

ATHABASCA UNIVERSITY

RACIALIZED STUDENTS' WELL-BEING: CRITICAL INCIDENTS OF RACIAL
(IN)EQUITY IN CANADIAN COUNSELLOR EDUCATION

BY

YA XI (NANCY) LEI

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Approval of Thesis

The undersigned certify that they have read the thesis entitled

**RACIALIZED STUDENTS' WELL-BEING: CRITICAL INCIDENTS OF RACIAL (IN)EQUITY IN CANADIAN
COUNSELLOR EDUCATION**

Submitted by

Ya Xi Lei

In partial fulfillment of the requirements for the degree of

Master of Counselling

The thesis examination committee certifies that the thesis
and the oral examination is approved

Supervisors:

Dr. Gina Wong
Athabasca University

Dr. Jeff Chang
Athabasca University

External Examiner:

Dr. Fred Chou
University of Victoria

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Dedication

In dedication to the participants of this study and all racialized students in counsellor education—past, present, and future. May you feel seen and valued, and may this work contribute to a more equitable future in our field.

Acknowledgement

The fog clears from the forest outside my window, revealing a gray and gloomy winter's day on Vancouver Island. Yet, my heart flutters at the recognition of the approaching end of a long academic journey. This moment still feels surreal.

As I reflect on this experience, I am filled with warmth and gratitude for the supportive community that has been by my side. First and foremost, I want to thank Dr. Gina Wong. Meeting you has been a gift and a privilege. Your courageous advocacy work in raising awareness about anti-Asian racism and Asian mental health inspired me to complete this research. I cannot express enough gratitude for your ongoing compassion and words of encouragement. Your gentleness and wisdom lifted me every time I felt lost or defeated, transforming my life in ways I never imagined.

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Abstract

This study investigated factors that helped, hindered, and were wished for by racialized graduate students to promote their well-being in Canadian counselling psychology programs. Using the Enhanced Critical Incident Technique (ECIT) through a transformative and social constructivist lens, eight racialized graduate students were interviewed about their experiences of racial equity and inequity in Canadian counsellor education. Participants shared 52 critical incidents, consisting of 37 racially inequitable events that hindered well-being and 15 racially equitable events that helped well-being. Additionally, participants provided 34 wish list items for improving their well-being. Inadequate cultural safety and ruptures in trust emerged as primary barriers, while cultural safety and repair of trust served as key facilitators. Nine categories and subcategories of hindering incidents and six categories and subcategories of helping incidents were identified. Recommendations for academic institutions, particularly in counselling education, included challenging colonial practices, increasing diversity and representation, implementing anti-racist curricula, fostering intentional allyship and community support, and facilitating race-conscious dialogue and action. These findings aimed to address identified barriers and highlight actionable changes to cultivate positive transformation in counselling psychology education for racialized students.

Keywords: racialized students, graduate counsellor education, racial equity, cultural safety, enhanced critical incident technique

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Prologue

As a racialized student pursuing graduate training in counselling psychology, I have experienced firsthand how marginalization throughout my academic journey has significantly impacted my well-being. This personal insight has fueled my interest in exploring the lived experiences of other racialized students in counsellor education, particularly focusing on how racial equity and inequity affect their well-being. To anchor this thesis, I begin with a case vignette from my own life that details my experiences with internalized racism and the cumulative effects of racial transgressions and marginalization from youth to adulthood. My story serves as a reference point, highlighting the importance and necessity of this research.

While each racialized graduate student's experience of equity or inequity in counsellor education is unique, the research interviews revealed consistent themes regarding encounters with racism in academia. These shared experiences illuminate broader patterns of racial dynamics within the field. I invite readers to approach this work with openness and a willingness to engage deeply with these narratives. This commitment to understanding is crucial for empowering racialized counselling students to voice their experiences of racial justice and injustice within the Canadian counsellor education landscape, transforming individual stories into a collective dialogue for meaningful change.

My Story

I am a 29-year-old Chinese-Canadian woman and completing my Master's degree in counselling psychology at a post-secondary institution. I was born in a small city in the South of China called Nanning. I am considered as "Generation 1.5" Chinese-Canadian as I immigrated to Canada with my parents when I was 10 years old. I predominantly speak my mother tongue Mandarin Chinese when I am at home with my parents, and speak fluent English outside of my home.

In the first year that I arrived in Canada, I struggled to speak English and could not make many friends. I felt ashamed when my peers mocked my accent, and my teachers constantly corrected my pronunciation and grammar in front of others. Whenever I spoke Mandarin with other Chinese children, a teacher would swiftly remind me that it was an English-only school. At home, my parents strongly encouraged me to befriend English-speaking children to accelerate my language learning, rather than spending time with those who spoke my mother tongue. I never disclosed my experiences of bullying to my parents, believing I was already a burden due to their career sacrifices for our immigration. I also felt guilty for being perceived as inadequate by my teachers and classmates and was extremely fearful of disappointing my parents. Believing that improving my ability to speak and write English would stop the alienation and harsh comments, I attempted to perfect my English accent to try and sound more Canadian.

Despite my efforts to assimilate and appear less Chinese, I soon realized that people would continue to make alienating assumptions and subject me to persistent stereotyping and differential treatment based on my appearance. During my first year at university, a white-settler professor singled me out to read aloud an excerpt from a course text, assuming I could not speak English and would benefit from additional

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speaking practice. In one of my essay assignments, another white-settler professor left a comment that stated, “Is English your first language? Because the cultural differences might be why I don’t understand what you are trying to say here”. These interactions with professors left me feeling belittled and dehumanized. As a result, I felt an increasing urge to further conceal my Chinese-ness in attempt to fit into mainstream Canadian society.

Perceiving myself to be at fault for being different and fearing repercussions, I felt too disempowered to stand up for myself. I began to feel less confident about contributing to classroom discussions, and believed that my ideas were less important than my peers or that I came across as less intelligent. I also felt highly anxious when delivering classroom presentations, and often worried about how my peers and instructors would be judging or evaluating my performance. When I attempted to seek support from my instructors and other peers who were predominantly white, they all told me to “suck it up” and “get over [my]self”. Feeling the need to prove my worth and justify that I deserved a place in the classroom, I spent excessive time perfecting my assignments.

The experiences of alienation and self-doubt from my undergraduate years persisted as I entered my Master’s program in counselling psychology, intensifying when I realized I was one of only a few people of colour in my classes. As I progressed through the program, I noticed a growing disconnect between dominant counselling theories and my lived experiences. In practice sessions, I struggled to implement techniques from these theories. My white peers seemed to have an easier time and were often less validating of my challenges. This led me to question my place in the program and wonder if I truly belonged. I also felt uncertain about my future as a counsellor. I grappled with how to practice in a way that felt authentic to my identity and experiences. These factors left me feeling lost and unsure of my path in the field of counselling psychology.

I accessed the mental health resources offered through my institution. I was informed that counsellors of Asian heritage were limited, and the waitlist was long unless I was willing to see a white counsellor. I agreed to meet with a white counsellor for my first session. However, they did not acknowledge or attempt to understand my experiences as a racialized person. Instead, they assumed I merely had distorted thinking and provided self-talk strategies to reduce my intrusive thoughts and anxiety. Feeling dismissed, I refused to make a second appointment. This experience led me to question my own emotions. I began to believe I was oversensitive, especially since a professional counsellor had invalidated my experiences. The only place I found solace was among peers and instructors from similar racial backgrounds.

Fast forward to September 2023, my 3rd year in the program. I started my counselling practicum in a private practice. Although it was a very supportive placement, my ongoing challenges with taking up space still hindered me from fully sharing my thoughts during case consultations and group supervisions. As one of only two people of colour and the only one for whom English is a second language in my practicum cohort, I felt particularly self-conscious. My white supervisor, however, proactively addressed issues of colonial and dominant discourses in clients’ well-being. They also consistently highlighted my strengths as an evolving student counsellor, emphasizing that practicum

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was about growth and self-discovery rather than perfection. This approach helped me challenge my perfectionist tendencies and engage more fully in the learning process.

