultural counselling standards are embedded into licensing requirements and curriculum development today.

Current Practice for Multicultural Counselling in Canada

Since 1971, multicultural policy has shaped Canada's national identity and has drastically altered the country's demographic (CCPA, 2022). In response to these changes, counselling programs nationwide have become increasingly aware of the need to understand and respect diversity (CCPA, 2022). As a result, there is a growing need for educational resources and curriculums that critically explore culturally sensitive approaches to therapy. According to Cohen et al. (2022), because a multicultural approach to counselling is relatively new, the implications for practice are still being developed. There is some agreement, however, that while maintaining the integrity of the distinctive new approach, multicultural

counselling should strive to select and build on the best of current counselling practice (Cohen et al., 2022).

Athabasca University and Multicultural Counselling

The university's admission requirements, applicants of the Master of Psychology program, must have a minimum of three courses in psychology or educational psychology, including developmental psychology, learning psychology, and counselling/personality theories, to be considered eligible to apply (Athabasca University, 2022). Thus, Athabasca University could be regarded as a student's first formal learning experience as it pertains to MCC. Upon admission into the program, students are given access to a student handbook that serves as a guide and as a resource throughout a student's studies. It explains some of the basics of what is expected of a graduate student, what to expect from the program, how courses are delivered, and the tools and resources used throughout the study process.

Additionally, GCAP courses adhere to a competency-based framework based on disciplinary competencies and transdisciplinary program outcomes (Athabasca University, 2022). The disciplinary competencies are specific to the professional practice of counselling psychology (e.g., assess the roles that culture and context broadly defined) and are developed based on the review of current regulatory, certification, and accreditation standards in counselling psychology (see Appendix C). In comparison, the transdisciplinary program outcomes must be demonstrated by students in any master's program in Canada. This includes synthesizing, organizing, creating, and distributing knowledge in various forms. Specifically, GCAPS's program outcomes, in addition, have come from other sources, such as the Council of Ministers of Education and the Canadian Degree Qualifications Framework (Collins, 2022) (see AppendixF).

My Actualities With Multicultural Counselling

GCAP 633 Sociocultural and Systemic Influences on Counselling course examines the sociocultural influences on psychosocial and cultural identity development and management, with particular attention to the social determinants of health, the impact of cultural oppression on non-dominant populations, and the importance of applying a contextualized and systemic perspective to case conceptualization (Collins, 2022). The author explicitly states that culture is defined broadly to emphasize diversity across ethnicity, Indigeneity, gender, gender identity, age, ability, sexual orientation, religion, spirituality, and social class (Collins, 2022). Acknowledging within- and between-group differences, dominant and non-dominant sociocultural discourses, cross-cultural transitions, as well as cultural and worldview differences in perspectives on development, health, and healing, a multicultural and social justice lens was applied for a deeper understanding of the range of diversity (Collins, 2022). During week one, although the course and the textbook were written by the same person, I was optimistic after reading the course description that I would learn how to best support my racialized clients. I believed GCAP 633 was the one course that intentionally provided space to discuss one of the most important topics in my future career.

To my surprise, this was a course in which I identified the most *disjunctures*. In chapter 4, I walked you through my standpoint in this course in detail. I concluded that I could not make the learning experience mine at the end of the course. There was a lot of space for students to reflect, engage with others, and independently engage with the content, but what is currently being left out as it pertains to MCC is the power of language, intentionality, and safety for the people engaged in the literature and course content and their potential clients. In this section, I will describe the contextual factors that impacted my experience in GCAP 633 in relation to MCC.

Representation of Racialized Students

A reoccurring experience of mine in GCAP 633 was a lack of representation or acknowledgment of racialized students. When I reference the term representation, I am referring to the learning materials (articles, course readings, discussions), considering that racialized students are in the program. For instance, a discussion in week four asked students to critically reflect on their guilt regarding the colonization of Indigenous people.

> This applies to all kinds of non-dominant groups within society, but in this lesson, we are going to focus in particularly on Indigenous peoples and the degree to which the process of colonization, which is an extreme and probably the most dramatic example of cultural oppression within our own nation and look at the ways in which Indigenous people have, and continue to be, dramatically affected by this form of cultural violence. This is not an easy topic, and I expect that some of you might have emotional reactions to this. It might be guilt; it might be shame; it might be denial; it might be frustration; it might be anger. You may want to alienate yourself from your own cultural heritage, or you may take the position, emotionally and cognitively, that this really is not about you and that this is a historical issue. The reality is that colonization is alive and well. You will see more as you go through the book and you look at the experiences of some of the contributing writers that it is important for us all to wrestle with our position within that relationship with Indigenous people (Collins, 2022, GCAP 633: W4).

I understood the intention of the exercise, but it was not relevant to me as a Black student as people of my race have experienced colonization and slavery. There was no mention of this, even though slavery took place in Canada. As outlined in my literature review, it is foundational to understanding *anti-black racism*. Further, guilt is defined as "the fact of having done something wrong" (Merriam-Webster

Dictionary, 2022), which is why it is assumed this lesson spoke directly to white students. Another example is how the course discussed how counsellors position themselves relative to their clients.

> The author took a really strong position and made a really good argument about the difference between discrimination and unfairness. I may be passed over for a promotion at work, or I may encounter a snub or a sense of rudeness from a stranger I encounter. However, it is really important for me to step back and ask myself questions about where that is coming from. Is that an encounter that reflects an interpersonal interaction that may be unfair to me, or if I position that within the broader lens of society as a whole, is that a reflection of my relative marginalization within society? Is it a reflection of the way in which my particular cultural group, or groups that I am part of, have been marginalized or stigmatized within society? This is the kind of struggle and tension that we are going to look at this week, as we look at how we position ourselves relative to our clients and how relative marginalization and privilege play out within the counselling process (Collins, 2022, GCAP 633: W5).

How I position myself as a racialized practitioner relative to my racialized clients and the role marginalization and privilege play in the counselling process significantly differ from how I was taught. There was a lack of discussion about how shared experiences of marginalization and oppression have implications. In addition, there was no course content available that spook to this. Given the lack of representation in the course, I was disregarded from certain discussions, which further limited my learning experience and prevented me from achieving my learning goals.

Orienting Texts

Texts reflect and direct what people do (Smith, 2005). As part of my mapping process, I outlined which texts I oriented to throughout GCAP 633. The texts I oriented to are GCAP 633 assignments, GCAP 633 additional resources, GCAP 633 course textbook - *Embracing Cultural Responsivity and*

Social Justice: Re-Shaping Professional Identity in Counselling Psychology, and GCAP 633 Program

Outcomes Rubric. To keep this piece of my analysis manageable, I focused on GCAP 633 Program

Outcomes Rubric as it informs all the other texts within the course. In addition, given that the GCAP 633

Program Outcomes Rubric is informed by the boss texts, I have included them as texts I oriented towards.

This includes GCAP program outcomes, CCPA's CCC application requirements, CAP criteria for

evaluating academic credentials document, CRPO criteria for evaluating academic credentials, CPA

accreditation requirements, and CPA'S Code of Ethics. I will walk through each boss text in relation to

MCC to further illustrate how ideas and institutional discourses made their way into my local.

GCAP 633 Disciplinary Competencies

As previously mentioned, the disciplinary competencies in this course serve as a foundation for

the learning outcomes targeted in each week of the course. With this, the weekly learning activities are

designed to support students' development of the outlined competencies. In Figure 2, the items in orange

in the table below are program-level disciplinary competencies; the other items are course-level

competencies that support the development of these disciplinary competencies (Collins, 2022).

Figure 2

GCAP 633 Disciplinary Competencies

Disciplinary Competencies						
Competency		**Assignments**				
		Risk-taking journal	Cultural profile	Cultural interview	Learning Activity	Class discussions & Problem-based learning (PBL)
Culture. Acknowledge the ubiquitous nature of culture in counselling.						
Cultural self-exploration	Engage in cultural self-exploration as a foundation for cultural sensitivity toward client cultural identities and relationalities.		Cultural profile	Cultural interview		
Intersectionality	Appreciate, and reflect critically on, the complexity and intersectionality of cultural identities and relationalities.		Cultural profile	Cultural interview	Learning activity	
Social justice. Challenge social injustices and critique their impact on client–counsellor social locations.						
Social injustices	Attend actively to social determinants of health, and evaluate the impact of social injustices on client health and well-being.			Cultural interview	Learning activity	
Power & privilege	Assess critically the impact of power and privilege on client–			Cultural interview		

	counsellor social locations.					
Cultural identity development	Articulate the relationship between social location and cultural identity development and management.					Discussions & PBL
Cross-cultural transitioning	Analyze critically the impact of cross-cultural transitioning and social injustices on cultural identity and relationality.					Discussions & PBL
Professional Identity. Embrace values-based practice as a foundation for professional identity.						
Values-based practice	Articulate and demonstrate attitudes, values, behaviours, and comportment that reflect the values and virtues of professional counselling and psychology.	Risk-taking journal				Discussions & PBL
Client worldviews	Value the diversity of worldviews, and prioritize client beliefs, values, and assumptions	Risk-taking journal		Cultural interview	Learning activity	
Social change	Assume an anti-oppressive and justice-doing stance that advances social change.	Risk-taking journal				Discussions & PBL
Scholar-practitioner-advocate-leader	Embody social justice values as a foundation for commitment to scholar-practitioner-advocate-leader professional identity.					Discussions & PBL
Case conceptualization. Collaborate with clients to apply multicultural, contextualized/systemic, and strengths-based lenses to case conceptualization.						

Metatheoretical & theoretical lenses	Establish culturally responsive and socially just metatheoretical and theoretical lenses.					Discussions & PBL
Contextualized/ systemic lens	Position client presenting concerns and counselling goals within the context of culture and social location.				Learning activity	Discussions & PBL
Locus of control	Collaborate with clients to assess critically the locus of control or responsibility for their challenges and the corresponding locus of change.					Discussions & PBL
Responsive change processes. Engage in evidence-based, culturally responsive, and socially just change processes.						
Levels of intervention	Collaborate to target levels of intervention and to co-construct change processes that are responsive to culture and social location.					Discussions & PBL
Goals & interventions. Implement counselling techniques and strategies, intentionally and responsively, to co-construct goals and collaborate to facilitate change.						
Responsive mesolevel change	Engage in culturally responsive and socially just change processes at the mesolevel (i.e., schools, organizations, and communities) in collaboration with, or on behalf of, clients.					Discussions & PBL
Responsive macrolevel change	Engage in social justice action at the macrolevel (i.e., broad social, economic, and political					Discussions & PBL

	systems) on behalf of clients.					
Outcomes assessment. Track and evaluate counselling progress and outcomes.						
Meso and macrolevel outcomes assessment	Evaluate change processes and outcomes at the meso (i.e., schools, organizations, and communities) and macrolevels (i.e., broad social, economic, and political systems) in collaboration with, or on behalf of, clients.					Discussions & PBL

Reviewing the course competencies and how they actively inform my learning in relation to MCC, there are identifiable gaps. Referencing back to Sue et al. (1992), three key components of multicultural counselling competency: (1) knowledge of cultural minority groups, (2) awareness of the therapist's own worldview and cultural biases, and (3) application of culturally appropriate skills to intervene with client's presenting concerns as well as therapist biases. The first disparity found is acknowledging multiple minority groups. In chapter four, I highlighted a hyper-focus on Indigenous issues and subtle references to others. For example week four, Collins (2022) states, "this applies to all kinds of non-dominant groups within society, but in this lesson, we are going to focus in particularly on Indigenous peoples" (GCAP 633, W4). There was an acknowledgment that there were other minority groups to discuss, but they still chose to focus on one.

The second gap is discussions about culturally appropriate skills. I referenced several instances, such as the YouTube video *I am NOT black, you are NOT white* that we were required to watch that promotes *colour blindness*. Encouraging or developing a colorblind approach in counselling is the

opposite of an MCC approach. This approach to counselling imposes dominant views and perceptions, resulting in the exclusion and discrimination of cultural minorities. Throughout the course, there were ample opportunities for students to develop an awareness of their worldviews and cultural biases, but the other two components were missing. As a result of the other two components not being explicit in this course, it does not provide the foundational understanding of MCC to address case conceptualization, be responsive to change processes, co-construct goals, and outcome assessments.

GCAP Transdisciplinary Competencies

In *Figure 3*, the table allows you to see, at a glance, which course assignment each transdisciplinary competency is assessed in GCAP 633. If an entry is in purple, those outcomes actively inform the learning and assessment processes (Collins. 2022).

Figure 3

GCAP Transdisciplinary Competencies

Transdisciplinary Program Outcomes						
Competency		**Assignments**				
		Risk-taking journal	Cultural profile	Cultural interview	Learning activity	Class discussions & Problem-based learning (PBL)
Knowledge acquisition. Evaluate critically and integrate knowledge from a range of scholarly sources and disciplines.						
Complexity of knowledge	Acknowledge the complexity of knowledge and the potential of other worldviews, interpretations, ways of knowing, and disciplines to contribute to knowledge.	Risk-taking journal				Discussions & PBL
Cognitive complexity	Be tolerant of ambiguity, and foster cognitive complexity to enable you to see beyond your own values, worldview, and sociocultural contexts.	Risk-taking journal				Discussions & PBL
Scholarly foundation	Select appropriate information sources, including discerning the credibility of Internet sources, and evaluate critically the quality of current research and scholarship.			Cultural interview	Learning activity	
Knowledge application. Analyze critically, synthesize, and competently apply knowledge to academic and professional tasks and roles.						
Critical analysis	Demonstrate critical reading, thinking, and writing.			Cultural interview		
Synthesis & integration	Integrate, critique, and synthesize the professional literature.			Cultural interview	Learning activity	
Thesis & arguments	Articulate and support an original thesis and sustained, well-reasoned arguments.			Cultural interview		
Generalization of knowledge	Analyze critically, apply, and generalize knowledge to new questions, problems, or contexts.			Cultural interview		Discussions & PBL
Cultural responsivity	Assess critically the relevance and cultural responsivity of the application of knowledge within individual, family, community, social, and global contexts.			Cultural interview		Discussions & PBL
Knowledge transfer. Communicate and share knowledge effectively, professionally, honestly, and with integrity.						
Effective communication	Communicate ideas clearly, succinctly, and effectively to interdisciplinary, specialist, and nonspecialist audiences.			Cultural interview	Learning activity	Discussions & PBL
Teaching & learning	Draw effectively on teaching and learning strategies to support psychoeducation in multiple settings.				Learning activity	
Dissemination or knowledge	Synthesize, organize, create, and distribute knowledge in a variety of forms (e.g., electronic, written, oral, visual) to make it available to other users.				Learning activity	
Professional writing	Apply academic and professional writing principles and standards consistently, using the appropriate discipline-specific style (i.e., Publication Manual of the American Psychological Association).			Cultural interview	Learning activity	
Intellectual honesty & scholarly integrity	Demonstrate intellectual honesty and scholarly integrity; in particular, attribute ideas to their sources accurately, and use the appropriate discipline-specific style (i.e., Publication Manual of the American Psychological Association).			Cultural interview	Learning activity	
Leadership & interpersonal relationships. Model respect, professionalism, and socially responsible leadership in relationships with individuals and systems.						
Cultural diversity	Value, respect, and be responsive to cultural diversity.	Risk-taking journal			Learning activity	Discussions & PBL
Positive relationships	Develop and maintain effective relationships, and interact in a positive solution-focused manner.					Discussions & PBL
Collaboration	Collaborate respectfully and effectively with clients, peers, colleagues, and systems.					Discussions & PBL
Social justice	Take action to safeguard the welfare of others and to promote social justice.	Risk-taking journal			Learning activity	Discussions & PBL
Professional capacity & autonomy. Assume responsibility for your own learning, and engage in reflective practice to support continued competency development.						
Responsibility & accountability	Exercise initiative and demonstrate both personal responsibility and accountability.	Risk-taking journal				
Professional values & integrity	Evaluate critically and resolve situations that challenge professional values and integrity.	Risk-taking journal				Discussions & PBL
Self-directed learning	Assume responsibility for, and engage in, self-directed learning.	Risk-taking journal			Learning activity	
Constructivist learning	Foster actively creative, purposeful, contextualized, and collaborative constructive learning processes.					Discussions & PBL
Self-awareness	Value self-awareness and engage actively in continued exploration of values, beliefs, and assumptions.	Risk-taking journal		Cultural interview		Discussions & PBL
Reflective practice	Engage in critical reflectivity both during and after professional activity, and act upon these reflections.		Cultural profile	Cultural interview		Discussions & PBL
Continuing competency	Self-assess competence accurately, recognize current limitations of competence, and plan appropriately to enhance attitudes, knowledge, and skills.		Cultural profile	Cultural interview		
Digital competence. Capitalize effectively on technology for both knowledge transfer and interpersonal communication and collaboration.						
Multimedia & digital communication	Communicate ideas, issues, and conclusions effectively and professionally in a variety of forms (e.g., internet, social media, audiovisual, blogging).		Cultural profile		Learning activity	
Technology-mediated interaction	Interact effectively and professionally with peers, supervisors, and instructors, through technology-mediated platforms (e.g., email, digital forums, videoconferencing, collaboration software).				Learning activity	Discussions & PBL

Reviewing the program competencies in relation to the GCAP 633 course assignments, foundationally, each competency is addressed within the five assignments assigned to us. The most significant gap identified is that the explanation for each competency is very broad, leaving a lot of room for the author to decide what fits and does not. For instance, *cultural diversity – value respect and be responsive to cultural diversity* is extremely vague. In GCAP 633, students are required to develop this competency through their risk-taking journal (independent assignment), learning activity (independent assignments), and class discussions. This also illustrates another gap; not only is the competency vague, leaving the author a lot of authority to choose what is taught, but a lot of the learning components in relation to MCC are through self-directed learning.