Working predominantly with white clients in practicum, I found that skills from dominant theories like acceptance and commitment therapy and dialectical behavior therapy were often effective. However, I struggled to adapt these approaches for my racialized clients, for whom these theories seemed less beneficial. My supervisor, unable to provide specific guidance in this area, directed me to Black, Indigenous and People of Colour (BIPoC) supervision resources. Surprisingly, I found myself feeling nervous about referrals from racialized clients, especially those for whom English was not their primary language. This shift in mentality troubled me deeply. Despite my passion for working with racialized clients, I realized I was now preferring to work with white clients. This realization brought an overwhelming sense of guilt, as I found myself potentially contributing to the very colonial practices I had often criticized.

As I near the completion of my degree, I continue to grapple with the practical implications of decolonizing my counselling practices. This struggle highlights not only gaps in my personal knowledge, but also limitations in counsellor education curricula. It underscores the reality that racialized individuals do not inherently possess all the answers for practicing with racial justice. Developing as an anti-racist clinician is a continuous journey of learning and growth, not a fixed destination.

Chapter 1. Introduction

The case vignette captures my feelings of overwhelming anxiety and shame, and illustrates the powerful and detrimental effects of racial discrimination and microaggressions on the mental health of racialized individuals. Racial microaggressions, as defined by Sue et al. (2007), are subtle and covert forms of hostile, derogatory, or negative messaging that target racialized individuals or groups, either intentionally or unintentionally. These microaggressions often manifest as unintentional acts of racism that occur in everyday interactions (Franklin, 2016), making them a pervasive yet often overlooked form of discrimination. Compared to overt forms of discrimination, such as someone explicitly expressing dislike or fear of a person of colour, microaggressions tend to be less obvious and occur briefly in everyday, commonplace settings. For instance, a microaggression could be mistaking one Asian person for another or expecting a person of colour to be the expert on all issues related to diversity.

When racial discrimination and microaggressions are typically normalized or overlooked, it engenders the message that one must work harder to earn the respect of others and prove their worth. The emphases from my parents to refine my proficiency in English also highlights the importance of recognizing internalized assimilation as an intergenerational survival tactic, rather than pathologizing these survival mechanisms. Members of racialized communities who are forced to accept racism tend to internalize racist values and become less aware of recognizing signs and the need to seek support (Chen et al., 2020; Jones, 2021; Miu & Moore, 2021; Wu et al., 2021). However, when individuals have encountered dismissive or damaging responses to their previous help-seeking attempts, as in my case, their efforts to access mental health services often diminish.

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Unaddressed mental health challenges from childhood are often carried into adulthood and can worsen with the accumulation of additional stressors, such as participation in higher education programs. These programs have historically been developed and implemented without adequately considering the needs of racially diverse populations (Haskins et al., 2022; Maiden, 2021). Through a colonial lens, a lack of adequate focus in this area may reflect an implicit bias that counselling students and professionals are predominantly white and that current efforts to integrate concepts of multiculturalism and social justice are sufficient training (Cohen et al., 2022). Research also showed that even courses specifically focusing on multicultural and socially just practices tend to cater to the needs of students from culturally dominant groups as the course materials typically emphasize white theorists and highlight concepts such as privilege and oppression (Cohen et al., 2022; Smith & Doyle, 2022).

The lack of cultural responsiveness in counsellor training can undermine a person of colour's sense of belonging and safety, ultimately contributing to deterioration in their overall well-being (Leigh et al., 2022). As I approach the end of my degree, I have observed a significant decline in my well-being, as I mentioned in the vignette. I also feel a growing sense of uncertainty about my place in the counselling psychology field, which largely stems from my continued observation of dominant counselling theories being utilized as the most effective therapeutic methods. I question how well these theories work for racialized communities and feel concerned of their potential to cause further harm, like I experienced.

As I noted in the vignette, despite having completed my counselling practicum and worked with several racialized clients, I still feel uncertain about effectively integrating culture and identity into the therapeutic process. I recall feeling a lot of confusion as I noticed that I was struggling to translate my counselling skills in ways that felt appropriate for racialized clients.

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Despite being a racialized student therapist myself, my sentiments of feeling ill-equipped to serve racialized communities are resonant with other BIPOC student therapists. Smith and Doyle (2022) identified the strengths of their counsellor training program in emphasizing the need for counsellors to discuss culture with clients, especially since the program was designed to meet the requirements for registration as a psychologist provincially and designation as a counsellor nationally. However, conversations involving culture, identity, and establishing safety with racialized clients in counselling programs often seem to be more of an “afterthought” and a “superficial endorsement to check off boxes” that merely discuss these concepts on a surface level instead of a core component that is embedded throughout counselling programs (Cohen et al., 2022; Smith & Doyle, 2022).

For instance, the concept of safety and supportiveness in a therapeutic space is often implied in a colonial context unless a client speaks up and indicates otherwise (Smith & Doyle, 2022). However, assuming that safety is implied overlooks the presence of inherent power dynamics between a therapist and a client, especially if it is a white therapist working with a racialized client due to the differences in social locations. The act of assuming that a therapeutic space automatically equates to a safe space is a colourblind approach that also dismisses the opportunities to explore sociocultural and systemic factors such as previous unpleasant encounters with counselling and internalized stigma toward mental health that could be necessary for co-constructing a sense of safety with racialized clients.

Counselling practitioners who fail to recognize the significance of race or consider how a client’s identity as a person of colour influences their lived experiences may inadvertently pathologize the experiences of racialized clients. This approach often leads to a focus on addressing symptoms rather than acknowledging and normalizing clients’ reactions to racially

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traumatic events (Goghari, 2022). Dismissing these experiences compromises the compassionate care that racialized clients seek when accessing therapy, deterring them from continuing treatment and preventing both old and new mental health concerns from being addressed and potentially resolved. These outcomes highlight the limitations of applying an eurocentric approach to all clients and reflect the urgent need for counselling programs to decolonize their curricula and deliver racially equitable learning materials. Such changes could better equip student counsellors to serve diverse clientele while empowering racialized students to feel safer in expressing their identities authentically, thereby reducing feelings of isolation and invalidation stemming from exclusionary colonial teachings (Leonce, 2024; Maiden, 2021; Smith & Doyle, 2022).

Another significant gap in counselling theories and practices concerns assumptions about building therapeutic alliances. While much literature underscored the importance of these alliances, it often presumed that counsellors hold the majority of power in the relationship (Ryan et al., 2023; Miles et al., 2021; Smith & Gillon, 2021). This presumption is evident in the emphasis on increasing therapists' awareness of power and finding ways to minimize or share power with clients (Beagan et al., 2022; Huggett et al., 2022; Lee et al., 2022).

Critics have pointed out that professional power is frequently conflated with social privilege in these discussions (Beagan et al., 2022; Mc Glanaghy et al., 2024; Medlicott, 2022). Such assumptions typically cast counsellors as white and socially dominant, while portraying clients as holding minimal power. However, this view neglects the intersecting identities of both parties and their impact on relational power disparities within the therapeutic space. Medlicott (2022) highlighted this complexity, reporting that bilingual therapists with discernible accents experienced power imbalances favoring native English-speaking clients. These therapists

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described feeling disempowered and vulnerable, particularly when shamed or made to feel incompetent by their clients. Moreover, they disclosed being denied supervision and training on navigating identity differences with clients, especially when their supervisors were white (Medlicott, 2022).

As disclosed in my case vignette, I felt underprepared as a racialized counsellor-in-training to navigate power dynamics with white peers who acted as my counsellors and clients during practice sessions. Throughout my education, I do not recall receiving guidance on how to work effectively with both racialized and non-racialized clients as a racialized counsellor. When I encountered incidents of racial microaggressions in mock counselling sessions, I struggled to address my discomfort in the moment and felt uncertain about how to seek support from my professor afterward.

The lack of support in developing my identity as an Asian-Canadian counsellor intensified my doubts about completing the program successfully and significantly worsened my mental health. Research emphasized that racialized students often feel excluded and invisibilized due to inadequate cultural responsiveness within course curricula (Herzog, 2018; Lee & Boykins, 2023; Smith & Doyle, 2022). These common themes reiterate the need for increased awareness and knowledge regarding factors that enhance or hinder the well-being of racialized counselling students; among many concerns, these factors influence retention rates and prospective patterns of diverse representation in the psychology field.

Addressing these gaps underscores the necessity of increasing representation among racialized counsellors in mental health settings, thereby introducing more diverse knowledge and perspectives on culturally informed care. A crucial starting point for increasing the number of racialized practitioners in mental healthcare is increasing admissions of racialized graduate

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students into counsellor education programs. However, if counselling educational programs do not intentionally integrate principles of racial equity and focus on fostering a sense of safety for racialized students, retention rates are likely to suffer (Ansloos et al., 2022; Galbally & Christodoulidi, 2024). By addressing both admission and retention, the mental health field can better meet the needs of the diverse communities it serves.

Although it is crucial to highlight and address aspects of counsellor education that fail to meet the needs of diverse students, it is equally important to identify and build upon practices that effectively support inclusivity and growth in graduate training. Reflecting on my own experience, I felt deeply supported when I was part of a community of people in counsellor education who shared my racial identity and were able to validate my experiences of racial harm. This was important especially during times when I felt that my concerns were dismissed. My practicum supervisor, despite being white, consistently approached counselling with a focus on how sociocultural and systemic factors affected the well-being of clients. They created a compassionate and nonjudgmental learning environment that empowered me to recognize my strengths and value as a student counsellor. Additionally, they encouraged me to show up vulnerably and authentically, consistently holding space for me to process and reflect on the impact of colonialism on my clinical practice. This supervisory approach nurtured my growth as a student counsellor and helped me feel a sense of belonging in the field.

Background

In recent years, major professional psychological associations have begun to confront their historical and ongoing role in perpetuating systemic racism and discrimination within psychology and mental health care. This shift signifies crucial steps towards dismantling longstanding injustices and fostering greater equity and inclusivity in the field. A notable

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example of this change occurred in October 2021, when the American Psychological Association (APA) issued a formal apology for its contribution to systemic inequities and injustices against people of colour in the discipline of psychology. Additionally, the apology acknowledged that APA and the field of psychology are deeply rooted in racist and sexist ideologies and have perpetuated practices that are abusive, harmful, and exploit communities of colour (APA, 2021).

The Canadian Psychological Association (CPA; 2020) released a statement emphasizing the need for respectful and anti-discriminatory policies and practices in its Code of Ethics for psychological research, practice, and education in Canada. In response to the Truth and Reconciliation Commission of Canada, the CPA (2018) developed a report acknowledging its accountability and responsibility for harm caused to Indigenous Peoples through marginalizing and oppressive practices in the psychology profession and colonial school system. The CPA task force (2018) also provided recommendations for higher education to support Indigenous students' success, including eliminating barriers and welcoming diverse ways of knowing. These efforts demonstrate that authoritative psychology organizations are increasingly addressing colonial harms and racial injustices within counselling psychology, acknowledging how systemic racism and discriminatory practices have historically permeated the discipline's core structures and practices.

Scholars have conceptualized systems and institutions in society as racialized entities that are infused with covert white supremacist values, norms, and practices (Liera, 2020; Lopez-Littleton et al., 2018). Whiteness is considered to be a dominant racial structure that shapes the foundation of various organizations including laws, social services, workplace policies, and higher education institutions (Felix & Trinidad, 2020; Liera, 2020; Parkin & Johnson, 2024; Wilson & Falla, 2023). The ideology that whiteness is superior is exemplified through my

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encounters with white-settler professors who assumed that I could not speak English based on the colour of my skin and encouraged me to improve my proficiency through more practice.

Furthermore, the ongoing use of policies and procedures that were created to benefit white people only serve to perpetuate white supremacy, while exacerbating injustices and inequities that are experienced by racialized communities. White-serving institutions often deny the significance and avoid having race-conscious conversations about racism and white privilege. They also promote the use of race-neutral language to maintain a culture of niceness and comfort for white people (Bates & Ng, 2021; Evans-Winters & Hines, 2020; Liera, 2020). Therefore, members of racialized communities are unduly pressured to remain silent about racism due to fears of repercussions (Allen, 2021; Martell-Bonet et al., 2021).

Despite high demand for mental health services among racialized communities due to intersecting stressors from the COVID-19 pandemic and endemic societal racism, only over one-third of 130 Black residents in Ottawa attempted to access such services for themselves or others (Aden et al., 2021). Of those who sought mental health support, over 50% reported that providers did not understand their needs, and nearly 30% felt dismissed, unwelcomed, or prejudiced against by their counsellors (Aden et al., 2021). Parallel to my case vignette, the white counsellor who missed the opportunity to explore my lived experiences of racial trauma reflects the inadequate attention given to race and power dynamics and limited understanding of the needs of communities of colour. On a structural level, this limited attention stems from policies that impede growth in racial and ethnic diversity within psychology. The shortage of culturally informed and/or racially specific professionals in counselling psychology is also apparent in my encounters with long waitlists for accessible services.

Racial Equity

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To disrupt ongoing cycles of systemic and institutional racism, equity must be at the forefront for transforming existing practices, policies, and culture in organizations that do not address or focus upon inclusivity, diversity, and equity. Racial equity is perceived as a verb that requires ongoing efforts from individuals, communities, institutions, and systems to take deliberate action toward prioritizing change that ensures all members of society have what they need to thrive, regardless of their racial identity (Bryson et al., 2024; Mendez et al., 2024). Since members of racialized communities have been changing across generations to adapt to a colonial society, racial equity focuses on changing the society so that it is inclusive of all people (Arrington et al., 2024; Bryson et al., 2024). As described in the case vignette, I attempted to erase signs of my Chinese-ness out of internalized shame that stemmed from experiences of exclusion and marginalization throughout my education. From the perspective of advancing racial equity in education, it is crucial to recognize, resist, and abolish the top-down, eurocentric, and culturally assimilating structures and norms that are inherent in academia in North America (Pickett & Truong, 2024; Trinh et al., 2024).

Moreover, creating a safe space for students of colour to engage in honest conversations related to racial discrimination and oppression with white individuals across various levels of academia is integral for equity experiences. Fostering genuine allyship and striving to eliminate harmful white supremacist institutional policies can also promote racial equity and safety (Allen, 2021). After applying these social and systemic changes to my case scenario, I could then shift the feelings of myself as the problem and begin to externalize colonial structures as the root contributor to problems that other racialized students and I have experienced.

Statement of Problem

A paucity of published research exists in understanding the racial experiences of racialized counselling graduate students in Canadian universities (Cohen et al., 2022). There is also limited published research where the authors are BIPoC graduate students providing direct accounts of their experiences in counselling psychology programs (Kadaba et al., 2022; Smith & Doyle, 2022). Furthermore, there is a dearth of published studies that specifically examine the mental health experiences of racialized students in counsellor education (Basma et al., 2021; Cenat et al., 2024; Carrero Pinedo et al., 2022; Smith & Doyle, 2022) and how they perceive racial equity and/or inequity to have played a role in enhancing or hindering their mental well-being (Kim & Tummala-Narra, 2022; Sarr et al., 2022).