In addition, drawing back to the course description of GCAP 633, the author stated, "students will enhance their competencies for culturally responsive and socially just counselling" (Collins, 2022, W1). This comes with the assumption students already have the competency for culturally responsive and socially just counselling. Still, according to Athabasca's admission requirements, students did not require this. As a result, there is significant room for students to form their own perception of MCC without a sense of accountability or clarity if it is aligned with the foundational principles of MCC. This transitions to the next question, how do these gaps impact student ability to obtain licensing?

Canadian Certified Counsellor Certification

To be considered certified, applicants must complete eight graduate-level courses in specific areas from an acceptable institution. The compulsory courses include counselling theories, practicum, counselling skills, and professional ethics. In addition, they are required to have four electives courses that align with CCPA's 12 coursework areas which include: Assessment processes, counselling in specialized settings, counselling intervention strategies, couple and family counselling, consultation methods, diversity issues, gender issues, group counselling, human development, learning lifestyle and

career development, psychological education, and research and evaluation (Canadian Counselling and Psychotherapy Association, 2015). A diversity issues course must entail "an examination of theoretical and practical factors that influence the nature and effectiveness of counselling clients from diverse backgrounds. Ethics, counselling competencies (culture-specific and universal), models of racial and cultural identity development, and influence of social, economic, historical, political, and cultural contexts on client problems" (Canadian Counselling and Psychotherapy Association, 2015). Within this application process, there are two gaps identified. First, the diversity course is one of twelve optional courses. A student may not have a diversity course that meets their requirement but still be considered for certification. They used a very general term, "diverse backgrounds" which makes it unclear if they are referring to ethnic backgrounds or, overall, all equity-deserving groups. Therefore, GCAP's program outcomes and how GCAPP 633 was constructed would meet the criteria outlined by CCPA as they do not reference specifics nor indicate it has to be reflective of current societal issues.

Registered Psychologist in Alberta

Upon reviewing CAP's criteria for evaluating academic credentials, document to be eligible for a designation as a registered psychologist. See Appendix G. It states applicants must have successfully completed 3-semester credits at the graduate level in the following core areas: Ethics and Standards, Research Design and Methodology, Psychological Assessment and Evaluation, and Psychological Intervention and Consultation. Specifically, the applicant must have taken a social base of behaviour course at either the graduate or senior undergraduate level to be considered for licensure (College of Alberta Psychologists, 2021). The course content must include at least one of the following substantive areas: Social interaction, group dynamics, environmental psychology, and psychological theories of cultural identity development. More specifically, as it pertains to MCC,

there is a reference to "acculturation and impact of oppression; within-group and between-group differences in psychosocial development based on multicultural and multi-ethnic diversity" (College of Alberta Psychologists, 2021, p.11). Multicultural refers to the broad scope of dimensions of race, ethnicity, language, sexual orientation, gender, age, disability, class status, education, religious/spiritual orientation, and other cultural dimensions, and multi-ethnic refers to a space made up of people of various ethnicities (Miralis, 2006). GCAP 633 does have aspects that reflect multiculturalism as the author subtly referenced other non-dominant groups such as 2SLGBTQIA+ persons in week two; multi-ethnic is not referenced in this course and is subtly referred to as "all kinds of non-dominant groups" (Collins, 2022, W4). It is unclear with CAP admission process if they will be extremely particular that the course has a more emphasized approach to multiculturalism instead of multi-ethnic. Still, CAP only requires the social base course to include one substantive area at minimum. Therefore, GCAP graduate applicants can be considered for licensure with CAP without displaying all the key components of MCC.

Registered Psychotherapist in Ontario

CRPO takes a different approach than CCPA and CAP regarding licensing requirements. They use an Entry-to-Practice Competency Profile, see Appendix H. to determine eligibility. The competency profile lists the competencies that must be possessed by individuals entering the profession for the first time in order for them to practice. The profile does not represent a protocol or a listing of what the practitioner must do in practice; rather, it represents what the practitioner must be able to do when necessary. The document states that the terminology is intentionally generic, so professionals can interpret it in the context of themselves in Ontario and in a manner relevant to the therapist's orientation, modality, and practice (College of Registered Psychotherapists of Ontario, 2022). Besides the first competency, there is no explicit reference to MCC practices, diversity, or social justice. Competency 1.5 speaks to integrating knowledge of human and cultural diversity. This includes recognizing how

oppression, power and social injustice may affect the client and also the therapeutic process; adapting the

therapist's approach when working with culturally diverse clients; recognizing barriers that may affect

access to therapeutic services; and identifying culturally-relevant resources (College of Registered

Psychotherapists of Ontario, 2022). The generic nature of this document allows program competencies,

such as Athabasca's transdisciplinary, to meet this requirement but still have missing MCC foundational

concepts with relevant context.

Canadian Psychological Association

Compared to CCC, CAP, and CPO, CPA is explicit and detailed with their requirements for a

program to be accredited and to integrate MCC perspectives. Specifically, they stated:

The very nature of our academic and practice activities requires psychologists to address and

attend to the complete range of human diversity. Key means by which we do so effectively is by

adopting principles of equity, inclusion, and social justice. Equity refers to fairness in access to

resources, opportunities, and advancement for all people; equitable practice aims to identify and

address barriers that disadvantage certain groups. A commitment to inclusion involves fostering

environments in which all individuals and groups feel valued, respected, supported, and welcome

to participate in a fulsome manner; it also requires the identification and inclusion of historically,

persistently, and systemically marginalized persons and groups (e.g. racialized persons and

peoples such as Black, Indigenous, and Persons of Colour [BIPOC persons, peoples, and

communities]; LGBT2SQ+ persons and communities). Social justice requires that each individual

and group within society be given equal opportunity, fairness, civil liberties, and participation in

the social, educational, economic, institutional and moral freedoms and responsibilities valued by

the society (Canadian Psychological Association, 2022, p.5).

What stood out was the mention of *a complete range of human diversity*. As I walked you through my standpoint in GCAP 633, I discussed the limitations of not acknowledging the complete range of diversity as culture is being discussed. In the course and the textbook, which is also written by the same person, the acronym IBPOC was used, which refers to Indigenous, Black and People of Colour (Collins, 2022). Its origins are in the United States, where the term is expressed as BIPOC. In comparison, Canada strives to consistently place "First Peoples first" so the Indigenous-first acronym is often used instead (UBC Equity & Inclusion Office, 2022). Indigenous perspectives were intentionally brought in every week, whether in the course readings or activities, and Black and other racialized groups were not. For instance, in the week seven learning lesson.

> It recognizes also the impact of trauma across generations, which is really foundational to understanding and appreciating what we are hearing from Indigenous people in Canada about the impact of residential schools, the impact of the 60's Scoop, the impact of many of the other culturally oppressive practices that were implemented as part of colonization (Collins, 2022, GCAP 633: W7)

This was intended to be a lesson on intergenerational trauma, which both Indigenous and Black people are experiencing presently due to the history of colonization, slavery, and several inequities in Canada. The scope of human diversity is extensive, but when topics such as intergenerational trauma are discussed within Canadian psychology courses, the history of colonization and slavery needs to be discussed as they still significantly impact both populations to this day in this country. Although this is the case, CPA cannot mandate what constitutes a range of diversity, nor can they require how it is being taught because licensure to practice is granted by regulatory bodies in each Canadian jurisdiction.

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Summary of Multicultural Counselling Thread

The discourse of multiculturalism plays a central role in how culture is constructed through curriculum, taught, and taken up by students. As I have learned more about the historical development of the discourse to what it has come to be today and the role it plays in being licensed in either Alberta or Ontario, what is currently being taken for granted is the building in the range of human diversity and variability as we discuss culture. As CPA has mentioned, the professional, social, and institutional responsibilities of all involved are to acknowledge the variability component and be explicit, whether with curriculum or how it's being taught (Canadian Psychological Association, 2022). Although CPA does state this, what it entails and how to introduce this competency is not explicit, which allows regulatory bodies such as CCPA, CAP, and CRPO to address how they see fit. For this reason, institutions like Athabasca will align with these competencies but still be missing fundamental components of MCC. Consequently, students like myself, who are looking to use MCC components as a foundation for their future practice, are left at a disadvantage because there is no responsibility or accountability within any licensure body to ensure the context of how diversity courses are being taught is reflective of current societal issues.

Critical Self-Reflection, Self-Disclosure, and the Implication for Safety for Students

When safety is discussed, many layers and factors need to be considered in an online learning environment and during practicum placement. When considering safety in spaces with culturally sensitive considerations and discussions, everyone must ensure safety is always maintained. This entails establishing, checking in, and offering ongoing support and resources. Engaging in critical self-reflection and sharing was initially very uncomfortable and unsafe for me. Drawing from Maslow's Theory of Human Motivation (Neher, 1991), active participation cannot meet its true potential if a safe learning environment with positive rapport isn't initially established and consistently maintained. Currently, what

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is taken for granted is how the expectation of self-disclosure within learning spaces and in practice has implications for students' safety.

Safety at Athabasca

Athabasca University's Code of Conduct for Members of the University Community, members are asked to "seek to achieve high standards in administration, teaching, research and community service and actively consider the health and safety of themselves and others when carrying out their duties" (Athabasca University, 2022 a). This is applicable to both the instructor and the course author where it appears safety in this context is referring to overall safety, including emotional and physical. What is not clear is what is considered high standards within Athabasca because the perception may differ depending on who is engaged.

In addition to safety within AU's community, AU provides an external mental health resource page consisting of a compiled selection of resources they have vetted to offer students (Athabasca University, 2022 b). There were resources about addiction, anxiety, caregivers, covid-19, depression, equity, diversity, and inclusion (EDI), grieving, human rights, indigenous mental health, LGBTQIA2S +, loneliness, mental health (general), men's mental health, policies and research, self-care, and veterans/military. They provided many resources for Indigenous mental health and LGBTQIA2S +, which are considered non-dominant groups as outlined in GCAP 633 but didn't reference any other. There was a section designated to providing resources related to EDI. Still, the only resource available was discussing EDI in research, which does not have any correlation to mental health for equity-deserving groups. Hence, the resource appears to be misplaced. Overall, safety is regarded at AU, where all members are held to a standard to keep the space safe. Still, context is missing regarding what the responsibility for each member entails, which leaves members feeling they are creating safe spaces for all, when they are not.

My Actualities With Critical Self-Reflection, Self-Disclosure

Self-Disclosure and Assumed Safety

It was unclear how the course author designed GCAP 633 with safety considerations. In week one, students were asked to introduce themselves and comment on one another's posts. Like other courses in the Master of Counselling program, usually, this week serves as students becoming comfortable with one another. Despite this introduction, I have shared many instances in GCAP 633 where I felt it was unsafe to share or call out culturally inappropriate activities. For instance, when students were asked to be creative and share a "Yes, and . . . expression". This activity requires students to identify a statement about human rights, social justice, and position in society of persons or communities with whom they continue to struggle to find common ground or for whom they find it difficult to embrace their rights to self-determination fully. The author mentioned that we need to be respectful, given classmates may come from different backgrounds. Still, there is no possible way to create a Yes, and… expression without offending someone who identifies with the group they are referring to. The statement to encourage respect appeared to address safety concerns but was insufficient. In addition, there were no options to skip the activity without impacting a student's grade. I was expected to engage with content that made me uncomfortable, and I had no choice to refuse work. Safety was assumed but not created.

Self-Disclosure and Discussion Post

Before starting my master's program, I was never required to bring myself into schoolwork. There was a shift in learning, where I was learning about myself, which ultimately contributed to the level of self-awareness I had to complete this body of work. Research suggests learning is enhanced by exploring the interface between personal/professional experience and academic study (Pollock et al., 2011; Wan et al., 2010). With this, we were asked to explore this interface as we engaged in online discussions and evaluated our performance based on our posts' quantity, timing, and quality. I struggled

with discussion posts because the way I was engaging with course content often appeared to differ from what the rest of the students were stating. The added pressure of posting within a certain timeframe with a substantive response that illustrated my reflections did not help. A level of vulnerability was required, which had implications for my emotional safety. The one aspect currently not being considered within the Master of Counselling program is if it is *safe* for students to share, especially in an online classroom discussion forum. What is taken for granted is how this way of learning and engaging has implications for the student in the learning environment if safety is not foundational.

Self-Disclosure and Countertransference

As I completed my practicum placement, countertransference was a reoccurring experience for me, and foundational to these experiences were concepts of shared narratives, self-disclosure, self-awareness, and boundaries. My experiences as a Black woman positioned me as relatable to my clients. In turn, I related to my Black clients easily as well. With this, there was an expectation I could relate to what my client was going through or that I understood without in-depth explanation. Creating boundaries in this context was challenging because being relatable appeared to be imperative to building rapport. This placed me in an unusual position that was not discussed in our coursework as I was learning how to support my clients. I tried my best to remain relatable but still enforce boundaries. Still, no matter what I was doing, I was experiencing countertransference where I caught myself too close, which had implications for my emotional safety. As I critically reflected on these experiences, I chose to disclose them to my supervisor. She explained that this experience is common among racialized therapists working with racialized clients (Calnek, 1970; Price, 2015). I went back to all the documents I reviewed during the completion of this work, and nothing speaks to this in any regard, nor did I engage in any discussions about this topic. This experience impacted not only my self-efficacy and emotional safety but also the quality of care my clients received.

Orienting Texts

As I have highlighted, critical self-reflection and self-disclosure are required of students within the learning environment and in practice. As I mapped out this thread, the texts I oriented to are GCAP 633 Disciplinary Outcomes, GCAP program outcomes, CAP criteria for evaluating academic credentials document, CRPO criteria for evaluating academic credentials, and CPA's Code of Ethics. I will walk through each boss text in relation to critical self-reflection and self-disclosure to further illustrate how ideas and institutional discourses made their way into my actualities.

GCAP 633 Disciplinary Competencies

Referring to Figure 2. *GCAP 633 Disciplinary Competencies,* all the outlined competencies required a level of critical reflection. Instead, I focused on the competencies that required students to share through online discussion, which would be considered a space with safety associations. According to Collins (2022), the rationale for including class discussions in most GCAP courses is based on constructivist learning theory. With this, there are six principles of constructivist learning:

1. **Learning is an active not a passive process**. Students are expected to be part of a learning community in which their contribution to their own learning is essential to the outcomes targeted.

2. **Learning is creative**. Students are expected to construct meaning through engagement with ideas, experiences, and their own responses to those ideas.

3. **Learning is social**. Students are expected to co-construct meaning through interaction with others, and discussions serve to mirror the constructive collaboration that occurs in their dialogue with clients.

4. **Learning occurs in context**. Students understanding that through discussion, the possibility of generating new perspectives and for moving outside of our cultural is optimized.

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5. **Learning is continuous**. Active engagement in conversations with others gives you an opportunity to apply ideas in practice, to build on the learning brought forward by others, and to consider and reconsider your own perspectives.

6. **Learning is purposeful**. The metacognitive skills that have been introduced that are designed to enhance students' competency as a counselling practitioner, are the same skills that are engaged through discussion with other people.

In addition, Collins (2022) states "the class discussions are intended to mirror the kinds of conversations that occur in face-to-face graduate seminars, in a peer consultation or supervision groups in counselling practice, or in professional dialogues in other contexts." The need for class discussion in an online learning environment is sufficiently supported using constructivist learning principles. Still, there is no mention of establishing safety so students feel comfortable participating. This comes with the assumption that these topics should be comfortable for everyone to speak to publicly, but with the previous reference to students possibly feeling shame or guilt when certain issues are discussed, how can one assume students' comfort level? In addition, if there are students within the class that identifies with any non-dominant group discussed amongst their peers, context needs to speak to this so all students involved in the discussion feel comfortable participating.

GCAP Transdisciplinary Competencies

According to Athabasca University Competency Spreadsheet (See Appendix I), out of the eleven courses, five orients towards the course competency "engage in critical reflectivity both during and after professional activity, and act upon these reflections" (Athabasca University, 2019). These courses are GCAP 631 - Models of Counselling, GCAP 633 - Sociocultural & Systemic Influence, GCAP 671-Developing a Working Alliance, GCAP 635 - Intervening for Client Change, and Thesis I, Thesis II. As mentioned previously, class discussions are primarily used to share students' personal insights, and

according to GCAP's program outcomes, this is considered standard practice. The competency *Leadership & interpersonal relationships. Model respect, professionalism, and socially responsible leadership in relationships with individuals and systems* is the competency that spoke most to establishing an environment of respect and safety, but it said in the context of how students should conduct themselves rather than a course being structured to ensure it is maintained at all times. This shifts the safety responsibility from the institution to the students when they both need to have the responsibility.

Canadian Certified Counsellor Certification

In CCPA's certification guide, there was no direct reference to self-disclosure. Still, applicants are required to have taken an ethics course. The ethics code provides professionals with self-disclosure guidance and outlines principles and values that psychologists should aspire to uphold (CPA-Code, 2000). AU speaks to this in their transdisciplinary competencies: *Leadership & interpersonal relationships* and *Professional capacity & autonomy,* where the focus is on the student and their responsibility to create a respectful and safe learning environment. Although there were no explicit links between what was taught in GCAP 633 and the Canadian Code of Ethics, GCAP 632-Professional Ethics, which is a course taken before GCAP 633, speaks to self-disclosure and professionalism. With this, it can be assumed that the expectation is for students to bring that awareness they developed in GCAP 632 into GCAP 633.