Few studies to date have utilized the Enhanced Critical Incident Technique (ECIT) to identify incidents or factors pertaining to racial equity and/or inequity that help or hinder the well-being of racialized counselling graduate students (Collins et al., 2013; Wong et al., 2013). There are also limited published peer-reviewed articles that utilize qualitative methodology to examine the well-being of racialized counselling graduate students (Carrero Pinedo et al., 2022; Cohen et al., 2022). Therefore, this qualitative study involved in-depth interviews with former and current counselling graduate students who identified as members of racialized communities and who have been or are currently enrolled in a counselling psychology program at a Canadian post-secondary institution. Participants were selected based on their experiences of racial equity and/or inequity in the counsellor education landscape that have impacted their well-being. The interviews with participants will involve descriptions of incidents that were deemed to be racially equitable or inequitable, and the aspects of each incident that were helpful and/or hindering to their well-being.

Purpose

This study holds two main purposes. Firstly, this study aims to gather firsthand accounts from racialized students and alumni about events, incidents, or factors related to racial equity and/or inequity in graduate counsellor training that have affected their well-being. Specifically, the goals of this study are as follows:

1. Identify incidents during counsellor education that are perceived by students as racially equitable or racially inequitable
2. Identify the facilitators within the incidents that promoted the well-being of racialized graduate students in counsellor education
3. Identify the barriers within the incidents that hindered the well-being of racialized graduate students in counsellor education
4. Identify the strengths of counselling graduate programs that can be maintained, along with additional factors to enhance racial equity and foster student well-being through wish list items

Examining the factors related to racial justice that affect the mental well-being of racialized students in counsellor education can inform faculty, instructors, and non-racialized students about how to disrupt ongoing cycles of institutional and systemic racism. This understanding can encourage collective action to create a safer and more inclusive educational environment for racialized students. Additionally, it can provide validation for students who have experienced racial harm. Establishing a safe learning environment could enhance the retention rates of racialized students, thereby increasing the availability of racially diverse counsellors (Cisneros et al., 2023; Lopez-Perry et al., 2021). These changes are crucial and transformative as

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racialized communities often face greater mental health stigma and mistrust of healthcare systems, underscoring the urgent need for culturally competent and representative counsellors.

My second purpose was to centre and amplify the stories of current and former racialized counselling students, especially those who have had their needs and concerns dismissed or silenced in counsellor education. Through providing a platform that foregrounds experiences specifically related to racial justice issues, this study intended to empower these students to have their voices and wisdom heard. Implementing a qualitative approach also maximizes the capacity of this study to capture the breadth of the participants' knowledge and expertise, which could also serve to reinforce to participants the importance of sharing their stories and taking up space.

Research Question

The research question in this study is: **What factors within critical incidents of racial (in)equity serve as facilitators or barriers that help or hinder the well-being of racialized students in Canadian counsellor education?** In line with the ECIT framework, this study also explores additional factors that racialized graduate students wish for to promote racial equity and enhance their well-being in Canadian counselling education programs.

Definition of Terms

IBAPoC

This study uses the term “racialized” to reflect the diverse racial identities of participants. However, the preferred and more inclusive term is “IBAPoC” (Indigenous, Black, Asian, and People of Colour; Wong, 2023). IBAPoC evolved from the original acronym “BIPoC” (Black, Indigenous, and People of Colour) to intentionally include Asian communities in racial justice discussions. While IBAPoC is the most current and inclusive term, BIPoC remains widely used in academic literature. Despite efforts to recruit diverse participants inclusive of IBAPoC,

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Indigenous and Black counselling graduate students did not come forward to participate in this study. This may be due to a variety of reasons that will be discussed in the limitations section.

Hence, this study uses BIPoC when referencing existing literature and racialized when discussing the study's participants and findings. I will continue to use the term IBAPoC broadly throughout the thesis, predominantly when I discuss my perspectives.

Lived Experience

Lived experience can be described as the subjective ways in which an individual perceives the world (Qutoshi, 2018). In the current study, lived experience will refer to incidents related to racial equity and/or inequity in Canadian counsellor education that participants described to have influenced and changed the ways that they perceive themselves, their sense of belonging, and their anticipated futures.

Racial Equity

Racial equity is the process of eliminating disparities among racial groups in their access to resources and opportunities. It aims to achieve equitable social and economic outcomes for all communities, including education attainment, financial security, and health status (Lopez-Littleton et al., 2018; Shah, 2022). This concept is often confused with *racial equality*, which advocates treating all races and ethnicities identically and providing the same resources regardless of need. However, this *colourblind* approach to equality is problematic as it ignores existing power and privilege differentials among racial groups and assumes equal access to resources like healthcare, education, and employment.

In contrast, racial equity involves fair and just treatment based on unique needs and circumstances (Chatterjee et al., 2022; Torrez et al., 2022). In counsellor education, equity is understood as training adaptable to the specific needs and strengths of all students (Kadaba et al.,

2022). Participants in this study identified racial equity as instances where their needs as racialized individuals in counsellor education were acknowledged and addressed, thereby positively influencing their well-being.

Conversely, *racial inequity* was recognized when racialized graduate students felt unfairly treated or experienced racial insensitivity in counsellor education that negatively impacted their well-being. Many of these incidents extended beyond interpersonal interactions with professors or peers to systemic or institutional levels, such as in course material content.

Well-being

Well-being can be described as the ability for individuals to feel, think, and behave in ways that empower them to thrive in life (Granlund et al., 2021; Wren-Lewis & Alexandrova, 2021). In the current study, well-being is conceptualized as awareness of one's strengths and potential, confidence in one's capability of overcoming challenges, and the capacity to feel happiness and strive towards growth. Well-being may also pertain to the inability for individuals to feel, think, and behave in ways that are enhance their growth (e.g., sadness, physical illness, low self-esteem, imposter syndrome).

Racial Oppression

Racial oppression highlights the broader systems and institutions throughout society that perpetuate historical and ongoing mistreatment of people based on their race and ethnicity (Liao & Huebner, 2021). These structures elevate whiteness as the norms and ideals, and marginalize and alienate non-whiteness as inferior and deviant (Braveman et al., 2022). Oppression creates imbalances in power and privilege among white and non-white communities, where white people receive unfair advantages while non-white communities are subjected to unjust penalties solely based on the colour of their skin (Liao & Huebner, 2021).

Racial Discrimination

Racial discrimination is a component of racial oppression that involves the unfair treatment of individuals or groups based on their race or ethnicity, and focuses on behavioral manifestations of racism rather than beliefs and attitudes (Canadian Human Rights Commission, 2024; Kirkinis et al., 2021). Discrimination can occur at interpersonal levels in the form of dominating interactions and within social structures that prevent people of colour from equitable access to resources and opportunities (Kirkinis et al., 2021). Acts of discrimination typically stem from prejudice against racialized communities and are reinforced by power imbalances in society (Kirkinis et al., 2021).

Racially-harmful Feedback

Racially-harmful feedback is a component of oppression and discrimination. To date, no existing literature utilizes this specific term. I coined this phrase to highlight comments that harm racialized individuals from a race-based perspective (consciously or unconsciously), particularly from those in positions of power in counsellor education. In this study, participants noted that racially harmful feedback were often subtle and conveyed racial stereotypes and prejudice.

Institutional Censorship

Institutional censorship refers to the suppression or restriction of ideas, perspectives, or information that deviate from the values, beliefs, or policies of an institution (Clark et al., 2023; Stevens, 2020).

Critical Race Consciousness

Critical race consciousness involves reflecting on and taking individual and/or collective action toward addressing power and privilege disparities between dominant and non-dominant racial groups (Carter, 2008; Jemal, 2018). In euro-settler countries like North America, white

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people are perceived to be the dominant group due to historically unearned advantages maintained through systemic and institutional factors (Lewis, 2004).