Registered Psychologist in Alberta

Upon reviewing CAP's criteria for evaluating academic credentials, there was no mention of self-disclosure, but similarly to CCPA, it does state students must have taken a graduate-level ethics course based on the Canadian or American Code of Ethics, which is outlined in CPA's code of ethics.

Registered Psychotherapist in Ontario

Coupled with CCPA and CAP, CRPO does not directly talk about self-disclosure in any nature, but it requires applicants to have an ethics course. Given that CCPA, CAP, CRPO require applicants to take a course based on Canadian Code of Ethics, in the next section, I will delve into what CPA's Canadian Code of Ethics for Psychologists says about self-disclosure.

Canadian Code of Ethics

CPA's Code of Ethics discusses disclosure within the context of Respect for the Dignity of Persons and Peoples (Principle I) and Responsible Caring (Principle II) (CPA-Code, 2000). Specifically, it states, "fully open and straightforward disclosure might not be needed or desired by others and, in some circumstances, might be a risk to their dignity, well-being or best interests, or considered culturally inappropriate" (p.27). In such circumstances, it was highlighted that psychologists are responsible for ensuring that their decision not to be fully open or straightforward is justified by higher-order values and does not invalidate any informed consent procedures (CPA-Code, 2000). Throughout the document, disclosure is discussed with respect to the client. For instance, *Principle III: Integrity in Relationships* states, *"*the psychologist is responsible for making an honest appraisal of the benefits and risks involved in the context of the specific situation, including but not limited to: determining the feasibility of alternatives in light of those risks and benefits; deciding whether to enter into or continue the relationship; establishing relationship boundaries appropriate to the work being done" (p.25). As a result, the safety responsibility is with the practitioner or, in this case, the student.

Summary of the Critical Self-Reflection, Self-Disclosure Thread

Currently, what is taken for granted is how the expectation of self-disclosure within learning spaces has implications for students' safety. Also, self-disclosure in practice when the practitioner and the client share similar cultural backgrounds heighten possible occurrences of transference and countertransference. In my ethnography, I defined safety as the condition of being where a person feels

secure and free to express themselves in an authentic, open way. Supported by the six principles of constructivist learning theory, Collins (2022) explained the rationale for including class discussions in GCAP 633. However, Maslow's Theory of Human Motivation (Neher, 1991) highlights that active participation cannot meet its true potential if a safe learning environment with positive rapport isn't initially established and consistently maintained. The boss texts speak to what skills and knowledge applicants should have about self-disclosure, but they all speak to ethical behaviour within practice and research rather than self-disclosure and the practitioner's safety. No boss text speaks to how counselling should be taught with considerations for safety, which provides space for educators to develop course curricula how they see fit. The limitation with this is when students, such as myself, are required to share and engage in discussions with students we don't know, it places us in the position to either not engage at all or engage in a lot of invisible work to make the learning experience ours**.**

Invisible Work

The term *invisible work* has been used to describe a person's work that often goes unseen and unrecognized by others. For me, invisibility was experienced in two contexts (1) how curricula construct, constrain, and organize my work as I obtained my credentials to practice, and (2) how there are different implications for me as a racialized student counsellor as I engage in counselling practice. I entered this profession with the idea of what I needed for my educational experience. I was willing to do what I needed, including the invisible work of *code-switching,* to get my credentials to become a psychologist. As an IE researcher completing this body of work, I sought to make what is invisible visible by exploring the everyday work of a student, my personal experiences with that work as a Black student, and the social relations that structure and govern those experiences (Campbell & Gregor, 2008; Smith, 2005). In this section, I will walk you through the actualities and disjuncture I experienced and the invisible work I had to engage in an attempt to make the learning experience mine.

The Construction Culture in Curricula

Context

How courses are constructed is heavily influenced by program competencies and licencing requirements. FHD Associate Dean for Teaching and Learning oversees curriculum and course development for the faculty. The FHD development and revision process begin by distilling a course map, ensuring both disciplinary competencies (entry-to-practice) and program learning outcomes for the particular course are consistent with the program-wide competency map. The course team, comprised of the primary author, second reader, and a member of the Learning Technology Team, develops the assignments to assess disciplinary competencies and program learning outcomes for the course. Following this, the primary course author writes the lessons, meeting regularly with the course team to solicit feedback. A professional editor edits the lessons as they are produced. When the lessons are nearing completion, the primary author convenes an "80%" meeting to solicit further feedback from FHD colleagues. Each course in the program is on a 5-year major revision process. Each course coordinator is responsible for making minor revisions annually to maintain currency.

What is currently being taken for granted is what currency and relevancy look like in a cultural course in relation to present societal issues. The current mental health needs of Black populations are significantly heightened, as more public occurrences of racial discrimination, systematic oppression, and violence have shed light on the adversities Black people experience in their everyday lives. Despite this, it has not been included in GCAP 633 and is not mandated by the school or licensing bodies.

Disjunctures

When institutional ethnographers map out *translocal* social relations to figure out how they impact on people's daily doings in their local environments, they are in the position to highlight the disjunctures between two contradictory ways of knowing something: knowing experientially versus

knowing objectively or ideologically (Campbell and Gregor, 2002). Using IE as the method of investigation for my research enabled me to make this important discovery and to see the disjuncture between these two different ways of knowing. The first disjuncture as it pertains to the construction of culture in the curriculum is the dominant approaches to research and practice that are currently being taught that omit important cultural considerations for racialized people; how students are presently being taught limits their ability to support various racialized populations; and racialized students are not being represented in the curriculum.

As a student of the GCAP Master of Counselling program, I was taught that change is subjective. Carl Rogers' person-centred counseling approach introduced the attribute of accurate empathic understanding to promote change in which individuals can move forward and become capable of becoming their true selves (Knight, 2010). Accurate empathic understanding means that the therapist understands the client's experience and feelings compassionately (Knight, 2010). The therapist recognizes that each client's experience is subjective and therefore strives to see things from the client's unique perspective (Knight, 2010). As clients' experiences are subjective, so are their perceptions of change, and as a result, counsellors should not attempt a "one size fits all" approach to supporting mental health concerns. In GCAP 633, the role of culture in practice was discussed, but the curriculum failed to go beyond generalization, which left out relevant factors and context. As a result, students have not been placed in a position to attend to the unique needs of racialized clients by integrating the clients' lived experiences, broader institutional categories, and factors of equality into practice.

The invisible work

According to GCAP Self Study, "students with a particular interest may choose to focus on it within individual course assignments across several courses" (p.16). For example, a student may focus on a particular problem (e.g., trauma or substance misuse) or population (e.g., an ethnic identity or an age

group). Given how the course was constructed, I was brought to the point of engaging in invisible work to make the experience mine. First, when I felt a gap between what was being taught and the context of Black people, I would use my experience to understand how what was being taught could translate differently. Second, I would research where most resources spoke to social work counselling practice. Once I felt I had a good understanding of the subject with more context, I would note it in my reflective journal. It is important to note that a lot of what I know today about culture, race, and therapy came from resources that were not part of the discipline of psychology. Although GCAP's Master of Counselling program is designed to have a self-directed focus, students choosing to focus on a particular interest within individual course assignments does not equip them with the skills, resources, and insights to carry the work out in practice. In addition, this comes with the assumption that the instructor grading the course work has expertise in the particular area to sufficiently support the students learning. This is a lot of pressure on both the student to make the learning experience theirs and the instructor to be in the position to appropriately support.

A Racialized Student Counsellor

Context

While completing GCAP 633, my focus was navigating and completing the required activities comfortably and safely. I already entered into the program with the understanding that there are very few self-identified racialized psychologists in Ontario and very limited research regarding culture, race, and counselling in Canada. With this prior knowledge, I entered with hesitancy because I was unsure how I would be received amongst my peers and what I would learn. Despite these feelings, I came into the program with a clear goal and was willing to do what I needed to do. This did not change how I naturally felt. As a result, I was hyper-aware of my environment, including how I was taught and my interactions

with my peers. There was a silent narrative taking place as I completed GCAP 633: The dynamics in counselling can be different for me because I am Black.

Disjunctures

My literature review outlined factors that remain silent as to why Black people are underutilizing psychological services such as counselling. Coupled with this is the reality that although I am in the learning space as a student, I am still Black, and those same factors also apply to me. The course author of GCAP 633 stated, "GCAP 633 Sociocultural and Systemic Influences on Counselling examines the sociocultural influences on psychosocial and cultural identity development and management, with particular attention to the social determinants of health, the impact of cultural oppression on non-dominant populations, and the importance applying a contextualized and systemic perspective to case conceptualization" (Collins,2022, W1). The non-dominant populations referenced throughout this course were Indigenous, 2SLGBTQIA+ persons, and individuals from working or poor social classes. As a Black person in a multicultural counselling course, I anticipated the course to refer to Black Canadians specifically as non dominant populations were discussed given the overt ongoing adversities they face that have significant implications for their mental health. There were references to POC but no specific reference to Black people. Lumping Black-specific issues was extremely offensive and made it challenging to take up this work. As the course author strived to emphasize applying a contextualized lens to case conceptualization, this process became unclear as the course in itself was missing significant context. This can be seen as an example of a colourblind way of teaching. Not factoring in the race and culture of the people taking up this work and leading with the assumption of generalization with no context is the best way to teach students about MCC.

The invisible work

How GCAP 633 was constructed informed my *local*, which made navigating exhausting. I was constantly engaging in code-switching, modifying answers, looking for additional resources to receive clarity, and leveraging external resources to make sense of what counselling would look like for me. Given I did not feel I could discuss the disjunctures I experienced as a Black student, I was selective regarding what to say and when to say it during our weekly conversations. Specifically, I would wait for most of the class to respond to evaluate what would be appropriate to include in my response and what was not. This gave me safety, knowing I would not offend anyone or make the discussion uncomfortable. There was an alternative post requirement where class responses were kept private until I responded to the question myself. In this case, I could not read the room and would write the vaguest answer in these cases.

During practicum placement, I realized how I was taught about countertransference differed greatly from how I experienced it in practice. First, it was a common experience while I was working with my racialized client. Second, I did not know what to do to prevent it from happening. Last, it was unclear how to process after an experience. Again, understanding there is limited information within psychology, I had to start drawing on literature from social work and engage in a lot of cross-discipline research to be efficient.

Another example is all the invisible work I did to integrate clients' cultures and values into the assessment tools. Although assessments are part of another GCAP course, case conceptualization has an information-gathering component. The language within this process must also be culturally sensitive. Language needs to be adapted and reframed with anti-oppressive, strength-based language. I did this with the support of my supervisor but, again, did not learn about this in school. Invisible work is necessary for ongoing learning, but when the invisible work becomes heavy and exhausting, it shifts the responsibility of learning more so on the student than the educator, and this has limitations in itself because I, as a

student, only can know so much independently, but need the support from the instructor, the learning environment, and resources to ultimately consider this a learning experience.

Summary of the Invisible Work Thread

As I completed my degree, there were several disjunctures illustrated through my class engagement and during practicum placement. The disjunctures regarding culture and how I was taught compared to how culture was practiced with racialized clients had implications for my overall success as a student counsellor. In the course GCAP 633, I became very creative with how I engaged with peers and the content. However, this limited my learning experience because I was not genuine with my engagement. When I began my placement, it became apparent I should have questioned and challenged when I did not agree with how MCC was presented. It resulted in even more invisible work I had to do to effectively support my clients. Trying to learn while being conscious of how I navigate, coupled with the extra searching for resources, is a lot. Some of the invisible work I engaged in can be considered standard, but if what I have outlined as it pertains to MCC is taken into consideration for further development of GCAP633, I would have less to do because the course in itself adequately addresses the foundational principles of MCC.

Chapter Summary

All educational programs and licensing bodies in psychology require a multicultural counselling course. Both have acknowledged that an understanding of culture is needed from all counsellors, but some pieces are missing. Cultural education needs to be relevant and informed by current world issues. My reality is that despite the requirement of educational courses that focus on multicultural counselling, I do not feel prepared to offer counselling services to the specific communities with which I plan to work with, which is POC. This then poses the question, how has this come to be when these courses are required in all programs? The connections between knowledge, power, and literacy organization play a

significant role in this research project. Specifically, how the lack of accountability from regulating

bodies impacts how culture is taught in each Canadian jurisdiction. At AU, MCC is taught in a specific

way that has been largely informed by the authors of the GCAP courses.

The threads identified illustrated how constructed culture can impact how people take up texts

and use them in their everyday lives. As I bought the textual organization into focus, I highlighted how

course curriculum construction and delivery take for granted how racialized students can take up their

work. The larger institutional view is authors of courses are required to construct a curriculum utilizing

competencies informed by licensing requirements. These requirements are clear with what needs to be

included, but how it should be taught and delivered is left to the author to decide. This is how the course

curriculum is constructed and appears to be the standard in practice. With licensing regulations requiring

institutions to orient toward particular competencies for their students to be considered registered

practitioners, course authors are responsible for creating content that prepares students for the profession.

This analysis has brought into focus the importance of understanding both the discourse of multicultural

counselling and the diverse populations that will be engaging in the content. Failure to do this does not

allow authors to take an equity and social justice approach to identify and remediate processes and

structures that disadvantage students.

Chapter 6: Conclusions

The current mental health needs of Black populations are significantly heightened, as more public occurrences of racial discrimination, systematic oppression, and violence have shed light on the adversities Black people experience in their everyday life. Despite this, many Canadian Black people are underutilizing psychological resources. The dominant approaches to research and practice have historically focused on identifying and addressing barriers to clients seeking care, rather than accessibility and appropriateness of the services offered. There is currently a dearth of information considering how the current focus impacts racialized students in their counselling programmes, and, consequently, their work as student therapists. This shift in understanding starts by considering and responding to the fundamental questions: How are counsellors being educated? And what are the current practices being bolstered up as effective counselling for all populations?

In this research, I extended the invitation to further consider, from the standpoint of a racialized student, as an example of how culture is taught and performed in the fields of counsellor education, with implications for supervised student therapeutic practices and beyond.

From my standpoint and institutional analysis, we have come to understand that how culture is taught and performed in the fields of counsellor education is a systemic issue. Culture is unique and individualistic to the professor teaching and the students taking up this work. Therefore, it makes the most sense to shift the questions to: How have current practices come to be and how are they maintained? The overview of the literature presented in chapter two provided a basic framework of the factors that are not currently being discussed as it pertains to mental health within Black communities. Within the academic literature, mental health concerns have increased in the Black community, with low engagement and understanding of how best to support this population. The intent of this analysis was to bring to academic awareness, as there are implications for how future counsellors are being taught and

trained that have a material impact on how they support racialized communities, such as Black individuals.

To distill my analysis into a manageable summary, it could be said that the findings lend themselves to two basic assumptions. First, there is no singular way to teach culture, as everyone represents an entirely unique set of experiences, values, cultural identities, social locations, and preferences. Second, despite licensing criteria to address diversity and cultural competencies, there is little to no direction/clarity of what subjects should be included and what teaching a range of diversity entails, which leaves course authors to make this decision. Consequently, this results in gaps in understanding of how culture is taught and performed in the fields of counsellor education.

Implications for Counselling Psychology

Cultural competence and diversity are widely identified as foundational pillars for reducing disparities through a culturally sensitive and unbiased approach (Jones et al., 2018). The unique issues that Black people face suggest that safety is a priority. Safety requires a counsellor's understanding, empathy, and intentional acknowledgment of their clients' lived experiences. This knowledge should then be integrated into their counselling goals with a client who can feel secure and free to express themselves in an authentic, open way. Creating safety for Black people needs to be intentional, and it begins with trust, but this trust cannot be implied.

Sue et al. (2009) described that awareness, knowledge, and skills are three primary components of cultural competency as applied to counselling. The current mental health needs of Black populations are significantly heightened, as more public occurrences of racial discrimination, systematic oppression, and violence have shed light on the adversities Black people experience in their everyday life. Despite this, many Canadian Black people are underutilizing these resources. This is not a new conversation in the context of Canadian counselling psychology. However, the dominant approaches to research and practice

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have historically focused on identifying and addressing barriers to clients seeking care rather than accessibility and appropriateness of the services offered.

In chapter 2, I pointed out that there is an absence of information considering how the current focus in counselling psychology impacts racialized students in their counselling programs and, consequently, their work as student therapists. Starting from the standpoint of a Black woman, my institutional ethnography undertook to constitute and investigate racialized students' everyday world as problematic (Smith, 1981). The work method was to inquire into how the curriculum is shaped and determined by social processes beyond its scope. A major sociological finding of my study in the social organization of curriculum is the textually mediated property of students' work. Throughout the examples I have shared, I have highlighted unique challenges and needs Black people may present that practitioners should be prepared to respond to. This has brought to light previously tacit and under-considered aspects of counselling and counsellor education practices, which calls for course authors, counsellors, and researchers to address the range of diversity by expanding with new examples that may inform advocacy for change in practice and counselling curriculum delivery.

The factors I have discussed, and many that have not yet been touched on, continue to impact Black people's lived experiences as they seek and utilize psychological services. Although the current curricula pertaining to cultural competence in counselling work meet the criteria for a CCC designation with the CCPA, among other programs, it is insufficient. Presently, authors orient towards accreditation and licensing competencies to develop the curriculum of their course. With this, they are given the autonomy to create course content by integrating these competencies as they see fit. A performative checklist approach to integrating cultural competence in course curricula is not efficient, and it places students at a disadvantage when higher education is sought with a specific intention. Failure to delve into the range of diversity when highlighting foundational learning subjects such as race trauma and social

justice demonstrates lumping racialized people under an umbrella. Teaching in a specific way that provides a one-size-fits-all approach further perpetuates the gaps in education, research, and practice as we build a more socially and culturally responsive psychology.