Cultural Safety

Cultural safety was initially developed in nursing and midwifery education to increase awareness about the power imbalances inherent in relationships between patients and healthcare providers (Curtis et al., 2019). This definition emphasized the need for healthcare providers to recognize their cultural biases and prejudices that may affect patient care quality (Curtis et al., 2019). Building onto this definition, Curtis and colleagues suggested that cultural safety should be an ongoing process of critical consciousness aimed at building equity. This approach extends beyond individual interactions of conveying empathy to examining how systems and organizations contribute to cultural safety, including addressing stereotypes towards culturally diverse individuals. It also involves understanding historical and social factors that influence power dynamics and inequities in healthcare interactions (Wilson et al., 2022).

Internalized Devaluation

Internalized devaluation is a belief that being BIPOC is inferior and less worthy or valued compared to a white person (Hemmings & Evans, 2018; Lee & Boykins 2022; Stoute, 2021).

Racial Battle Fatigue

Racial battle fatigue can be described to be psychological, physiological, and behavioral responses resulting from chronic exposures to stressors related to racial oppression including cumulative microaggressions (Frankin, 2016; Gorski, 2019).

Summary

There are few published qualitative research that captures lived experiences from racialized students in Canadian counselling graduate programs, particularly focused on incidents

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related to racial equity and/or inequity that impact their mental well-being. It is imperative to address this significant gap in research pertaining to counselling psychology as both an educational system and profession. Historically, the field of counselling psychology has been entrenched in colonial, racist assumptions that consistently marginalized diverse knowledge and perspectives (Yakushko, 2021). Such systemic bias is evident in both the content of counselling education and the ongoing underrepresentation of racial diversity among students, instructors, faculty, and clinicians (Ansloos et al., 2022; Bhatia & Priya, 2021).

Despite growing awareness of these concerning patterns, mainstream counselling theories and practices predominantly grounded in colonial beliefs and values continue to be the most widely utilized and esteemed therapeutic approaches (Ogden & Tutty, 2024; Yakushko, 2021). Moreover, counsellor graduate training programs not only perpetuate these eurocentric teachings but also evaluate students based on their adherence to these established paradigms and values (Burns, 2020; Chopra et al., 2024; Sharma et al., 2023). This approach potentially limits the integration of diverse cultural perspectives and alternative therapeutic modalities that could better serve multicultural client populations.

It is evident that white supremacist ideologies that inform the majority of the existing counselling practices are usually less effective for BIPoC clients (Ansloos et al., 2022; Miu & Moore, 2021; Ogden & Tutty, 2024; Yakushko, 2021). The inadequate training and support of BIPoC graduate students to navigate issues of race and culture that influence the counselling process could contribute to feelings of isolation and marginalization, as they are left to find their own ways to navigate the power dynamics (Ansloos et al., 2022; Carrero Pinedo et al., 2022). As such, this study is significant as it may begin to pave the way for improving IBAPoC counselling

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graduate student mental health and contribute to preventing further decline in mental health, thereby increasing their success in their program.

Counsellor training programs often reflect institutional structures deeply rooted in eurocentric values, leading decision-makers to perpetuate practices that promote white supremacy and hinder racial diversity (Daloye, 2022; Durrah et al., 2022; Mokgolodi, 2023; Sisko, 2021; Smith et al., 2021; Sue et al., 2024). This underrepresentation of IBAPoC perspectives in psychological research and applied practices results in a lack of awareness, education, and training to support the unique needs of IBAPoC graduate students. Addressing these barriers to racial equity is imperative, especially given that counsellor education is an inherently stressful program. For racialized students, a compromised sense of cultural safety and belonging poses additional stressors. Landertinger and colleagues (2021) indicated that racial discrimination and microaggressions contributed to lower retention and completion rates in higher education. Conversely, Cohen et al. (2022) found that instructors who proactively created a racially equitable classroom environment were better able to foster a sense of safety, comfort, and belonging for students.

This study aims to fill current knowledge gaps by providing detailed descriptions of specific factors and incidents related to racial equity that influence the well-being of racialized students in counsellor education. Although the findings of this qualitative study may not generalize to all IBAPoC graduate students in counselling education across Canada, the in-depth exploration of eight racialized participants' lived realities provides a valuable starting point. By contextualizing these findings within current literature, this study offers substantiated insights into the challenges faced by racialized students. This approach underscores the importance of

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qualitative investigations in illuminating and addressing systemic inequities in the discipline of counselling psychology, particularly in counsellor training programs.

Chapter 2. Review of the Literature

Introduction

The present study commenced in 2022 amidst the ongoing COVID-19 pandemic, which has been affecting populations across the globe since its outbreak in December 2019. The World Health Organization (WHO) officially declared COVID-19 a pandemic on March 11, 2020, following a significant increase in cases worldwide (Cucinotta & Vanelli, 2020). This COVID-19 pandemic has brought on several stressors including financial insecurity, compromises to personal safety, and concerns for well-being of family members (Koo et al., 2023; Pham & Shi, 2020). Racialized communities are at higher risks of exposure to the global pandemic due to a myriad of factors including residing in a multi-generational home, families typically working in front-line occupations, and living in under-resourced areas (Gilligan et al., 2020; Lederer et al., 2021).

Although the impact of COVID-19 was not the primary focus of this study, it would be remiss to exclude consideration of this and other global events that have disproportionately affected racialized communities. As of December 2024, many members of these communities continue to struggle with balancing their professional, academic, and personal responsibilities while simultaneously grappling with the ongoing effects of traumatic world events. I emphasize this to acknowledge and amplify the often-invisible struggles faced by members of racialized communities.

While COVID-19 is no longer considered a global health emergency (United Nations, 2023), marginalized communities continue to disproportionately suffer the significant long-term health, economic, and social challenges resulting from the pandemic (Battle-Fisher, 2024; Brakefield et al., 2022; Kemei et al., 2023; Rishworth et al., 2024). Adjusting to a global

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pandemic as a marginalized community member while meeting the rigorous demands of graduate school can be even more taxing for IBAPoC students. The increase in race-based violence and brutality against BIPoC community members in the pandemic add another complex layer of pain, loss, and racial trauma (Cheng et al., 2021; Lederer et al., 2020).

This literature review encompasses English peer-reviewed publications from 2014-2024, utilizing search terms such as graduate student, mental health, COVID-19, anti-Asian racism, BIPoC student in counselling psychology, racialized counselling psychology student health disparities, racial disparities, and counsellor education. The Athabasca University Library and Google Scholar databases were employed for the search. The review synthesizes recent studies conducted before, during, and after the COVID-19 pandemic, focusing on a comprehensive examination of colonial harms in counselling psychology, racial inequities of counsellor education, mental health of graduate students, well-being of racialized students, and mental and physical health disparities among BIPoC communities. Critically analyzing research across these interconnected domains provides an enhanced understanding of the complex challenges and experiences faced by racialized students and professionals in the counselling psychology field.

The existing literature provides insights into the multiple, accumulated stressors experienced by racialized students in counsellor education, which were exacerbated during the COVID-19 pandemic. Numerous studies consistently demonstrated that BIPoC students and mental health professionals experienced a decline in mental health due to the dual pandemic of COVID-19 and the rise in racial violence (Fournier, 2022; Miu & Moore, 2021, Vazquez, 2024, Nosek, 2023). At the time of this literature review, most studies examining the lived experiences of BIPoC students in graduate counselling programs were unpublished master's theses and doctoral dissertations (Carter, 2024; Haskins et al., 2022; Leonce, 2024; Bradford, 2024).

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However, one published quantitative study revealed a correlation between racial discrimination experienced by BIPoC counselling students and lower levels of wellness (Basma et al., 2021).