Implications for Racialized Students

Multicultural counselling (MCC) originally emerged as an act of resistance to traditional psychological theories that assumed that white and middle-class values are societal norms. The problem up to now has been the inadequacy of our accounts in providing a description of the mediating links between what is chosen to be taught and how it is being taught. In setting out to investigate how culture is both taught and performed in the field of counsellor psychology, I did not want my conclusions to be characterized as my personal experience. I wanted them, rather, without making any claims for their completeness, to be empirically and, therefore, scientifically adequate as a description from the standpoint of a racialized student, an example of how culture is both taught and performed in the fields of counsellor education.

This interest, however, required a conceptual shift. Instead of an inquiry into *why my learning experience unravelled the way it did*, my problematic took up the issue of *how* this has come to be. This shift operated to ground my research in the everyday activities of individuals such as myself, who accomplish the enterprise of ruling on a day-to-day basis. In attempting to explain how this has come to be, researchers, up to this point, have generally not examined in any detail how this process is organized by texts. What my analysis revealed, consequently, given the unclear nature of the texts that organize this process, course authors include texts that they see fit, and in turn, those texts can constrain learning experiences.

In my concern over how culture is taught, I did not consider how all professional licensure provides for and organizes how culture is taught. While historically, researchers have attempted to solve

the problem through a call for action in developing and implementing specific multicultural counselling standards throughout the profession, the field of counselling psychology has failed to understand what this research has underlined: generalization/lumping racialized issues to understand culture is not efficient and the topics chosen and how they are taught have implications for students both personally and professionally.

When we talk about cultural competency being embedded into the fabric of the counselling psychology profession, this entails intentional work where all courses bring it into focus rather than being primarily taught in one class. An intersectional framework needs to be applied by considering that each student's learning experience is determined by multiple sociocultural positionalities, inclusive of one's race, class, sexual orientation, religion, ability, and more. Failure to bring cultural considerations into *all* that is being taught with regard to *who* it is being taught to, will always leave critical knowledge and service gaps in counselling psychology programs.

Limitations of This Study

Although the research design choices of this study allowed for a unique insight into socially organized counselling practices and its implications for student counsellors, they also created certain limitations. As previously mentioned, this study inherently lacks a significant component of an IE research project, which includes speaking to other students. Campbell and Gregor (2002) list interviews as an integral element of an IE research project. Unfortunately, due to this being a master's thesis, the time did not allow for this, and interviews would be most appropriate for a dissertation.

Personal Reflections

Within the initial chapter of this research report, I provided an overview of my experience and story that served as an entry into the profession and this body of research. My story mirrored many of the stories I had heard from my friends and clients I had worked with, and therefore I believed that my story

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was representative of other racialized people. While elements of my story may resonate with other racialized people, each of our stories is unique. It is this understanding that I believe can provide the most important contribution to both the field of counselling and my own practice. The individualistic nature of supporting racialized clients and integrating the understanding of cultural context, identity, and family history into my approach.

One shift I would like to see within the counselling psychology profession is for more appropriate and safe psychological services to be provided by well-trained counsellors and psychologists for racialized people. Another shift I would like to see is more racialized practitioners in the field, warranting recognition and celebration for their unique contributions to strengthen the profession. This study provided both an opportunity for personal and professional growth for me. Still, it can also serve as insight into how work can be taken up very differently, given I am racialized.

Writing this IE allowed me to understand the social construction of learning and how easily we all can fall into perpetuating narratives that can marginalize other people's experiences. This process has also confirmed that despite the obstacles and challenges I have experienced to make this learning experience my own, I can navigate in these spaces and still can work towards my goal of becoming a psychologist in Ontario. I am glad that my research project supervisor displayed true allyship in. a way that made it safe for me to be so vulnerable and comfortable with sharing this thesis in the academic space. I hope this is the first step to something greater for Athabasca University and the discipline of counselling psychology. Lastly, I hope this research will afford other racialized students and counsellors alike the opportunity to write their own stories and create their own journeys. We may continue to learn from each other in academic and personal spaces and develop new counselling literature to advance a deeper capacity to hold and appreciate diversity and inclusion in all we do.

Directions for Future Research

This study has brought forth what was previously experienced but not spoken about in how culture is taught and performed in counsellor education. These insights have formed the basis of preliminary recommendations for course authors developing content. However, despite its important contributions, it has highlighted important considerations and gaps in academic research. As was previously mentioned, when taught in a colour-blind manner, there is insufficient regard for the lived experiences of radicalized practitioners. Being taught in a This necessitates racialized students to engage in significant invisible work to ensure the safety and understanding of their work. Another experience not attended to is what support looks like for racialized students and practitioners, which should be further examined in academic research and literature. Although this project touched upon courses within Athabasca University, this coverage is surface level. It cannot claim to have fully articulated how culture has come to be taught this way in Canadian counselling psychology programs. Analysis of various counselling psychology programs in Canada will allow for greater understanding.

Next, because this study only worked from my standpoint, identified threads and conclusions can only be deciphered through my own perception. Future studies should involve interviews with other racialized students and course authors. A more sophisticated IE research project may extend the findings of this study to develop a deeper understanding of how culture is taught and performed in the field of counsellor education. Finally, research should be conducted to understand the effects of how the current curriculum is taught overall on racialized students. Although this study drew a connection between processes and larger social organization through my account, it cannot draw firm conclusions about this effect on racialized students.

Recommendations

  With the intent to bring to academic awareness to how graduate students understand and perceive counselling psychology curricula and how those understandings affect their personal and professional successes from the standpoint of a racialized student, below I have outlined ten recommendations that emerged from this study:

1. After completing GCAP 633 and GCAP 671, ask students about topics that were left out or that they would have liked addressed. Course authors can use this information to inform the way the next version of the course is taught and the learning activities.

2. After the completion of GCAP 681 and GCAP 682, a closing discussion to delve into faced realities they didn't learn about and something they wished they had learned that would have better prepared them. Course authors can use this information to re-evaluate the program structure and delivery.

3. Anti-racism and anti-oppression frameworks to be included in counselling psychology discourse to address racism and oppression embedded in mental health.

4. Establishing a practice of co-authoring courses

5. Course authors to seek connections linking course topics with issues of socially important and ongoing inequalities. Connect with other Canadian counselling or related programs to better understand how culture is taught in other programs.

6. Establish a Community of Practice (CoP) comprised of educators and authors of cultural/ social justice courses.

7. Hire (or seek support) from subject matter experts on certain topics that go outside the scope of understanding of the author.

8. Consider adding the concept of invisible work and race trauma into the curriculum so it is transparent to everyone what that may entail.

9. Invite guests who are either subject matter experts or bring a unique perspective to counselling to speak to the diverse ways in which counselling can be approached.

Final Thoughts

This study illustrated that there is more than meets the eye as it pertains to the construction of how culture is taught and performed in the field of counsellor education. I navigated in Athabasca University's Masters of Counselling program, initially questioning myself and then my program choice because I felt I had not developed the skills needed to support racialized clients. This thesis made what was originally invisible to me, visible. It brought to light that there is a relationship between curriculum construction and *pedagogy,* which provides an opportunity for learning institutions to revisit how their curriculum is developed and to present the curriculum in a way that is relevant to student needs.

This thesis has also made visible some concerns regarding how culture and diversity are positioned in the profession of psychology. Many of the licensure requirements were extremely vague and sometimes did not mandate the fundamental principles of MCC. As a result, people are becoming registered psychologists and counsellors without being held accountable for having this foundational knowledge. In order to transition the current dominant approaches to research and practice, the conversation of appropriateness needs to be introduced. Appropriateness in the context of questioning if what we are currently doing best serves the people we are supporting. For this conversation to start, people who are practicing and future counsellors and psychologists need to start challenging and questioning what they are currently doing. In addition, inviting new perspectives and open a new way of practicing and researching. I believe this takes a level of self-awareness that no one can impose on

someone. As much as I would love this body of research to open everyone's perspectives, I acknowledge that not everyone will be ready to receive these messages. It will take time.

I entered the field of psychology to provide appropriate psychological services to racialized people. I entered this field of research with my own experience as a youth to highlight the need to shift the dominant approaches to practice and research from focusing on identifying and addressing barriers to accessibility and appropriateness of the services offered. Further, providing an example of how *culture* is taught and performed in counsellor education, I have highlighted the implications for supervised student therapeutic practices and beyond. My intention in sharing this work is to call attention to previously tacit and under-considered aspects of counselling and counsellor education practices and encourage other researchers to expand with new examples that may inform advocacy for change in practice and counselling curriculum delivery. Although it will take time to see a shift in the profession of psychology, I hope those who have the opportunity to read my thesis, can critically reflect on what this means for them in the capacity they work, to challenge how they can continuously keep their work ethical and responsive.

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Appendix A: Tri-Council Policy Statement Certificate

PANEL ON
RESEARCH ETHICS
Navigating the ethics of human research

TCPS 2: CORE

Certificate of Completion

This document certifies that

Lee Smith

has completed the Tri-Council Policy Statement:
Ethical Conduct for Research Involving Humans
Course on Research Ethics (TCPS 2: CORE)

Date of Issue: **17 October, 2020**

Appendix B: Fostering Responsive Therapeutic Relationships: Repositioning Microskills and Techniques in Service of Just Conversations

Responsive Counselling Relationships

Chapter 6 Co-Constructing Shared Understanding: Thoughts & Beliefs

Responsive relationships

A. Sociocultural construction of meaning

1. Culture & social location

Counselling processes

A. Conceptualizing client lived experience

1. Understanding thoughts & beliefs

B. Collaborating in meaning-making

1. Fostering constructive collaboration

2. Co-constructing meaning

3. Engaging cultural metaphors

Microskills & Techniques

A. Microskills

1. Reflecting meaning

2. Exploring inconsistencies

3. Summarizing

B. Techniques

1. Co-creating language

B. Assessment criteria

1. Experience near

Reflective practice

1. Reflecting critically on language

2. Enlisting your own story

3. Engaging with client stories

Applied practice activities

1. Partner activities

Chapter 7 - Assessing Client Preferences & Adjusting Counselling Style

Responsive relationships

A. Client preferences

1. Activity, approach, & therapist preferences

2. Institutional ways of being

B. Counsellor style

1. Directive vs nondirective

2. High-context, low context communication

3. Including significant others

C. Client feedback

Counselling processes

A. Integrating domains of experience

B. Avoiding premature foreclosure

Microskills & Techniques

A. Techniques

1. Linking domains of experience

1. Deconstructing Socio–Cultural–Political Influences

Counselling processes

A Conceptualizing client lived experience

1. Contextualizing client challenges & preferences

Microskills & Techniques

A, Techniques

1. Exploring sociocultural contexts

2. Deconstructing sociocultural narratives

3. Reframing

4. Externalizing

B. Assessment criteria

1. Contextualized/systemic lens

Reflective practice

1. Practising mindfulness

2. Enlisting your own story

3. Engaging with client stories

Applied practice activities

1. Partner activities

Chapter 10 Setting the Stage for Change

Responsive relationships

A. Orientation to change

1. Stages of change

Client readiness for change

Locus of control and responsibility

2. Reframing resistance

Counselling processes

A. Establishing therapeutic directions

B. Progress monitoring

1. Engaging in routine outcomes monitoring

2. Embracing between-session change

Microskills & Techniques

A. Techniques

1. Exploring client readiness

2. Way-making

Envisioning change

Evaluating domain focus

Defining and refining goals

Reflective practice

1. Honouring worldviews

2. Enlisting your own story

3. Engaging with client stories

Applied practice activities

1. Partner activities

Chapter 11 Maintaining Responsive Relationships

Responsive relationships

A. Self-care

1. **Compassion fatigue**
2. **Self-compassion**
3. **Self-care in session**

Counselling processes

A. **Resolving relationship ruptures**
1. **Transference–countertransference**
2. **Values differences or conflicts**

Reflective practice

1. **Leaning in/leaning out**
2. **Enlisting your own story**
3. **Engaging with client stories**

Chapter 5 Co-Constructing Shared Understanding: Affect & Embodiment

Responsive relationships

A. **Growth-fostering relationships**
1. **Connection-disconnection**
2. **Attachment**
   Attachment and relationship building
   Identity fractures due to colonization
3. **Empathy**
   Mutual empathy
   Mutual cultural empathy
4. **Presence**

Counselling processes

A. **Conceptualizing client lived experience**
1. **Exploring client challenges**
2. **Understanding affect & embodiment**

Microskills & Techniques

A. **Microskills**
1. **Reflecting feelings**
2. **Checking Perceptions**
3. **Inviting embodiment**
4. **Offering immediacy**

B. **Techniques**
1. **Practising grounding**

C. **Assessment criteria**
1. **Clear & concise microskills**

Reflective practice

1. **Enhancing rellective functioning**
2. **Enlisting your own story**
3. **Engaging with client stories**

Applied practice activities

1. **Partner activities**

Chapter 4 Fostering Client-Centred Relationships

Responsive relationships

A. **Trauma-informed practice**
1. **Trauma**

1. Microskills more open

Reflective practice

1. Cultural self-exploration

2. Enlisting your own story

3. Engaging with client stories

Applied practice activities

1. Partner activities

Chapter 2: Communicating Care & Building Rapport

Responsive relationships

A. Person of counsellor

1. Common factors

Counsellor factors

B. Enacting an ethic of care

1. Hospitality

2. Compassion

3. Trust

Counselling processes

A. Building rapport

1. Ways of being

Authenticity, genuineness, congruence

Openness, honesty

Unconditional positive regard, nonjudgment

Curiosity / Not-knowing

2. Culturally responsive being

Microskills & techniques

A. Microskills

1. Engaging through body language

2. Listening & attending actively

3. Embracing silence

4. Offering minimal encouragers

5. Paraphrasing

6. Providing transparency

B. Assessment criteria

1. Ethic of care

2. Responsive nonverbal communication

Reflective practice

1. Self-awareness

2. Enlisting your own story

3. Engaging with client stories

Applied practice activities

1. Optimizing the applied practice

2. Partner activities

Chapter 1 Building Responsive Relationships

Responsive relationships

A. Common factors

B. Values-based practice

1. Cultural responsivity
2. Social justice

C. Responsive relationships

1. Evidence-based practice & practice-based evidence

D. Therapeutic Conversations

1. Relational competencies
2. Just conversations
3. Structures of communication, microskills & techniques

Counselling processes

A. Welcoming clients

1. Acknowledging the stigma of counselling
2. Communicating responsivity

Optimizing social media presence
Providing culturally-sensitive space
Preparing virtual space

3. Challenging counselling conventions

Adapting to client needs
Honouring first language

Reflective practice

1. Preparing yourself
2. Enlisting your own story
3. Engaging with client stori

Appendix C: Disciplinary Competency Map

Disciplinary Competencies	
Counselling models. Analyze critically existing models of counselling and client change.	
Role of counselling models	Evaluate the role of counselling models in effective counselling practice.
Sociohistorical contexts of counselling models	Reflect critically on the sociohistorical contextual foundations of prevailing counselling models.
Cultural contexts of counselling models	Assess the roles that culture and context, broadly defined, play in giving shape to theories and models of counselling.
Assumptions about change	Analyze critically and deconstruct the major assumptions that underpin models of counselling and client change.
Evidence-based practice	Analyze critically the evidence-based practice movement in counselling.
Common factors	Analyze critically, and evaluate the relevance of, the common factors in therapeutic change.
Critical deconstruction	Apply a process of critical deconstruction to the analysis and evaluation of counselling models.
Counselling model implementation. Apply theoretical lenses in a purposeful and systematic way in work with clients.	
Client factors	Integrate counselling models and research evidence related to client needs and preferences into counselling practice.
Therapist factors	Assess the role that therapist characteristics play in facilitating positive counselling outcomes.
Theoretical flexibility	Demonstrate an open, flexible, and appreciative stance toward multiple and varied counselling models.
Theoretical positioning	Develop an integrative theoretical positioning that is responsive to diverse client issues, cultural identities, and contexts.
Culture. Acknowledge the ubiquitous nature of culture in counselling.	
Cultural self-exploration	Engage in cultural self-exploration as a foundation for cultural sensitivity toward client cultural identities and relationalities.
Intersectionality	Appreciate, and reflect critically on, the complexity and intersectionality of cultural identities and relationalities.
Cultural identity development	Articulate the relationship between social location and cultural identity development and management.
Culturally responsive practice	Embrace counsellor ways of being and counselling practices to honour, and be responsive to, the cultural identities, worldviews, and social locations of the client.
Social justice. Challenge social injustices, and critique their impact on client–counsellor social locations.	
Social injustices	Attend actively to social determinants of health, and evaluate the impact of social injustices on client health and well-being.
Power & privilege	Assess critically the impact of power and privilege on client–counsellor social locations.
Cross-cultural transitioning	Analyze critically the impact of cross-cultural transitioning and social injustices on cultural identity and relationality.
Socially just practice	Critically analyze the influence of dominant sociocultural discourses and norms on theory and practice, and actively promote socially-just counselling.
Ethics & standards. Evaluate critically and apply ethical and legal standards, principles, and guidelines.	
Ethical theory	Analyze critically foundational ethical theory.
Professional regulation	Articulate the role that professional regulation plays in promoting ethical practice.
Legal expectations	Identify and integrate law and legal issues that inform ethical practice.