Maiden (2021) also conducted a quantitative study examining racial microaggressions faced by racialized male students in counsellor education across the United States, including Black, Asian, and Hispanic men. Maiden emphasized the increased risk for mental health symptoms such as depression, trauma, isolation, self-doubt, and disconnection. Moreover, a qualitative study by Cohen et al. (2022) collected feedback from counselling psychology doctoral students identifying with nondominant cultural identities regarding multicultural and social justice counselling in their respective programs. Cohen and colleagues discussed the negative impact on well-being and decreased motivation to participate in course discussions when instructors failed to proactively create safety in the classroom. While these studies collectively demonstrated a correlation between racial inequity and declining mental well-being in counsellor education, the existing literature in this area remains limited. This gap in current research underscores the importance and necessity of further studies in this field

Colonial Harms in Counselling Psychology

The field of counselling psychology has historically been dominated by white practitioners employing models rooted in colonial and eurocentric ideologies (Grzanka et al., 2019; Miu & Moore, 2021; Smith et al., 2021). These approaches often reflect individualistic perspectives that may not align with the cultural values and preferences of racialized communities. Cognitive Behavioral Therapy (CBT), a widely adopted evidence-based modality, exemplifies this potential disconnect. CBT focuses on reframing thoughts to alter feelings and behaviors, but it may not adequately address underlying systemic factors or cultural contexts that influence these thoughts (Wenzel, 2017). While CBT is extensively used in various healthcare

settings and private practices, some scholars argued that its application without cultural adaptation could potentially reinforce feelings of marginalization among racialized clients (Ahuvia & Schleider, 2023; Carvalho et al., 2022; Kochanek & Wright, 2024).

Colonial clinical practices in counselling have inflicted significant harm, which is further compounded by the challenges of racism and unmet needs arising from a lack of cultural responsiveness. Research has revealed that a substantial number of BIPoC individuals experience unmet needs when receiving therapy from white practitioners, with many encountering at least one incident of microaggression. These experiences foster pervasive mistrust and apprehension toward mental health services among BIPoC communities (DeBlare et al., 2023; Harrison & Pinkney, 2024; Smith et al., 2021). The dearth of culturally responsive therapeutic options exacerbated this issue, propagating feelings of shame and skepticism within BIPoC communities and contributing to low utilization rates of mental health services. As harmful experiences accumulated, BIPoC individuals would often come to anticipate bias or discrimination from counsellors, further reinforcing their reluctance to seek mental health support (Grzanka et al., 2019; Harrison & Pinkney, 2024). This cycle of mistrust and unmet needs continues to perpetuate disparities in mental health care access and outcomes for BIPoC populations.

Racial Inequities of Counsellor Education

A significant factor contributing to the persistent lack of culturally responsive care is the prevalence of colonial values in counsellor training programs. This is reflected in the demographic composition of these programs, where white faculty, instructors, and students tend to be overrepresented in counsellor education. During the review of the literature, there was a notable lack of data regarding the representation of racialized students in Canadian clinical and counselling psychology programs. Goghari (2022) contended that the lack of efforts to collect

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demographic data of clinical psychology students suggest inadequate attention to promoting diversity and representation in the psychology profession. Furthermore, a review of admissions ranking criteria of Canadian graduate psychology programs revealed racial bias against BIPOC applicants (Sarr et al., 2022). The most recent report from the Canadian Psychological Association (CPA) for doctoral programs in 2017-2018 found that although the doctoral programs had a median of 40.5 students enrolled, only eight students self-identified as “diverse (i.e., minority, disability, LGBTQ)” (2018). The various under-represented groups were classified under one category without clear distinctions. The median number of students that self-identified as “Aboriginal” (CPA, 2018) was zero.

The significant underrepresentation of BIPOC students in counsellor education, along with insufficient attention to enrollment statistics, contribute to the scarcity of BIPOC practitioners in psychology. Such underrepresentation perpetuates systemic racism and limits the availability of diverse perspectives and culturally competent care within the profession (Sarr et al., 2022). BIPOC students reported experiencing considerable pressure to assimilate into the mainstream counselling field (Faber et al., 2023; Kadaba et al., 2022; Pieterse et al., 2023). They also faced substantial barriers in accessing internships and employment opportunities in mental health services (Dimmick & Callahan, 2022). Furthermore, financial constraints posed significant challenges to the pursuit of graduate education in counselling psychology (Smith et al., 2021).

The educational inequities experienced by BIPOC students and the lack of racial representation in counselling psychology programs are products of institutional racism, which have been found to contribute to feelings of undervalue and hopelessness among BIPOC community members (Cokley et al., 2017; Carrero Pinedo et al., 2022; Wei et al., 2020). Such

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feelings could result in less motivation to study and work in the mental health field (Goghari, 2022). The frustration experienced by BIPoC students are detrimental to retention issues in counsellor education, thereby perpetuating the cycle of BIPoC underrepresentation and lack of racial equity in the mental healthcare system (Basma et al., 2021; Sarr et al., 2022).

Another equity issue in counselling education programs is the insufficient emphasis on training white therapists to be anti-racist, which contributes to the perpetuation of white privilege in therapeutic spaces (Miu & Moore, 2021; Smith et al., 2021). Although many graduate programs in counselling psychology include competencies in multiculturalism and socially just practices, these components often highlight concepts without practical training on how to work with clients in anti-racist ways (Cohen et al., 2022; Smith & Doyle, 2022). There also tends to be a misconception that expertise in delivering culturally informed care is achieved after attending a webinar, workshop, or training instead of an ongoing learning process that is subject to evolve throughout a clinician's professional practice (Williams et al., 2022).

In a qualitative study, Black and Asian graduate students and practicing counsellors disclosed that their experiences of counsellor training were often *colourblind*, indicating minimal exploration of race and culture in the counselling process and lack of discussions on addressing the reactions of clients to the racial identity of counsellors (Spalding et al., 2019). Studies showed that white-settler counsellors often avoid initiating or having discussions about differences in race, cultural identity, and social location with clients from non-dominant groups (Basset, 2022; Williams et al., 2022). This tendency may manifest as a denial of whiteness as privilege, with some white individuals asserting that they also experience disadvantages and blaming people of colour for their inequitable experiences (Hill et al., 2021). Additionally, researchers have found that the avoidance of race-conscious dialogue among white counsellors

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often stems from discomfort and fear of offending racialized clients (Ong, 2021; Reinhart, 2020; Williams et al., 2022). Furthermore, white clinicians may have a limited understanding of the experiences of racialized groups facing racism, as they do not encounter such harm regularly (Williams et al., 2022).

In alignment with the assertion that counsellor graduate training often adopts a colourblind perspective, Smith and Doyle (2022) argued that such an approach to counselling education and practice is inadequate for effectively serving diverse clientele. While a colourblind attitude may reflect non-racist values, it does not equate to engaging in anti-racist actions. Relying solely on non-racist and colourblind methodologies in clinical practice can obstruct both racialized and non-racialized student counsellors from forming supportive relationships with racialized clients, especially when therapy involves addressing and processing racially traumatic experiences. Moreover, these approaches can inadvertently inflict additional emotional harm on clients (Smith & Doyle, 2022), as reflected in my own experiences.

Studies also uncovered systemic racism and discriminatory practices in graduate counsellor training programs. Racialized students in counsellor education frequently reported experiencing racial discrimination and microaggressions, leading to feelings of self-doubt and a lack of belonging (Kadaba et al., 2022; Posselt, 2021; Wei et al., 2020). Notably, racialized graduate students highlighted several issues including curricula that promote racist and ableist ideologies, preferential treatment given to white students, and instances where their self-advocacy was perceived as aggressive while similar actions by non-racialized peers would be praised as assertive (Jones & Norwood, 2016; Nuru & Arendt, 2019; Carrero Pinedo et al., 2022).

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Systemic inequities in counsellor education also manifest in supervision experiences. In a study by Wong and colleagues (2013), 25 racially non-dominant graduate students and early-career counselling professionals shared their experiences of supervisory relationships. They described significant challenges stemming from language and cultural barriers. Many participants reported feeling pressured to adopt assertive and direct communication styles, which clashed with their cultural backgrounds that often valued a more reserved and passive demeanor. This disconnect led to feelings of discomfort, anxiety, and withdrawal during supervision. Some participants expressed disillusionment with the counselling profession, citing harm caused by these dynamics. Additionally, the lack of ethnic and racial diversity within their academic departments or institutions intensified feelings of isolation and marginalization.