Informed consent	Identify and reflect critically on the central role of informed consent within ethical practice.
Confidentiality	Identify and reflect critically on the central role of confidentiality within ethical practice.
Ethical practice within systems	Identify and reflect critically on the parameters of ethical practice from a systems perspective.
Professional boundaries	Identify and reflect critically on the central role that professional boundaries play in creating and maintaining ethical relationships.
Ethical decision-making: Articulate, critique, and apply a model of culturally responsive and socially just ethical decision making.	
Culture & ethical practice	Reflect critically on the intersection between cultural beliefs and values, and ethical practice.
Social justice & ethical practice	Articulate the central role that social justice plays in ethical practice.
Ethical decision-making models	Analyze critically and apply various ethical decision-making models, noting strengths and limitations associated with each.
Ethical decision-making contextual factors	Identify and integrate personal, organizational, and institutional factors that influence the ethical decision-making process.
Professional identity. Embrace values-based practice as a foundation for professional identity.	
Values-based practice	Articulate and demonstrate attitudes, values, behaviours, and comportment that reflect the values and virtues of professional counselling and psychology.
Client worldviews	Value the diversity of worldviews, and prioritize client beliefs, values, and assumptions.
Social change	Assume an anti-oppressive and justice-doing stance that advances social change.
Scholar-practitioner-advocate-leader	Embody social justice values as a foundation for commitment to scholar-practitioner-advocate-leader professional identity.
Responsive relationships. Engage in evidence-based, culturally responsive, and socially just relational practices.	
Evidence-based relationships	Position the client–counsellor relationship within the body of evidence on what works in counselling and psychotherapy.
Relational practice	Optimize the growth-fostering potential of the client–counsellor relationship.
Therapeutic conversations	Articulate the distinguishing features of, and engage consistently in, therapeutic conversations with clients.
Salience of culture & social location	Assess the salience and the interplay of client–counsellor cultural identities and social locations.
Shared power	Nurture collaborative and mutual, power-sharing relationships with clients.
Challenges & preferences. Implement counselling microskills and techniques, intentionally and responsively, to co-construct shared understanding of client challenges and to identify preferred futures.	
Counselling microskills and techniques	Select and implement purposefully various counselling microskills and techniques to support responsive client-counsellor relationships and counselling processes.
Co-construction of meaning	Facilitate co-construction of meaning though dialogue by applying counselling microskills and techniques in an intentional, culturally responsive, and collaborative manner.
Current challenges	Collaborate to co-construct a multidimensional and contextualized shared understanding of client challenges.
Preferred futures	Collaborate to co-construct preferred futures that are responsive to salient dimensions of client identities, worldviews, values, and social locations.
Assessment. Analyze critically, select, and apply appropriate assessment processes, tools, and techniques.	
Nature & purpose of assessment	Evaluate critically the nature and purpose of assessment.
General assessment processes	Evaluate critically standardized and nonstandardized assessment processes, tools, and techniques.
Client-specific assessment processes	Design and implement assessment processes in collaboration with the client.
Assessment tools theory	Explain the basic concepts of psychometric theory and test construction.
Assessment practice	Develop and demonstrate assessment interviews for specific contexts and problems.
Responsivity to risk	Conduct an appropriate risk assessment that balances the needs for client safety and protection of the public.

Diagnostic systems	Evaluate critically the role of psychiatric diagnosis in assessment.
Collaborative conceptualization. Collaborate with clients to apply culturally responsive, contextualized/systemic, and strengths-based lenses to conceptualizing client lived experiences.	
Metatheoretical & theoretical lenses	Establish culturally responsive and socially just metatheoretical and theoretical lenses.
Counselling framework	Articulate and apply a framework for general assessment, case conceptualization, and intervention planning, grounded in specific counselling concepts and principles.
Assessment integration	Integrate and make inferences from multiple sources of assessment data to inform case conceptualization and intervention planning.
Conceptualization of client lived experiences	Collaborate with clients to connect current challenges, preferred futures, therapeutic directions, and change processes in a theoretically congruent, responsive, and client-centred way.
Therapeutic directions. Implement counselling techniques and strategies, intentionally and responsively, to co-construct clear directions for the counselling process.	
Contextualized/systemic lens	Position client current challenges, preferred futures, and therapeutic directions within the context of culture, social location, and other systemic factors.
Locus of control	Collaborate with clients to assess critically the locus of control or responsibility for their challenges and the corresponding locus of change.
Therapeutic directions	Collaborate with clients to co-construct clear directions for the counselling process by effectively implementing client-centred and culturally responsive counselling techniques and strategies.
Responsive change processes. Engage in evidence-based, culturally responsive, and socially just change processes.	
Evidence-based change	Position change processes within the body of evidence on what works in counselling and psychotherapy.
Responsive change processes	Implement an integrative decision-making model for designing responsive change processes for each individual client.
Levels of intervention	Collaborate to target levels of intervention and to co-construct change processes that are responsive to culture and social location.
Change techniques & strategies	Collaborate with clients to facilitate change by effectively implementing specific counselling techniques and strategies.
Responsive microlevel change	Engage in culturally responsive and socially just change processes at the microlevel (i.e., individuals, couples, and families) in collaboration with clients.
Responsive mesolevel change	Engage in culturally responsive and socially just change processes at the mesolevel (i.e., schools, organizations, and communities) in collaboration with, or on behalf of, clients.
Responsive macrolevel change	Engage in culturally responsive and socially just change processes at the macrolevel (i.e., broad social, economic, and political systems) on behalf of clients.
Outcomes assessment. Track and evaluate counselling progress and outcomes.	
Client feedback	Assess the role that client feedback plays in facilitating positive counselling outcomes.
Practice-based evidence	Draw on practice-based evidence, to evaluate the efficacy of counselling techniques and strategies that support change.
Microlevel outcomes assessment	Evaluate change processes and outcomes at the microlevel (i.e., individuals, couples, and families) in collaboration with clients.
Meso & macrolevel outcomes assessment	Evaluate change processes and outcomes at the meso (i.e., schools, organizations, and communities) and macrolevels (i.e., broad social, economic, and political systems) in collaboration with, or on behalf of, clients.
Role of research & evaluation. Analyze critically the scientific foundation of the counselling psychology profession.	
Scientific foundation	Reflect critically on the scientific underpinnings of the health disciplines.
Nature & purpose of research/evaluation	Position inquiry relative to the nature and purpose of research and evaluation.
Application of research/ evaluation	Analyze critically the relationship between research/evaluation and practice.
Scholarly foundation for research/ evaluation	Position research/evaluation within the existing body of health disciplines knowledge and/or community or societal needs.
Research & evaluation processes. Evaluate and apply the principles, processes, and steps involved in various approaches to research and evaluation.	
Philosophical lenses in research/ evaluation	Compare and evaluate philosophical viewpoints in research and evaluation.
Philosophical contexts of methods of inquiry	Articulate the relationship of these philosophical viewpoints to methods of inquiry.
Steps in research & evaluation	Evaluate critically the steps in designing research and evaluation.
Responsive research design	Assess critically the influence of research ethics, cultural diversity, and practical concerns on research design.

Qualitative methods	Analyze critically, and discriminate between, a range of qualitative research methods.
Quantitative methods	Analyze critically, and discriminate, between a range of quantitative research methods.
Methodological congruence & integrity	Ensure methodological congruence and integrity in research and evaluation.
Evaluating research & evaluation	Establish criteria for evaluating research and evaluation projects.
Disseminating research & evaluation	Analyze the components of various research or evaluation documents.

Appendix D: Transdisciplinary Competency Map

Transdisciplinary Program Outcomes	
Disciplinary competence. Demonstrate entry-to-practice proficiency with counselling psychology disciplinary competencies.	
Entry-to-practice competency	Meet entry-to-practice level competencies as designated by relevant national and provincial or territorial organizations.
Educational qualifications	Meet requirements to participate in further education in the field of study or related fields.
Knowledge acquisition. Evaluate critically and integrate knowledge from a range of scholarly sources and disciplines.	
Breadth & depth of knowledge	Analyze critically and systematically the breadth and depth of knowledge in your health-related academic discipline or professional practice area, including emerging trends.
Complexity of knowledge	Acknowledge the complexity of knowledge and the potential of other worldviews, interpretations, ways of knowing, and disciplines to contribute to knowledge.
Cognitive complexity	Be tolerant of ambiguity, and cultivate cognitive complexity to enable you to see beyond your own values, worldview, and sociocultural contexts.
Interdisciplinary knowledge & collaboration	Value interdisciplinary knowledge and promote interprofessional collaboration.
Methods of inquiry	Compare and contrast various approaches to, and methods of, research inquiry.
Scholarly foundation	Select appropriate information sources, including discerning the credibility of Internet, and evaluate critically the quality of current research and scholarship.
Knowledge application. Analyze critically, synthesize, and competently apply knowledge to academic and professional tasks and roles.	
Critical analysis	Demonstrate critical reading, thinking, and writing.
Knowledge creation	Participate in the creation of health-related knowledge through original and creative thinking and writing.
Synthesis & integration	Integrate, critique, and synthesize the professional literature.
Thesis & arguments	Articulate and support an original thesis and sustained, well-reasoned arguments.
Application of knowledge to complex issues	Address complex issues and judgments successfully based on established principles, policies, and protocols.
Generalization of knowledge	Analyze critically, apply, and generalize knowledge to new questions, problems, or contexts.
Cultural responsivity	Assess critically the relevance and cultural responsivity of the application of knowledge within individual, family, community, social, and global contexts.
Knowledge transfer. Communicate and share knowledge effectively, professionally, honestly, and with integrity.	
Effective communication	Communicate ideas clearly, succinctly, and effectively to interdisciplinary, specialist, and nonspecialist audiences.
Verbal & nonverbal communication	Evaluate and apply appropriate verbal and nonverbal communication skills to engage with individuals, groups, and broader systems.
Teaching & learning	Implement teaching and learning strategies effectively.
Dissemination of knowledge	Synthesize, organize, create, and distribute knowledge in a variety of forms (e.g., electronic, written, oral, visual) to make it available to other users.
Professional writing	Apply academic and professional writing principles and standards consistently, using the appropriate discipline-specific style (i.e., Publication Manual of the American Psychological Association).
Intellectual honesty & scholarly integrity	Demonstrate intellectual honesty and scholarly integrity; in particular, attribute ideas to their sources accurately, and use the appropriate discipline-specific style (i.e., Publication Manual of the American Psychological Association).
Leadership & interpersonal relationships. Model respect, professionalism, and socially responsible leadership in relationships with individuals and systems.	
Cultural diversity	Value, respect, and be responsive to cultural diversity.

Professional conduct	Conduct yourself in a professional manner across all settings and situations.
Positive relationships	Develop and maintain effective relationships, and interact in a positive solution-focused manner.
Collaboration	Collaborate respectfully and effectively with clients, peers, colleagues, and systems.
Leadership	Demonstrate leadership in complex and unpredictable environments within organizations, communities, and the profession.
Conflict resolution	Navigate conflict, and negotiate differences in perspective, effectively and respectfully.
Social justice	Take action to safeguard the welfare of others and to promote social justice.
Professional capacity & autonomy. Assume responsibility for your own learning, and engage in reflective practice to support continued competency development.	
Responsibility & accountability	Exercise initiative, and demonstrate both personal responsibility and accountability.
Ethical decision-making	Demonstrate sound judgment, and engage in ethical decision-making, related to complex problems or situations.
Professional values & integrity	Evaluate critically and resolve situations that challenge professional values and integrity.
Self-directed learning	Assume responsibility for, and engage in, self-directed learning.
Constructivist learning	Promote actively creative, purposeful, contextualized, and collaborative constructive learning processes.
Intellectual independence	Demonstrate the intellectual independence required for ongoing professional development.
Self-awareness	Value self-awareness, and engage actively in continued exploration of your values, beliefs, and assumptions.
Reflective practice	Engage in critical reflectivity both during and after professional activity, and act upon these reflections.
Continuing competency	Self-assess competence accurately, recognize current limitations of competence, and plan appropriately to enhance attitudes, knowledge, and skills.
Self-care	Self-monitor the need for self-care, and intervene promptly when professional competency may be compromised.
Digital competence. Capitalize effectively on technology for knowledge transfer, and interpersonal communication, and collaboration.	
Information technology	Select and apply contemporary and emerging information technology to support scholarship, leadership, communication, and knowledge translation and development.
Digital identity	Establish a professional digital identity and presence through appropriate use of technology, social media, and web resources.
Multimedia & digital communication	Communicate ideas, issues, and conclusions effectively and professionally in a variety of forms (e.g., internet, social media, audiovisual, blogging).
Technology-mediated interaction	Interact effectively and professionally with peers, supervisors, and instructors through technology-mediated platforms (e.g., email, digital forums, videoconferencing, collaboration software).
Digital ethics and security	Evaluate critically the use of digital platforms in terms of ethics and information security.

Appendix E: Register as a Psychologist in Alberta 2021 Manual

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Fax: (780) 420-1241
registration@cap.ab.ca
www.cap.ab.ca

Process to Register as a Psychologist in Alberta

1.0 Registration Process Flow Chart

Applying for Evaluation of Academic Credentials

- Application for Evaluation of Academic Credentials

- Academic transcripts from originating institution(s)

- Statutory Declaration

- Academic Credentials form outlining Core Competencies

Applying for Registration as a Registered Provisional Psychologist

- Application for Registration as a Registered Provisional Psychologist

- Criminal Record Check and Vulnerable Sector Check

- Registration Verification form

- Part I

- Part II (if applicable)

- Fitness to Practice Declaration

- Proof of liability insurance to minimally $1 million

- Application fee

- Annual (or pro-rated) dues as a Registered Provisional Psychologist

- Completed Supervision Plan and/or Request for Credit (formerly known as Waiver Request) and Supervisor's Declaration

- "Onsite access" letter (if applicable)

Practice Permit Issued for Supervised Practice

- Completion of 1600 hours of supervised (evaluated) practice

- Completion of exams:

- EPPP – recommend completion early in the registration process

- Jurisprudence and Ethics Examination (Law and Ethics for Alberta Psychologists (LEAP)) - recommend completion early in the registration process. Must be completed prior to transitioning from Standards for Supervision Form A to Form B.

Final Registration Review

- Supervisor's Final Evaluation report

- Three positive professional references

- Notarized Final Registration Declaration

Practice Permit Issued for Independent Practice

Practice Permit issued for independent practice as a Registered Psychologist.

☐ Application for Registration as a Registered Provisional Psychologist ☐ Application foRegistrationas an Internationally Trained Psychologist (ITP). Candidates who qualify under the ITP application are those who have been practicing independently as a Registered Psychologist (or equivalent) in their home jurisdiction for two years within the last five years. Further information about the ITP application can be found on the CAP website under: Register as a Psychologist, Registration as a Provisional Psychologist, Internationally Trained Applicants.

2.0 Applying for Evaluation of Academic Credentials

2.1 The first step in the registration process is for the candidate to apply to CAP for an evaluation of their academic credentials. The applicant must have completed a graduate degree (masters or doctoral) with a major in psychology or a graduate degree with content substantially equivalent to a graduate degree with a major in psychology.

2.2 CAP's **Criteria for Evaluating Academic Credentials** and the **Application for Evaluation of Academic Credentials** are found on the CAP website.

The Credentials Evaluation Sub-Committee (CESC), a sub-committee of the Registration Committee, evaluates the applicant's academic credentials based on these established criteria. Application deadlines and meeting dates of the CESC are located on the CAP website.

2.3 Internationally educated applicants must begin the registration process by having their academic credentials evaluated at a CESC meeting.

Upon notice of academic approval, internationally educated applicants may proceed in the registration process and complete one of the following:

OR

3.0 Applying for Registration as a Registered Provisional Psychologist

3.1 Once a candidate has received official notification from the CESC that their academic credentials have been approved, the candidate may apply for provisional registration by submitting the **Application for Registration as a Registered Provisional Psychologist**.

The Registration Approvals Sub-Committee (RASC), a sub-committee of the Registration Committee, reviews provisional applications. Application deadlines and meeting dates of the RASC are located on the CAP website.

A **Supervision Plan** and/or **Request for Credit** (formerly known as the Waiver Request) must be included with the application.

3.2 **Supervision Plan**

The Supervision Plan details the applicant's plan to complete 1600 hours of supervised (evaluated) practice under the supervision of a Registered

☐ An applicant may have completed acceptable hours of supervised (evaluated) practice prior to becoming a Registered Provisional Psychologist with CAP if:

o they are currently a regulated member with a regulatory/licensing body for psychologists in another jurisdiction
o they have completed a pre-doctoral internship in psychology

Psychologist who meets CAP's supervision standards. All supervisors must complete a **Supervisor's Declaration**. Please refer to the **Sample Supervision Plan** located on the CAP website when preparing your Supervision Plan.

3.3 **Request for Credit** (formerly known as the Waiver Request) for previously completed hours of supervised (evaluated) practice
☐ Only experience obtained within five years of the date of application will be considered.

☐ Hours of practice completed in a master's practicum/internship do not qualify.

3.4 The following table identifies the branches of psychology, the professional activities, and the client characteristics with client descriptions which the provisional applicant may identify on their Supervision Plan. **Branches of Psychology**1

Educational/School
Clinical/Counselling
Forensic
Neuropsychology
Health
Rehabilitation
Industrial/Organization

Professional Activities2
Mandatory
Interventions
Optional
Formal Assessment
General Assessment
Research
Consultation
Supervision
Teaching

Client Characteristics
Individual
Couples
Family
Group
Organization
Description of Client
Child/Adolescent
Adult
Elderly

4.0 Practice Permit Issued for Supervised Practice

4.1 Upon review and approval of the candidate's application and Supervision

Plan/Request for Credit by the RASC, the applicant will be issued a provisional registration number and practice permit enabling supervised practice to begin, and their name will be added to the provisional register.