Despite graduate psychology programs in North America emphasizing cultural competency, inclusivity, and diversity as core values, their curricula remain primarily designed for the learning needs of white students (Kadaba et al., 2022). As previously noted, BIPoC counselling graduate students often reported feeling inadequate and isolated due to receiving inadequate training and support on addressing race-related issues in their programs (Spalding et al., 2019). This misalignment between stated values and actual practices underscores the disparity in lived realities of racialized students compared to the institutional rhetoric of these programs.

Graduate Student Mental Health

University represents a critical transitional period for young adults, characterized by exploration, uncertainty, new and increasing demands, and the need to adapt to significant life changes. During this time, students typically face multiple stressors, including academic performance pressures, financial concerns, career planning anxieties, and family and relationship

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issues (Park et al., 2022; Wang et al., 2020). These various stressors contribute to growing concerns about depression, anxiety, self-harm, and suicidal ideations among individuals and communities worldwide (Lipson et al., 2016; Liu et al., 2020; Son et al., 2020; Wang, et al., 2020). Research by Evans and colleagues (2018), Wu and colleagues (2024), and Zhai and Du (2020) have demonstrated that the prevalence of anxiety and depression is particularly high among students in higher education, underscoring the unique mental health challenges faced by this population.

Post-secondary education tends to be stressful for students, which is generally due to a fast-paced learning environment and high pressure to meet scholarly demands. However, the mental health outcomes differ between undergraduate and graduate students (Bekkouche et al., 2022; Posselt, 2021). Graduate students often have higher academic demands including lab work, assignments, and teaching (Evans et al., 2018; Fried et al., 2022). Graduate students also experience unique stressors that increase their risks of experiencing more severe mental health conditions, which could also have been accrued and carried over from earlier experiences. In particular, Fried et al. (2022) contended that undergraduate students who do not address their mental health concerns may exacerbate their symptoms in graduate school due to accumulated stressors.

Compared to undergraduate students, graduate students have the pressures of higher tuitions, securing funding for research, publishing their research, and completing their theses or dissertations within specific timeframes (Bekkouche et al., 2022; Di Pierro et al., 2017; Fried et al., 2022). Furthermore, many graduate students encounter pressures of meeting familial and societal expectations including norms of gender and success (Chen et al., 2014; Posselt, 2021). Since studies consistently demonstrated that graduate students experience high pressures and

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demands, more studies are needed to understand the impact of these stressors on their mental well-being in graduate education. The mental health experiences of BIPOC graduate students particularly warrant enhanced awareness as they are less likely to express their struggles overtly (Livingston et al., 2023).

There has been a wealth of studies that examine the correlation between academic challenges and mental health and substance use issues among undergraduate students (Allen et al., 2020, Chen et al., 2014; Vural & Yigitoglu, 2022). However, more studies are required to examine the association between academic experiences of graduate students and mental health outcomes in Canada. Specifically, there is a dearth of understanding about the experiences of racialized students in counselling graduate education.

The mental health experiences of graduate students in counsellor education demand more attention due to the physical and emotional toll involved in counselling work. Graduate students reported increasing levels of burnout and feelings of inadequacy and skepticism toward their academic futures throughout the duration of their programs (Allen et al., 2022). Compared to graduate students between 20-25 years of age, there is higher prevalence of graduate students aged 26 and older to report a lifetime diagnosis of anxiety, depression, moderate to severe symptoms of depression, and nonmedical use of prescription drugs (Allen et al., 2022). Allen et al. (2022) contended that the stress levels of graduate students may increase with their time spent enrolled in a university program, where students with longer program lengths tend to show higher lifetime mental health diagnoses compared to students with shorter program lengths.

In another study consisting of 2,279 graduate students across 26 countries and 234 universities, Evans et al. (2018) discovered that graduate students were over six times more likely to report moderate to severe anxiety and depression compared to the general population.

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Specifically, Evans and colleagues indicated that LGBTQ+ and female students were significantly more likely to experience depression and anxiety than their male counterparts in graduate studies. Building on these findings, later studies also demonstrated that graduate students with non-dominant racial and sexual identities were at higher risk of suicide than their counterparts with more dominant cultural identities (Clement et al., 2024).

Notably, existing literature revealed that graduate students in human sciences such as counselling and social work were significantly more likely to report depression compared to other disciplines (Anand, 2024; Barreira & Bolotnyy, 2022; Beddoe et al., 2024). Some factors that predicted mental health concerns for graduate students in human sciences included minoritized racial and ethnic identities, LGBTQ+ status, being women, and lower socioeconomic status (Barreira & Bolotnyy, 2022; Beddoe et al., 2024; Tiet et al., 2024). For non-dominant racialized students, the campus climate, experiences of racial aggression, and a lack of belonging were found to be strongly associated with mental health outcomes including symptoms of depression and anxiety (Choi et al., 2021; Dong et al., 2024, McKenzie et al., 2024; Peoples et al., 2024). The high prevalence of mental health struggles among graduate students underscores the centrality of focusing on their mental health experiences, particularly those of racially minoritized students in counselling psychology programs.

Well-being of Racialized Students

In addition to the academic demands of university, racialized students experienced heightened levels of racial discrimination and racially motivated incidents compared to their European counterparts, which undermined their sense of safety and belonging (Chen et al., 2014; Johnson et al., 2024). Racism was found to manifest in various aspects of university life, including the campus environment and everyday interactions with white professors and

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classmates. Many racialized students reported feeling unwelcome and as though they did not belong in academic spaces (Colak, 2024; Franklin, 2016).

Across multiple studies, students from racialized ethnic minority communities shared experiences of being unfairly blamed for lacking the resources needed to succeed in higher education and society (Harlap & Riese, 2023; Johnson et al., 2022). They frequently faced stereotypes about their intelligence, productivity, and ability to meet academic expectations (Colak, 2024; Flint et al., 2023; Johnson et al., 2024; Mireles, 2022). Additionally, racialized students with disabilities encountered intersecting forms of oppression, including colonial and ableist discourses that labeled them as lazy or “other”, which often hindered their access to necessary accommodations (Harlap & Riese, 2022; Mireles, 2022).

The lack of proper support for BIPoC communities in the educational landscape have been consistently noted across research (Davis et al., 2022; Maiden, 2021; Njoku & Evans, 2022). In a study that examined health disparities among racialized students in a Canadian university, racialized students were 2.43 times more likely to experience poor general health outcomes compared to their white counterparts (Banerjee et al., 2022). Notably, Asian and South Asian students were 2.77 and 2.52 times more likely to report poorer health compared to white students (Banerjee et al., 2022). These findings suggest the association between negative racial experiences and deteriorated mental health, where racialized students are more likely to report poorer health outcomes.

In fact, racialized female students in Canada were significantly more likely than their non-racialized peers to report symptoms of depression and anxiety (Lal et al., 2021). Moreover, they faced greater stigma within their communities when seeking counselling services compared to non-racialized students (Lal et al., 2021). Despite these barriers, racialized women in

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educational settings sought mental health support more frequently than racialized men. However, they often turned to non-professional sources, such as family and friends, likely due to the sense of safety and belonging these relationships provided (Lal et al., 2021).

Racialized groups were found to exhibit lower help-seeking behaviors for mental health services compared to their white counterparts due to several interrelated factors. These factors include perceptions toward mental health services as primarily reflecting mainstream white cultural practices, internalized mental health stigma, dissatisfaction with previous mental healthcare experiences, limited availability of counsellors who share similar cultural identities, and mistrust toward white-settler clinicians (Nakamura et al., 2022; Taylor & Kuo, 2020). Such findings underscore how racism and the lack of accessible, culturally safe care serve as significant barriers and contribute to health disparities among racialized students, despite their higher prevalence of mental health concerns.