5.0 1600 Hours of Supervised (Evaluated) Practice

5.1 Registered Provisional Psychologists must complete minimally 1600 hours of supervised (evaluated) practice and 107 hours of supervision, based on their RASC approved Supervision Plan(s).

5.2 Any changes to the Registered Provisional Psychologist's Supervision Plan (i.e., changes of supervisor, professional activity, client population, practice location or completion date) must be communicated to CAP's Registration Department. Depending on the change(s) being made the Supervision Plan may require review by the RASC.

5.3 In accordance with the *Standards for Supervision of Registered Provisional Psychologists Form A*, the following evaluation reports are required from the Registered Provisional Psychologist's primary supervisor for every branch of psychology the Registered Provisional Psychologist has declared on their Supervision Plan(s).

☐ **Supervisor's Evaluation: Mid-term Report (Form A)** – to be completed approximately at the half-way point of completion of the 1600 hours of supervised practice and kept on file with the primary supervisor and the Registered Provisional Psychologist. A copy does not need to be submitted to CAP.

☐ **Supervisor's Final Evaluation (Form A)** – to be submitted to CAP at the completion of the hours of practice identified on the Registered Provisional Psychologist's Supervision Plan or when the supervision arrangement has been terminated prior to completion of the hours identified on the Supervision Plan. The report must be submitted to CAP within 30 days of completion or termination of the hours.

☐ **Supervisor's Ongoing Evaluation (Form B)** – submitted every six months to CAP once the Registered Provisional Psychologist has transitioned to Form B supervision standards.

The supervision standards and the evaluation reports are available on the CAP website.

5.4 Mutual Recognition Agreement (MRA) competencies

For each branch of psychology declared, all applicants will be assessed on the following five Mutual Recognition Agreement (MRA) competencies:

1. Interpersonal Relationships
2. Assessment and Evaluation
3. Intervention
4. Research

5. Ethics and Standards

Refer to the following documents on the CAP website for further information:

☐ Definitions: Branches of Psychology and Professional Activities
☐ Definitions: Foundational Knowledge and Core Competencies 5.5 Foundational Knowledge and Core Competencies

5.6 Supervision Consultants

Refer to the document Definitions: Foundational Knowledge and Core Competencies on the CAP website for detailed information.

Two supervision consultants are available (one in Edmonton and one in Calgary) to provide consultation to supervisors and Registered Provisional Psychologists, and assistance with conflict resolution when invited to do so by both parties. Consultation and assistance with conflict resolution will be provided without prejudice.

The names and contact information for the supervision consultants are posted on the CAP website.

6.0 Examinations

6.1 **Examination for Professional Practice in Psychology (EPPP)**

The EPPP is a multiple-choice computerized examination designed to assess the minimum required knowledge to safely enter the practice of psychology. The passing score is a scale score of 500 or higher. Candidates may apply to CAP to take the EPPP after they have been issued a practice permit as a Registered Provisional Psychologist. It is recommended that candidates take the EPPP early in the registration process.

6.2 **Jurisprudence and Ethics Examination ("Law and Ethics for Alberta Psychologists" (LEAP Examination))**

The LEAP Examination will assess whether a Registered Provisional Psychologist demonstrates a minimum standard of knowledge and judgment in matters of jurisprudence and ethics.

Registered Provisional Psychologists must pass the LEAP examination prior to transitioning to *Standards for Supervision of Registered Provisional Psychologists Form B*. Candidates may apply to CAP to take the LEAP Examination after they have been issued a practice permit as a Registered Provisional Psychologist. It is recommended that Registered Provisional Psychologists take the LEAP Examination early in the registration process. Process to Register as a Psychologist in Alberta /January 2021 Page **7** of **7**

7.0 Final Registration Review
A final review of the Registered Provisional Psychologist's file will take place once the following requirements have been successfully completed.
☐ 1600 hours of supervised (evaluated) practice
☐ Passing the EPPP
☐ Passing the LEAP Examination
☐ Three positive professional references have been received from the designated referees (at least one from a registered/licensed psychologist)
☐ Notarized Final Registration Declaration form received

8.0 Practice Permit Issued for Independent Practice
    Upon review and approval, the Registered Provisional Psychologist will be notified by email of the practice permit fees owing that are required as a Registered Psychologist for the current fiscal year. Once the payment is received, the name of the Registered Provisional Psychologist will be entered into the general register of Registered Psychologists, and they will be issued an updated registration number, a practice permit and certificate for independent practice.

Appendix F: Council of Ministers of Education and the Canadian Degree Qualifications Framework

1. Canadian Degree Qualifications Framework

A. Descriptions of Degree Categories

The following descriptions of degree categories are intended to capture the most salient general aspects of the three principal degree levels offered in Canada. They apply to a broad spectrum of disciplines, program types, and program lengths. The descriptors on the left-hand side are similar to the "Bologna Descriptors" used by many other jurisdictions, notably including the 25 countries in the European Union, the 20 countries that have formally associated with the European Union's project to develop common standards and quality assurance procedures, and many quality assurance agencies belonging to the International Network for Quality Assurance Agencies in Higher Education. The intent of such frameworks is to provide an agreed description of what each degree level is intended to achieve in general learning outcomes. This Canadian version is intended to provide a broad framework for each degree level, leaving to each province/territory the development of more detailed qualifications frameworks for degree credentials offered in its jurisdiction. Other credentials, such as associate degrees, special categories of applied degrees, and certificates and diplomas related to both undergraduate and postgraduate study will need to be articulated at the provincial/territorial level.

DESCRIPTION	BACHELOR'S DEGREE	MASTER'S DEGREE	DOCTORAL DEGREE
Program Design and Outcome Emphasis	The credential awarded for the bachelor's degree is designed to acquaint the student with the basic conceptual approaches and methodologies of the principal discipline or disciplines that constitute the program of study, to provide some specialized knowledge, and to nurture the capacity for independent work in the discipline/disciplines and field of practice. All bachelor's programs are designed to provide graduates with knowledge and skills that enable them to develop the capacity for independent intellectual work. That capacity may be demonstrated by the preparation, under supervision, of one or more essays, a terminal research paper, thesis, project, exhibition, or other research-based or performance-based exercise that demonstrates methodological competence and capacity for independent and ethical intellectual/creative work and, where relevant, the exercise of professional responsibility in a field of practice. Some bachelor's-degree programs are intended to provide a wide exposure to several disciplines, others to provide an in-depth education in one or more disciplines (often as preparation for graduate study), and still others to provide a blend of theory and practice that equips students for entry into an occupation or profession. Despite that diversity, each bachelor's-degree program must meet a substantial and common set of competency outcomes, as outlined below, to justify use of the bachelor's-degree label. The range of bachelor's programs includes	A master's degree program builds on knowledge and competencies acquired during related undergraduate study and requires more specialized knowledge and intellectual autonomy than a bachelor's-degree program. Much of the study undertaken at the master's level will have been at, or informed by, the forefront of an academic or professional discipline. Students will have shown some originality in the application of knowledge, and they will understand how the boundaries of knowledge are advanced through research. They will be able to deal with complex issues both systematically and creatively, and they will show independent capacity in addressing issues and problems. Research-oriented master's programs are typically for graduates of related undergraduate or professional programs in the field or students who have taken bridging studies to equip them for graduate study in the field; the focus is on developing the research, analytical, methodological, interpretive, and expository skills necessary for doctoral studies or for leadership in society. Some programs are thesis-based and require the student to develop and demonstrate advanced research skills under supervision. Others are course-based and require students to demonstrate the necessary research, analytical, interpretative, methodological, and expository skills in course exercises. Examples: MA programs in the humanities and social sciences, MSc programs Profession-oriented master's programs normally admit students holding baccalaureate degrees and provide them with a selection of courses and exercises intended to prepare them for a particular profession or field of practice or, if they are already involved in the profession or field, to extend their knowledge base and skills as professionals/practitioners.	A doctoral program builds on the knowledge and competencies in a field or discipline acquired during prior study, usually at the graduate level. Study at the doctoral level is at the forefront of an academic or professional discipline. Holders of the doctoral degree must have demonstrated a high degree of intellectual autonomy, an ability to conceptualize, design, and implement projects for the generation of significant new knowledge and/or understanding, and an ability to create and interpret knowledge that extends the forefront of a discipline, usually through original research or creative activity. Preparation for doctoral work may involve course work of varying lengths aimed at cultivating further conceptual depth or breadth. It may also involve written and oral examinations of knowledge and skills in aspects of the discipline prior to authorization to proceed to work on a dissertation. Research-oriented doctoral programs focus on the development of the conceptual and methodological knowledge and skills required to do original research and to make an original contribution to knowledge in the form of a dissertation. In some fields an internship or exhibition component may be required, but without diluting the significance of the dissertation as the primary demonstration of mastery.

• *Programs designed to provide a broad education as an end in itself.* They may also prepare graduates for employment in a variety of fields and/or for admission to second-entry professional programs. Examples: BHum (Humanities), General BA and General BSc degrees • *Programs designed to provide in-depth study in academic disciplines.* They normally prepare students for graduate study in the discipline(s) and for employment in a variety of fields. • *Programs with an applied focus.* They blend theory and practice, with content selected to ensure mastery of the field of practice rather than to deepen knowledge in the discipline/disciplines for their own sake or as preparation for further study in the discipline. Even so, they may prepare students for further study depending upon the field and length and depth of the program; graduates may or may not require preparatory studies before entering graduate programs. While professional associations or accrediting bodies may set entry-to-practice standards for such programs, those standards are not normally obligatory for the institution offering the program. • *Programs with a professional focus.* They are designed to prepare graduates to meet admission requirements and to be competent practitioners in the profession. Some of them are first-entry programs, others are second-entry programs (that is, they require some prior degree-level study or even a degree). They normally require periods of practical experience (apprenticeship, internship, articling, clinical, etc.). The capacity for independent professional work is demonstrated by academic and practical exercises, under supervision, followed by admission tests to the profession. Though considered to be bachelor's programs in academic standing, some professional programs yield degrees with other nomenclature. Examples: DDS (Dental Surgery), MD (Medicine), LLB, or JD (Juris Doctor)	Example: MSW (Social Work)	Such programs lead to the award of the PhD. Examples: PhD (Psychology), PhD (Education), PhD (Music) Practice-oriented doctoral programs are of a more applied nature, relate to a professional or creative activity and, where there is an internship or exhibition requirement, may also require a dissertation. Doctoral programs with an orientation to practice typically involve more course work than doctoral programs with a more theoretical or disciplinary focus. Such programs lead to the award of a degree designation reflecting the field or discipline. Examples: EdD (Education), MusDoc (Music), PsyD (Psychology).

Preparation for Employment and Further Study	In addition to providing personal and intellectual growth, bachelor's programs, in varying degrees, may prepare students for entry into graduate study in the field, second-entry professional degree programs, or employment in one or more fields.	Graduates will have the qualities needed for either further study in the discipline or for employment in circumstances requiring sound judgment, personal responsibility and initiative, in complex and unpredictable professional environments.	Holders of doctorates will have the qualities needed for employment requiring the ability to make informed judgements on complex issues in specialist fields, and innovation in tackling and solving problems.
Length of Program	Owing primarily to variations in pre-university studies among the provinces/territories, classroom instruction is typically six to eight semesters or more in duration (normally 90-120 credits, or the equivalent) and may be supplemented by required professional experience (e.g., supervised practica, internships, and work terms).	Master's programs vary typically from two to six semesters in duration, depending on the field and the speed at which individuals progress through requirements.	A doctoral program is typically three to six years in length, depending on the field and the speed at which individuals progress through requirements.
Admission Requirements	Admission normally requires, at a minimum, a secondary school or CEGEP diploma and/or university preparatory courses, a minimum grade-point average, and other program-specific requirements. Students lacking these credentials may be admitted on a part-time or probationary basis, with continuation subject to acceptable academic achievement. Second-entry programs normally require at least two or three years of completed degree-level studies or in some cases the prior or concurrent completion of another undergraduate degree.	Normally, an undergraduate degree with an appropriate specialization or an undergraduate degree with relevant bridging studies.	Normally, a master's degree with an appropriate specialization or a master's degree with appropriate bridging studies.

Appendix G: CAP's Criteria for Evaluating Academic Credentials

College of Alberta Psychologists

Registration

Criteria for Evaluating Academic Credentials

Updated: August 2021

July 2021

May 2021

October 2020

In accordance with the Psychologists Profession Regulation the following criteria will be used in evaluating academic credentials of candidates for registration as psychologists in Alberta.

1. **General rules:** the evaluation of any application will adhere to the general rules as well as the specific rules that govern each section. These general rules are:

   1.1. A graduate degree in Psychology refers to a graduate degree that has the words "Psychology" or "Psychological" in its title and is intended for the purpose of training people in the profession of psychology. A holder of a graduate degree in Psychology will be assessed based on the "regular psychology pathway". No other graduate degree titles will be considered under the regular psychology pathway.

   1.2. A graduate degree in all areas other than Psychology refers to a graduate degree that does NOT have the words "Psychology" or Psychological" in its title. A holder of a graduate degree in areas other than psychology will be assessed based on the "substantial equivalency pathway".

2. **Graduate Degree from a Government Authorized/Accredited Institution**

   2.1. Pathway 1: This pathway shall be referred to as the "regular psychology pathway". The applicant must have obtained a graduate degree in psychology from a Government Authorized/Accredited Institution that meets the academic criteria established by College Council for credentials evaluation. The degree must contain the word "Psychology" or "Psychological" in the title of the degree or transcript. In this case, the applicant's credentials will be evaluated under the regular psychology pathway criteria.

   2.2. Pathway 2: This pathway shall be referred to as the "substantial equivalency pathway". The applicant must have obtained a graduate degree in areas other than psychology. If the graduate degrees or transcript does not include the words "Psychology" or "Psychological" in the title, the applicant may apply, and the applicant's credentials will be evaluated under the substantial equivalency pathway criteria.

   2.3. Pathway 3: This pathway shall be referred to as "CPA/APA approved doctoral pathway". Doctoral degree in Clinical Psychology, Clinical Neuropsychology, Counselling Psychology, or School Psychology programs accredited by the CPA or the APA are subjected to strict content criteria as indicated by the CPA/APA accreditation requirements. Consequently,

2.4. individuals who hold Doctoral degrees in Clinical, Counselling, or School Psychology or Clinical Neuropsychology from CPA or APA accredited programs are exempt from the process of course-by-course evaluation outlined in this document.

2.5. Pathway 4: This pathway shall be referred to as "CAP approved programs pathway". Master's and Doctoral degrees in various areas of Psychology from authorized and/or accredited institutions may be assessed by the University Program Approval Committee (UPAC) and granted approval subject to the specific conditions as deemed necessary for each program, and subject to periodic re-evaluation. Consequently, individuals who hold Master's or Doctoral degrees from College of Alberta Psychologists (CAP) approved programs are exempt from the process of course-by-course evaluation outlined in this document. Please see Appendix A for a list of CAP approve

SOCIAL AND INSTITUTIONAL ORGANIZATION OF "CULTURE"

In all pathways the applicant must obtain the degree from an institution which was authorized/accredited at the time the coursework and related requirements were fulfilled. A graduate and/or undergraduate degree from or courses taken at an educational institution that is not accredited will not be considered. CAP accepts and recognizes the following educational institutional accreditation schemes:

2.6. **Canadian Institutions:** the institution must be a government-authorized degree-granting institution of higher education in Canada.

2.7. **American Institutions:** the institution must be an institution of higher education in the United States that is regionally accredited by the:

☐ Accrediting Commission for Community and Junior Colleges (ACCJC) Western Association of Schools and Colleges

☐ Middle States Commission on Higher Education (MSCHE) (Formerly, Middle States Association of Colleges and Schools)

☐ New England Commission of Higher Education (NECHE) (Formerly, New England Association of Schools and Colleges)

☐ Higher Learning Commission (HLC) (Formerly, North Central Association of Colleges and Schools)

☐ Northwest Commission on Colleges and Universities (NWCCU)

☐ Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)

☐ WASC Senior College and University Commission (WSCUC) (Formerly, Western Association of Schools and Colleges)

2.8. **Institutions Outside of Canada and the United States:** the institution must be a university in another country that has been authorized by an appropriate authority of that jurisdiction.

3. **Credits in Psychology Courses**

3.1   Once the CESC has determined that the applicant has a degree that is acceptable and is from an accredited institution, the CESC will review the specific courses taken by the applicant to ensure that the applicant has earned the appropriate number of credits in psychology courses.

3.2   With the exception of Pathways 3 and 4, the course content of a degree will be evaluated course-by-course, and a course that is used to satisfy a specific area requirement must meet the content of and the required hours in that area. Each content area must have at a minimum a single 3 semester credit dedicated course that meets the content area criteria.

3.3   For the purpose of satisfying the requirements outlined in this document, all psychology courses needed to meet the requirement for the core and substantive areas are **to be taught** by instructors holding a graduate degree in psychology as defined in these criteria.

3.4   For the purpose of satisfying the requirements outlined in this document, all psychology courses are **to comprise a minimum of 36 hours of instruction**. Courses that carry no credit value, **do not qualify for inclusion and will not be accepted**.

3.5   To meet criteria for acceptance of psychology courses in the core and substantive areas of study, a minimum of 36 hours of instruction must be undertaken in each area of study. In those instances where course instructional hours are less than 36 hours, i.e. quarter credit system, a combination of courses may meet criteria provided the instructional hours meet or exceed 36 hours, and the content of the course is in a singular area of study. However, combining hours of instruction from two or more courses, not in a singular area of study to produce the required 36 hours of instruction in that specific core or substantive area will not be allowed.

3.6   Course credits at the graduate, or undergraduate level, obtained by course challenge to satisfy presumed or identified deficiencies in the core or substantive-foundational areas, will not be accepted. General psychology course/credits obtained by course challenge will be accepted to meet the general psychology credit requirement, provided the credits are granted by the issuing institution prior to the commencement of the registration process.

3.7   Independent study courses may only be used to satisfy general credit requirements and cannot be used to satisfy any of the core or substantive content requirements (section 8).

3.8   Individuals who hold graduate degrees in Psychology that are purely research-based and do not include specified courses required for their degrees will be deemed NOT to have satisfied CAP's coursework requirement at the graduate level for the practice of psychology. Applicants with such degrees will fall into two categories:

3.8.1   Individuals who hold such graduate degrees and without documented and relevant experience in the practice of clinical, counselling, or school psychology will be required to complete up to 36 credits in course work at the graduate level. The specificity of the course work will be determined by the CESC at the time of evaluation.

3.8.2   Individuals who hold such graduate degrees and have documented and relevant experience in the practice of clinical, counselling, or school psychology should apply to the Substantial Equivalency Sub-Committee (SESC) for evaluation. The SESC will ask applicants to submit detailed accounts with supporting documentation as to how their experiences and the program of their graduate studies fulfil CAP's academic credential requirements. That is, how their experiences and the program of their graduate studies

map into CAP's general and specific course content requirements. In such cases and after a thorough assessment, and depending on the identified deficiencies, applicants may be required to complete up to 36 credits in coursework at the graduate level.

4. Number of Psychology Credits Required

4.1 **Thesis-based Graduate Program:** If the applicant has obtained a graduate degree in a program where a thesis was required, the applicant must provide evidence of having successfully completed 60 semester credits of psychology coursework, 30 of which must be at the graduate level. The remaining 30 credits can be at the graduate or undergraduate level.

4.2 **Non-Thesis-based Graduate Program:** If the applicant has obtained a graduate degree where no thesis was required, the applicant must provide evidence of having successfully completed 72 semester credits of psychology coursework, 36 of which must be at the graduate level. The remaining 36 semester credits can be at the graduate or undergraduate level.

5. Method for Calculating Semester Credits Earned

When calculating the number of semester credits to be applied to each course, the CESC will consider the following:

5.1   In order to qualify as a 3 semester credit course, the course must be equivalent to a minimum of 36 hours of instruction. In cases where the number of credits must be calculated based on the number of hours of instruction, the CESC will use the minimum of 36 hours per 3 credits baseline.

5.2   Three quarter credits are considered equivalent to 2 semester credits. Note: the onus is on the applicant to check with the educational institution to determine if the coursework is based on the semester or quarter credit system, as in some U.S. institutions, and, if necessary, to ensure that additional coursework is taken to make up any deficiencies from the quarter credit system.

5.3   A thesis or dissertation is not counted as a psychology course, and the credit assigned to a thesis or dissertation is not included in the calculation of total credits.

5.4   Audited courses will not be accepted.

6. Determining Whether Course Content is in Psychology for those applying under the "regular psychology pathway"

6.1   Before determining whether a course is considered, the CESC must determine that the course content **is substantially psychological in nature and content and relates primarily to the practice of psychology**. The CESC will consider all factors that are determined to be relevant, including:

☐The name and title of the course, including whether the course is identified as a psychology course in its prefix (e.g., PSY 401) or in its title (e.g., Psychology of Learning);

☐ Whether the course is taught or tutored by a person who holds a graduate degree in psychology; and

☐ Whether the course is intended to prepare students to engage in the practice of psychology.

6.2 **The CESC may request further information** from the applicant in order to assess course content, including:

☐ academic institution's official syllabus;

☐ an official letter from the university confirming whether the instructor has a graduate degree in psychology;

☐ a list of resource materials required for the course; and

☐ work samples or papers written by the student.

7. Determining Whether Course Content is in Psychology for those applying under the "substantial equivalency pathway"

7.1 Before determining whether a course is considered, the CESC must determine that the course content **is substantially psychological in nature and content and relates primarily to practice of psychology**. The CESC will require the applicant to submit the following documents:

☐ The official syllabus of every graduate and undergraduate psychology or equivalent course used to satisfy the various requirements. These syllabi must be from the year and term the applicant took these courses and must be sent directly to CAP by the educational institution(s). For the purpose of evaluation, the CESC will use the syllabus of each course to establish whether the nature of the course meets the criterion as primarily and substantially psychological in nature and content and the course is intended to train students for the practice of psychology;

☐ A letter from the educational institution(s) explicitly stating the qualifications of the instructors who taught these courses and the areas in which these qualifications were acquired. For the purpose of evaluation, the CESC will require all courses to be taught or tutored by persons who hold graduate degrees in psychology;

☐ The CESC will consider all factors that are determined to be relevant, including: the nature and content of the course and the program, and whether the course and the program are intended to prepare students to specifically engage in the practice of psychology.

7.2 **The CESC may request further information** from the applicant in order to assess course content, including:

☐ a list of resource materials required for each course; and

☐ work samples or papers written by the student.

8. Required Coursework in Core and Substantive Content Areas

8.1 **Core Areas:** Applicants must have successfully completed 3 semester credits at the **graduate level** in each of the following core areas: Ethics and Standards, Research Design and Methodology, Psychological Assessment and Evaluation, and Psychological Intervention and Consultation. The instructional hours must be entirely contained within one course. However, within a quarter credit system of instruction, a composite of two or more courses may satisfy requirements, as per section 3.5. if they are in the same content area. The total credits from each quarter system course will be counted towards the minimum required credit hours in one content area. Partial credits from multiple courses cannot be combined to satisfy the criteria. Courses should be placed in a particular area based on best fit. These areas are mutually exclusive. That is, courses that satisfy one area do not satisfy another area.

8.1.1 **Ethics and Standards**

Course must be at the **graduate level** and must be based on the Canadian or American Code of Ethics for Psychologists, including topics such as: informed consent, confidentiality, professional boundaries, limits of competence, record-keeping, advertising practices, research and jurisprudence. In addition, the course must include:

☐ Professional standards and guidelines for the practice of psychology (e.g., Canadian Psychological Association (CPA) Practice Guidelines for Providers of Psychological Services, CPA Guidelines for Educational and Psychological Testing, College of Alberta Psychologists Practice Guideline for Release of Confidential Information, or other published guidelines for special populations such as women and minorities). This may include pertinent federal and provincial laws/statutes that affect psychological practice (e.g., laws and regulations relating to family and child protection, education, disabilities, discrimination, duty to warn and privileged communication, commitment and least restrictive care, continuing professional education requirements, practice regulations, licensure regulations). Ethical decision-making processes in the practice of psychology that is substantially equivalent to the CPA/APA professional standards and guidelines for the practice of psychology (e.g., resolution of ethical conflicts, and integration of ethical principles and legal/regulatory requirements);

Note: Applicants who hold graduate degrees from universities outside of Canada and the United States or cannot prove that their Ethics courses were substantially equivalent to the CPA/APA code of Ethics will have to complete a 3 semester credit graduate course in Ethics based on CPA/APA principles, even if they have completed courses in Ethics at their foreign institutions.

8.1.2 Research Design and Methodology

Course must be at the **graduate level** and must substantially address research design, methodology and interpretation of research findings applicable to the discipline and practice of psychology. Course content must include **at least one** of the following substantive areas:

☐ Research methods (e.g., sampling, instrumentation, data collection procedures), appropriateness of instrument selection, hypothesis generation and hypothesis testing; the role of theory in research;

☐ Research design (e.g., experimental, quasi-experimental and naturalistic inquiry; group designs; single-case research, longitudinal studies, qualitative research);

☐ Appropriate analytical methods (e.g., qualitative, quantitative, descriptive, inferential, univariate, bivariate and multivariate; parametric and nonparametric), which analysis is appropriate, interpretation (e.g., causal vs. correlational, degree and nature of generalizability); or

☐ Criteria for critical appraisal and utilization of research (e.g., technical adequacy; limitations to generalizations; threats to internal, external and construct validity and design flaws), integration of qualitative and quantitative results, and use of research.

8.1.3 Psychological Assessment and Evaluation

Course must be at the **graduate level**. The course must substantially address theory, concepts (reliability, validity, standardization, norms, client diversity), the use of formal psychological assessment instruments, and techniques for the measurement of characteristics of individuals, groups or systems. Course content must include **at least one** of the following substantive areas:

☐ Assessment models (e.g., psychometric, behavioural, neuropsychological, ecological);

☐ Tests for the measurement of characteristics of individuals including coverage of psychometric theory and concepts (e.g., social, emotional and behavioural functioning; cognitive; achievement; aptitude; personality; neuropsychological; vocational interest) and the adaptation of these tests for use with special populations;

☐ Techniques other than tests (e.g., interviews, surveys, naturalistic and structured behavioural observations, history/biographical data, medical evaluations, imaging techniques and laboratory tests) for the measurement of characteristics of individuals; or

☐ Utilization of various classification systems (e.g., DSM, AAMR, SEC, ICD) for diagnosing client functioning; DSM diagnosis, syndromes, differential diagnosis and diagnostic criteria, for example, epidemiology of associated features of behavioural disorders, base rates of disorders in clinical or demographic populations, comorbidity among behavioural disorders and with medical disorders, comorbidity rates, age ranges affected and associated features.

8.1.4 Psychological Intervention and Consultation

Course must be at the **graduate level**. The course must substantially address theory, techniques and practices to promote, restore, sustain and/or enhance positive functioning and a sense of well-being in clients. Course content must include **at least one** of the following substantive areas:

☐ Theories/practice of intervention (e.g., behavioural, cognitive, cognitive- behavioural approaches; psychodynamic approaches; systems/ecological approaches; humanistic approaches; psychoeducation; time-limited/brief therapy);

☐ Match treatment techniques/interventions appropriate for specific concerns, clients or specific populations (e.g., marital and family, group therapy, crisis intervention, play therapy, feminist therapy, grief therapy, rehabilitation therapy approaches to stress management, remediation and compensation, culturally appropriate treatments and interventions);

☐ Psychological interventions and models designed to address larger system functioning, for example, system theories and system interventions (e.g. behavioural/emotional interventions; community interventions; family dynamics

interventions; consultation) and organizational interventions (e.g., organizational change, performance enhancement/management change);

☐ Consultation models of intervention (e.g., consulting to individuals, groups and organizations regarding intervention strategies);

☐ Theories/practice of career development and counselling (e.g., career counselling techniques);

☐ Theories/practice of industrial organizational psychology; or

☐ Practical in areas of the practice of psychology(e.g.,application of intervention/consultation skills).

8.2   Substantive Content Areas

Candidates must have successfully completed 3 semester credits at the **graduate or senior undergraduate level** in **each** of the following substantive content areas: Biological Bases of Behaviour, Cognitive/Affective Bases of Behaviour, Social Bases of Behaviour, and Psychology of the Individual.

As per section 3.5, the 3 semester credits must be entirely contained within a singular area of study and can only be a composite of one or more full courses in a singular area of study, as partial course credits cannot be combined to satisfy a criterion. Courses should be placed in a particular area based on best fit. These areas are mutually exclusive. That is, courses that satisfy one area do not satisfy another area.

For the purpose of satisfying the substantive areas, courses must be broadly based in the substantive area claimed rather than narrowly focused on a disorder, a group, or an event, and must be theoretical. Applied, counselling, intervention or treatment courses are not acceptable.

For example, courses in cognitive based treatment therapies or interventions in general or for specific groups are considered intervention courses and, therefore, **do not** qualify for Cognitive/Affective Bases of Behaviour. Similarly, courses in group process, group therapy, family therapy, and various play and art therapies are considered intervention courses and, therefore, **do not** qualify for Social Bases of Behaviour.

Senior undergraduate coursework is defined as coursework that is not introductory in nature or content and may require one or more course pre-requisites. The transferability of a course between institutions is not a factor in determining whether a course is a senior level course. The determination is entirely dependent on the issuing institution in which the course was taught. The award of senior level courses fits into one of four categories:

     (a) for educational institutions that use a course numbering system that begins with 1xxx (that is, from 1xxx to 4xxx with the exclusion of using 1xxx for preparatory courses), a course numbered 2xxx or higher is considered a senior level course;

     (b) for educational institutions that use a course numbering system that begins with 2xxx (that is, from 2xxx to 4xxx), a course numbered 3xxx or higher is considered a senior level course;

(c) for educational institutions that use a course numbering system that is different from the above (a) or (b), the course must not be introductory in nature and content, must have at least one relevant course pre-requisite in order to be considered a senior level course;

(d) for educational institutions that do not use a course numbering system (for example, courses are based on annual sequence), the course must not be introductory in nature and content, must have at least one relevant course pre-requisite (for example, must show evidence that a previous course in the same content area was taken) in order to be considered a senior level course.

8.2.1   Biological Bases of Behaviour

Course must be at the **graduate or senior undergraduate level**. The course must address biological influences on behaviour, affect, cognition and development. Course content must include **at least one** of the following substantive areas the content of which must be substantially in Biological Psychology:

☐ Physiological correlates/determinants of behaviour and affect;

☐ Brain and behaviour including biological psychology, psychophysiology and neuropsychology;

☐ Basic psychopharmacology (e.g., medication effects, side effects, and interactions), including knowledge of drug metabolism, addictive/dependency potential, drug categories (e.g., anxiolytics, antidepressants, antipsychotics, anticonvulsants);

☐ Genetic transmission and its effect on the relationship between the Central Nervous System and behaviour; or

☐ Relationship of stress to biological and psychological functioning, with substantial emphasis on the mechanisms of biology in various stress-related functions.

8.2.2   Cognitive/Affective Bases of Behaviour

Course must be at the **graduate or senior undergraduate level.** The course must address cognitive and affective influences on each other, on behaviour and on development. Course content must include **at**

least one of the following substantive areas the content of which must be substantially in Cognitive/Affective Psychology:

☐ Cognitive science (e.g., sensation and perception, attention, memory, language and spatial skills, theories of intelligence, information processing, problem-solving, strategies for organizing information, theories and principles of learning);

☐ Theories of motivation (e.g., need/value approaches, cognitive choice approaches, self-regulation); or

☐ Theories of emotions.

8.2.3   Social Bases of Behaviour

Course must be at the **graduate or senior undergraduate level.** The course must address social influences on behaviour, affect, cognition and development. Course content must include **at least one** of the following substantive areas the content of which must be substantially in Social Psychology:

☐ Social interaction (e.g., interpersonal relationships, attribution theory and biases, confirmation bias, stereotypes, aggression, altruism, attraction);

☐ Group dynamics, social influences and organizational structures (e.g., family systems theory, group thinking theory, conformity, compliance, obedience, persuasion). Family and Group therapy do not belong in this area;

☐ Environmental/ecological psychology (e.g., person-environment fit, crowding, pollution, noise); or

☐ Psychological theories of cultural identity development, acculturation and impact of oppression; within group and between group differences in psychosocial development based on multicultural and multiethnic diversity.

8.2.4   Psychology of the Individual

Course must be at the **graduate or senior undergraduate level.** The course must address the range and diversity of normal and abnormal human functioning and development. Course content must include **at least one** of the following substantive areas the content of which must be substantially in the Psychology of the Individual:

☐ Psychological growth and development from conception through old age;

☐ Risk factors that predict an atypical developmental course (e.g., nutritional deficiencies, health care including prenatal care, availability of social support, adequacy of income and housing, poverty, parental alcohol/drug abuse);

☐ Psychopathology and abnormal development (e.g., mental illnesses and psychological disorders such as anxiety, depression, eating disorders, schizophrenia, ADHD, autism);

☐ Psychological support programs and prevention strategies to reduce risk factors, to increase emotional and behavioural resilience (e.g., protective factors such as care-giving, increased social support), competence (e.g., skill building) of individuals;

☐ Life-event changes that can alter the normal course of development (e.g., injury, trauma, illness, onset of chronic disease or disorder in self or parent, death, divorce);

☐ Theories of development (e.g., constructivist theory, social learning theory, ecological theory);

 How psychological development is influenced by the organism-environment interaction over time (e.g., understanding the relationship between the behaviour of the individual and the social, academic or work environment); or

 Theories of personality that describe behaviour and the etiology of atypical behaviour.

 Any psychological topic that is based on a combination of biological, cognitive, emotional, and social bases of behaviour that shows the diverse expressions and behaviours of individuals (e.g., development of sexuality, sexual interactions, gender, social and emotional development, social and cognitive development, biopsychosocial approach, individual differences).

9. Interpretation and Updates

9.1. From time to time, CESC may publish materials related to the evaluation process and the evaluation criteria as a result of interpretation, appeal decisions, and/or for the purpose of explanation.

9.2. As a result of new information, or investigation, or error, CESC may reject a course that was previously accepted, publish specific courses from specific institutions that meet or do not meet the criteria, and take whatever action necessary to ensure fairness to all applicants, compliance with the criteria, and to ensure the accuracy and the integrity of the evaluation process.

* Note 1: The term substantially means a content of at least 85%.

CAP Approved Programs

The following programs have been approved by the University Program Approval Committee. Applicants holding these degrees may apply for evaluation of their academic credentials through Pathway 4.

Athabasca University – Master of Counselling in Counselling Psychology University of Alberta - Master of Education in Counselling Psychology University of Calgary - Master of Science in Clinical Psychology

University of Calgary - Master of Science in School and Applied Child Psychology University of Lethbridge - Master of Education in Counselling Psychology University of Lethbridge - Master of Counselling in Applied Psychology

The approval of the following programs is pending, but expected to be finalized before January 2022:

University of Alberta - Master of Education in School and Clinical Child Psychology University of Calgary - Master of Science in Counselling Psychology

Appendix H: Entry-to-Practice Competency Profile

Entry-to-Practice Competency Profile for Registered Psychotherapists

Philosophy, Assumptions and Uses of the Competency Profile

The competency profile lists the competencies that must be possessed by individuals entering the profession for the first time, in order for them to practise safely, effectively and ethically across a variety of practice settings. "Entering the profession for the first time" signifies registration following completion of entry-to-practice requirements.

A *competency* is the ability to achieve a specified level of proficiency in a practice activity, and results from specific skills, knowledge and judgement.

Entry-to-practice competency is the ability to achieve *entry-level proficiency.*

Entry-level proficiency is defined as follows:

In the ordinary practice of the profession, the entry-level Registered Psychotherapist (RP) calls upon competencies in an informed manner based upon the practice context, and does not normally require immediate supervision or direction. The entry- level RP monitors responses and reacts appropriately, and works within a reasonable timeframe, towards the achievement of outcomes consistent with the generally accepted standards in the profession.

When dealing with unusual, difficult to resolve and complex situations, the entry- level RP recognizes situations which are beyond his/her professional capacity and addresses them in discussion with his/her supervisor and/or through referral to a practitioner who is appropriately qualified.

The competency profile establishes minimum requirements, and creates a foundation upon which to build. The possession at entry-to-practice of additional competencies, and higher levels of proficiency, is encouraged.

Following entry-to-practice, a member's competencies will evolve based upon work experience and continuing professional development. Specifically:

- New competencies may be added.
- Levels of proficiency in competencies that are regularly utilized may increase.
- Levels of proficiency in competencies that are not regularly utilized may decrease.

.**Principles Behind the Competency Profile**

The competency profile is constructed to serve users both within and outside the profession. The terminology is generic, and should be interpreted in the context of professional self- regulation in Ontario and in a manner relevant to the therapist's orientation, modality and practice.

The individual competencies within the profile should be thought of as an *interdependent array of abilities* which an individual brings to the workplace, and uses according to the situation at hand. Competencies are not used in isolation.

The profile does not represent a protocol, or a listing of what the practitioner *must do* in practice; rather, it represents what the practitioner *must be able to do* when necessary.

In any practice situation the order of use, and the significance, of the competencies will vary according to context.

At entry-to-practice the RP is able to:	
1. Foundations	
1.1 Integrate a theory of human psychological functioning.	
a	Integrate knowledge of human development across the lifespan.
b	Integrate knowledge of contextual and systemic factors that facilitate or impair human functioning.
c	Integrate knowledge of the psychological significance of spiritual, moral, social, emotional, cognitive, behavioural, sexual, gender, and biological development.
1.2 Work within a framework based upon established psychotherapeutic theory.	
a	Integrate the theory or theories upon which the therapist's practice is based.
b	Integrate knowledge of how human problems develop, from the viewpoint of the therapist's theoretical orientation.
c	Identify circumstances where therapy is contraindicated.
d	Recognize the benefits, limitations, and contraindications of differing psychotherapeutic approaches.
e	Establish a therapeutic relationship informed by the theoretical framework.

At entry-to-practice the RP is able to:

	1.3 Integrate knowledge of comparative psychotherapy relevant to practice.
a	Integrate knowledge of key concepts common to all psychotherapy practice.
b	Recognize the range of psychotherapy practised within the province of Ontario.
c	Integrate knowledge of psychopathology.
d	Recognize the major diagnostic categories in current use.
e	Recognize the major classes of psychoactive drugs and their effects.
	1.4 Integrate awareness of self in relation to professional role.
a	Integrate knowledge of the impact of the therapist's self on the therapeutic process.
b	Recognize how the therapist's values and attitudes, both in and out of awareness, may impact diverse clients.
c	Recognize the cognitive, emotional and behavioural patterns of the therapist that may influence therapeutic relationship.
d	Recognize instances where the therapist's life experiences may enhance or compromise therapeutic effectiveness.
	1.5 Integrate knowledge of human and cultural diversity.
a	Integrate knowledge of human diversity.
b	Recognize how oppression, power and social injustice may affect the client and also the therapeutic process.
c	Adapt the therapist's approach when working with culturally diverse clients.
d	Recognize barriers that may affect access to therapeutic services.
e	Identify culturally-relevant resources.

	At entry-to-practice the RP is able to:
	2. Collegial & Interprofessional Relationships
	2.1 Use effective professional communication.
a	Use clear and concise written communication.
b	Use clear and concise oral communication.
c	Use clear and concise electronic communication.
d	Communicate in a manner appropriate to the recipient.
e	Use effective listening skills.
f	Differentiate fact from opinion.
g	Recognize and respond appropriately to non-verbal communication.
	2.2 Maintain effective relationships.
a	Show respect to others.
b	Maintain appropriate professional boundaries.
c	Recognize and address conflict in a constructive manner.
d	Demonstrate personal and professional integrity.
	2.3 Contribute to a collaborative and productive atmosphere.
a	Create and sustain working relationships with other professionals encountered in practice.
b	Create and sustain working relationships with colleagues of diverse socio- cultural identities.
c	Initiate interprofessional collaborative practice.

	At entry-to-practice the RP is able to:
	3. Professional Responsibilities
	3.1 Comply with legal and professional obligations.
a	Comply with applicable federal and provincial legislation.
b	Comply with CRPRMHTO legislation and professional standards.
c	Address organizational policies and practices that are inconsistent with legislation and professional standards.
d	Comply with relevant municipal and local bylaws related to private practice.
	3.2 Apply an ethical decision making process.
a	Recognize ethical issues encountered in practice.
b	Resolve ethical dilemmas in a manner consistent with legislation and professional standards.
c	Accept responsibility for course of action taken.
	3.3 Maintain self-care and level of health necessary for responsible therapy.
a	Maintain personal physical, psychological, cognitive and emotional fitness to practice.
b	Build and use a personal and professional support network.
c	Maintain personal hygiene and appropriate professional presentation.
	3.4 Evaluate and enhance professional practice.
a	Undertake critical self-reflection.
b	Solicit client feedback throughout the therapeutic process.
c	Plan and implement methods to assess effectiveness of interventions.
d	Obtain feedback from peers and supervisors to assist in practice review.
e	Identify strengths as a therapist, and areas for development.
f	Set goals for improvement.
g	Modify practice to enhance effectiveness.
h	Participate in relevant professional development activities.
i	Maintain awareness of resources and sources of support relevant to practice.
	3.5 Obtain clinical supervision or consultation.

a	Initiate clinical supervision or consultation when appropriate or required.
b	Articulate parameters of supervision or consultation.
c	Protect client privacy and confidentiality, making disclosure only where permitted or required.
d	Initiate a legal consultation when necessary.
3.6 Provide education and training consistent with the therapist's practice.	
a	Recognize when to provide education and training to clients and others.
b	Recognize therapist's limits of professional expertise as a trainer / educator.
c	Plan and implement effective instructional activities.
3.7 Maintain client records.	
a	Comply with the requirements of CRPRMHTO and relevant professional standards.

At entry-to-practice the RP is able to:	
3.8 Assist client with needs for advocacy and support.	
a	Identify when advocacy or third-party support may be of value to the client, and advise client accordingly.
b	Support client to overcome barriers.
3.9 Provide reports to third parties.	
a	Prepare clear, concise, accurate and timely reports for third parties, appropriate to the needs of the recipient.
b	Recognize ethical and legal implications when preparing third-party reports.
3.10 Establish business practices relevant to professional role.	
a	Comply with the requirements of CRPRMHTO and relevant professional standards.
b	Explain limitations of service availability.

	At entry-to-practice the RP is able to:
	4. Therapeutic Process
	4.1 Orient client to therapist's practice.
a	Describe therapist's education, qualifications and role.
b	Differentiate the role of the therapist in relation to other health professionals.
c	Explain the responsibilities of the client and the therapist in a therapeutic relationship.
d	Explain the advantages and disadvantages of participating in psychotherapy.
e	Explain client rights to privacy and confidentiality, and the limitations imposed upon it by law.
f	Explain relevant rules and policies.
g	Respond to client questions.
h	Explain and obtain informed consent in accordance with legal requirements.
	4.2 Establish and maintain core conditions for therapy.
a	Employ empathy, respect, and authenticity.
b	Establish rapport.
c	Demonstrate awareness of the impact of the client's context on the therapeutic process.
d	Demonstrate sensitivity to the setting in which therapy takes place.
e	Assume non-judgmental stance.
f	Explain theoretical concepts in terms the client can understand.
g	Foster client autonomy.
h	Maintain appropriate therapeutic boundaries.
i	Define clear boundaries of response to client's requests or demands.
j	Take all reasonable measures to safeguard physical and emotional safety of client during clinical work.
k	Employ effective skills in observation of self, the client and the therapeutic process.
l	Demonstrate dependability.
	4.3 Ensure safe and effective use of self in the therapeutic relationship.

a	Demonstrate awareness of the impact of the therapist's subjective context on the therapeutic process.
b	Recognize the impact of power dynamics within the therapeutic relationship.
c	Protect client from imposition of the therapist's personal issues.
d	Employ effective and congruent verbal and non-verbal communication.
e	Use self-disclosure appropriately.
4.4 Conduct an appropriate risk assessment.	
a	Assess for specific risks as indicated.
b	Develop safety plans with clients at risk.
c	Refer to specific professional services where appropriate.
d	Report to authorities as required by law.

	At entry-to-practice the RP is able to:
e	Follow up to monitor risk over time.
	4.5 Structure and facilitate the therapeutic process.
a	Communicate in a manner appropriate to client's developmental level and socio- cultural identity.
b	Identify and respond appropriately to client's strengths, vulnerabilities, resilience and resources.
c	Respond non-reactively to anger, hostility and criticism from the client.
d	Respond professionally to expressions of inappropriate attachment from the client.
e	Anticipate and respond appropriately to the expression of intense emotions and help the client to understanding and management.
f	Recognize a variety of assessment approaches.
g	Formulate an assessment.
h	Develop individualized goals and objectives with the client.
i	Formulate a direction for treatment or therapy.
j	Practise therapy that is within therapist's level of skill, knowledge and judgement.
k	Focus and guide sessions.
l	Engage client according to their demonstrated level of commitment to therapy.
m	Facilitate client exploration of issues and patterns of behaviour.
n	Support client to explore a range of emotions.
o	Employ a variety of helping strategies.
p	Ensure timeliness of interventions.
q	Recognize the significance of both action and inaction.
r	Identify contextual influences.
s	Review therapeutic process and progress with client periodically, and make appropriate adjustments.
t	Recognize when to discontinue or conclude therapy.

	4.6 Refer client.
a	Develop and maintain a referral network.
b	Identify situations in which referral or specialized treatment may benefit the client, or be required.
c	Refer client, where indicated, in a reasonable time.
	4.7 Conduct an effective closure process.
a	Prepare client in a timely manner for the ending of a course of therapy.
b	Outline follow-up options, support systems and resources.

	At entry-to-practice the RP is able to:
	5. Professional Literature & Applied Research
	5.1 Remain current with professional literature.
a	Read current professional literature relevant to practice area.
b	Access information from a variety of current sources.
c	Analyze information critically.
d	Determine the applicability of information to particular clinical situations.
e	Apply knowledge gathered to enhance practice.
f	Remain current with developments in foundational areas.
	5.2 Use research findings to inform clinical practice.
a	Integrate knowledge of research methods and practices.
b	Determine the applicability of research findings to particular clinical situations.
c	Analyze research findings critically.
d	Apply knowledge gathered to enhance practice.

Appendix I: Athabasca University Competency Spreadsheet

Domains	Program level competencies	Course level competencies	First Introduced	631	633	671	635	691	711	632	634	685	695	Thesis
Disciplinary competence	Demonstrate entry-to-practice competency on counselling psychology disciplinary competencies.													
		Demonstrate breadth and depth of knowledge in a health-related academic discipline and/or professional practice area.			633									
		Meet entry-to-level competencies designated by relevant national and provincial/territorial organizations.			633									
		Be prepared to participate in further education in the field of study or related fields.												
Knowledge acquisition	Evaluate critically and integrate knowledge from a range of scholarly sources and disciplines.													
		Demonstrate systematic and critical analysis of the breadth and depth of knowledge in the field, including emergent trends.	691					691	711	632			695	Thesis
		Acknowledge the complexity of knowledge and the potential of other worldviews, interpretations, methods, and disciplines to contribute to knowledge.	633	631	633	671	635	691	711	632			695	Thesis
		Be tolerant of ambiguity, and foster cognitive complexity to enable you to see beyond your own values, worldview, and sociocultural contexts.			633									
		Value interdisciplinary knowledge and foster interprofessional collaboration.	633		633		635	691	711	632				
		Select appropriate information sources, including discerning the quality of Internet sources, and evaluate critically the quality of current research and scholarship.	631+635	631	633		635	691	711	632			695	Thesis
Knowledge application	Analyze critically, synthesize, and competently apply knowledge to academic and professional tasks and roles.													
		Demonstrate critical reading, thinking, and writing.	631	631	633					632			695	Thesis
		Participate in the creation of health-related knowledge through original and creative thinking and writing.	691					691	711	632			695	Thesis
		Integrate, critique, and synthesize the professional literature.	631	631	633					632			695	Thesis
		Articulate and support an original thesis and a sustained, well-reasoned argument.	633		633			691	711	632			695	Thesis
		Address complex issues and judgments based on established principles, policies, and protocols.	632							632				
		Demonstrate critical analysis, application, and generalization of knowledge to new questions, problems, or contexts.	691		633	671	635	691	711	632			695	Thesis
		Assess critically the relevance and cultural responsivity of the application of knowledge within community, social, and global contexts.	633	631	633	671	635	691	711	632			695	Thesis
Knowledge transfer	Communicate and share knowledge effectively, professionally, honestly, and with scholarly integrity.													
		Communicate ideas clearly, succinctly, and effectively to interdisciplinary, specialist, and nonspecialist audiences.	633	631	633	671	635	691	711	632			695	Thesis
		Evaluate and apply appropriate verbal and nonverbal communication skills to engage with individuals, groups, and broader systems.			633									
		Draw effectively on teaching and learning strategies to support psychoeducation in multiple settings.	635		633									
		Synthesize, organize, create, and distribute knowledge in a variety of forms (e.g., electronic, written, oral, visual) to make it available to other users	633	631	633		635	691		632			695	Thesis
		Apply academic and professional writing principles and standards consistently.	631	631	633			691		632			695	Thesis
		Demonstrate intellectual honesty and scholarly integrity; in particular, attribute ideas to their sources accurately, and use the appropriate discipline-specific style (i.e., Publication Manual of the American Psychological Association, 6th ed.).	631	631	633			691	711	632			695	Thesis
Leadership & interpersonal relationships	Model respect, professionalism, and socially responsible leadership in relationships with individuals and systems.													
		Value, respect, and be responsive to cultural diversity.			633									
		Conduct yourself in a professional manner across all settings and situations.	631		633	671	635	691	711	632			695	Thesis
		Develop and maintain effective relationships, and interact in a positive solution-focused manner.	631		633	671	635	691		632			695	Thesis
		Collaborate respectfully and effectively with clients, peers, colleagues, and systems.	631		633	671	635	691	711	632			695	Thesis
		Demonstrate leadership in complex and unpredictable environments, within organizations, communities, and the profession.	631				635			632				
		Navigate conflict and negotiate differences in perspective effectively and respectfully.	631		633	671	635	691	711	632			695	Thesis
		Take action to safeguard the welfare of others and to promote social justice.	633	631	633	671	635	691	711	632			695	Thesis
Professional capacity & autonomy	Assume responsibility for your own learning, and engage in reflective practice to support continued competency development.													
		Exercise initiative and demonstrate both personal responsibility and accountability.	635		633	671	635						695	Thesis
		Demonstrate sound judgment and engage in ethical decision-making related to complex problems or situations.												
		Evaluate critically and resolve situations that challenge professional values and integrity.			633									
		Assume responsibility for, and engage in, self-directed learning.	633		633	671	635	691					695	Thesis
		Demonstrate the intellectual independence required for on-going professional development.	632										695	Thesis
		Value self-awareness and engage actively in continued exploration of values, belief, and assumptions.			633									
		Engage in critical reflectivity both during and after professional activity, and act upon these reflections.	631		633	671	635							Thesis
		Self-assess competence accurately, recognize current limitations of competence, and plan appropriately to enhance attitudes, knowledge, and skills.	632		633	671	635							
		Self-monitor the need for self-care and promptly intervene when professional competency may be compromised.	671		671									
Digital competence	Capitalize effectively on technology for both knowledge transfer and interpersonal communication and collaboration.													
		Select and apply contemporary and emerging information technology to support scholarship, knowledge translation and development, leadership, and communication.			633									
		Establish a professional digital identity and presence through appropriate use of technology, social media, and web resources.												
		Communicate ideas, issues and conclusions effectively and professionally in a variety of forms (e.g., internet, social media, audiovisual, blogs).			633									
		Interactive effectively and professionally with peers, supervisors, instructors, through technology-mediation platforms (e.g., email, digital forums, videoconferencing, collaboration software).			633									
		Critically evaluate the use of digital platforms in terms of ethics and information security.												