Another factor negatively impacting the well-being of racialized students could be the false narrative that racism does not exist in Canada (Williams et al., 2022). Although the popular press tends to portray Canada as welcoming and accepting of multicultural communities, such discourse propagates further harm through superficial celebration of cultural diversity by placing BIPoC individuals into pre-conceived categories of race, nationality, and language (Ahn et al., 2021; Clark & Hurd, 2020; Kubota et al., 2021). Racialized students in Canada often reported feeling coerced into conforming to specific stereotypes that led them to feel othered, marginalized, and injured (Davis et al., 2022; Kubota et al., 2021; Parker-Barnes et al., 2022; Schad et al., 2022).

For instance, Kubota and colleagues (2021), Maiden (2021), and Njoku and Evans (2022) found that non-native English speakers reported receiving compliments and surprised reactions

for speaking “good enough” English. Researchers recognized the imposed myth that all racialized immigrants or international students lack English proficiency. Unfortunately, non-native English speakers who demonstrated English proficiency also reported experiencing microaggressions of overemphasizing their English-speaking ability while having their academic and professional competence denied and minimized (Daly & Shah, 2021; Keum et al., 2018; Kubota et al., 2021).

East Asian non-immigrant students also encountered similar assumptions of when they were deemed to be *perpetual foreigners* who do not speak English nor belong in North America regardless of their ancestry, citizenship status, and their first language (Chen et al., 2020; Daley et al., 2022; Tessler et al., 2020; Kubota et al., 2021). The perpetual foreigner narrative contributes to internalized racism and assimilation in East Asian students as they feel the need to behave more consistently with white majority standards and distinct from Asian immigrants (e.g., speaking with a Canadian accent) to avoid disrespect or unfair academic penalties from instructors (Grzanka et al., 2019; Kubota et al., 2021; Maiden, 2021). As racialized students endure the detrimental impacts of racism additional to the rigorous demands of post-secondary education, it is crucial that academic institutions continue to recognize the compounding stressors of academia and racism experienced by BIPoC students and make individual and systemic changes correspondingly.

Health Disparities in BIPoC Communities

Since the outbreak of the COVID-19 pandemic, there has been a rise in racial incidents and hate crimes primarily targeting individuals of Asian descent across the globe (Cheng et al., 2021; Wu et al., 2021). In addition to experiencing health disparities, racialized community members across North America experienced the dual pandemic of COVID-19 and systemic

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racism that exacerbated their overall health (Banerjee et al., 2022; Jones, 2021; Lou et al., 2021; Newman et al., 2022). Nearly half of 543 Chinese American parents and youth reported encountering COVID-19 racial discrimination online and/or in person, and one in four Chinese parents and youth disclosed encountering racial discrimination vicariously (Cheah et al., 2020). Cheah et al. (2020) also conveyed that majority of the respondents directly experienced or witnessed at least one COVID-19 related racial discrimination against other Asian Americans. Persistent encounters of discrimination associated with COVID-19 correlated with higher levels of anxiety, depression, and trauma (Cheah et al., 2020; Landertinger et al., 2021). Mental health concerns have been found to have exacerbated during the COVID-19, when people are experiencing multiple stressors including health, safety, well-being, finances, and adjustment to pandemic restrictions (Loeb et al., 2021; Pfefferbaum & North, 2020).

Several researchers demonstrated the link between racism and poor health outcomes including depression, anxiety, distress, diminished self-esteem, somatization, and suicidal ideation, planning, and/or attempts (Bailey et al., 2017; Churchwell et al., 2020; Li & Galea, 2020; Paradies et al., 2015). Experiences of racism were shown to contribute to reduced participation in healthy behaviors such as sleeping and exercising (Brownlow, 2023; Xia et al., 2023; Melnyk et al., 2023), while increasing maladaptive coping behaviors such as substance use (Brownlow, 2023; Dortch et al., 2024; Paradies et al., 2015). Racial discrimination also increases the risk of hypertension, high blood pressure, heart conditions, stroke, kidney conditions, respiratory illness, breast cancer, and earlier death (Laurencin & Walker, 2020; Karvonen et al., 2023; Lewis, 2023; Paradies et al., 2015; Siegel et al., 2023; Terrance et al., 2023).

The significant health disparities among various racial groups reflect the privilege of non-racialized communities and are deeply rooted in the structural racism that is inherent in the

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healthcare system. Even prior to the COVID-19 pandemic, the racial inequities in health have been consistently shown across research. Racial and ethnic groups that historically experience oppression and social exclusion including the Black, Indigenous, Asian, and Pacific Islander communities experience early onset diseases, faster progression of illnesses, and lower survival rates (Williams et al., 2019). As a result, the issues of racism as determinants of health and public health emergencies are not a new phenomenon. Irrespective of the COVID-19 pandemic, racialized communities historically and pervasively battle the dual crises of discrimination and accelerated health deterioration. These findings and statistics are highly concerning and warrant enhanced awareness and social justice action to prevent further health disparities between white and racialized communities.

Summary

Advancing racial equity in counsellor education necessitates a critical examination of the unique challenges faced by BIPoC counselling graduate students. These students navigate intersecting financial, academic, and sociocultural stressors within programs that remain deeply rooted in colonial and eurocentric frameworks. The ideologies of these frameworks perpetuate systemic inequities and often fail to foster environments of cultural safety or belonging, thereby undermining the retention and success of racialized students (Banks & Dohy, 2019; Brown et al., 2024; Freire & Hurd, 2023; Lewis et al., 2021).

Beyond these systemic barriers, racialized students frequently encountered racial aggression in predominantly white programs. These experiences contributed to feelings of frustration, hopelessness, and alienation. The rigorous demands of graduate training further heighten their psychological distress, particularly during the ongoing COVID-19 global pandemic (Loeb et al., 2021; Pfefferbaum & North, 2020). BIPoC graduate students have been

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disproportionately affected by COVID-19 due to limited access to resources that support their educational goals and health (Fortuna et al., 2020; Jones, 2021; Kim & Bostwick, 2020). Their struggles have also been exacerbated by a rise in race-based violence during this period (Banerjee et al., 2022; Jones, 2021; Lou et al., 2022; Newman et al., 2022).

Additionally, the loss of community members to police brutality and hate crimes has resulted in collective grief and trauma within BIPoC communities (Eichstaedt, 2021; Miu & Moore, 2021; Daly & Shah, 2022). Consequently, racialized graduate students in predominantly white educational programs face significant health disparities. This issue is particularly pronounced in counsellor education, given its historical roots in colonialism. My current study addresses this critical gap in existing research by investigating the specific needs and well-being of these students.

This study explores the lived experiences of IBAPoC graduate students in counsellor education, focusing on how their racial identities intersect with issues of racial equity and inequity to impact their mental well-being. By centring the voices of Canadian counselling graduate students, the research aims to identify persistent gaps in institutional efforts to integrate multiculturalism and social justice principles into curricula and supervision practices. Ultimately, the findings seek to contribute to dismantling the colonial foundations of counselling psychology programs and fostering more equitable educational environments.

Chapter 3. Conceptual Framework

The current research study is situated within the transformative and social constructivist paradigms, which share ontological assumptions about the existence of multiple, socially constructed realities shaped by social, historical, cultural, and political contexts (Romm, 2015; Kumatongo & Muzata, 2021; Kim, 2014). The transformative paradigm emphasizes the role of research in promoting social justice and addressing systemic inequities, while the social constructivist paradigm highlights the co-construction of knowledge through social interactions (Mertens, 2005; Kim, 2014). Together, these paradigms provide a robust foundation for understanding how power dynamics and social structures influence the construction of knowledge and the lived experiences of marginalized communities.

The transformative lens further emphasizes that realities are often constructed to sustain the power structures of privileged populations, perpetuating the oppression of marginalized and vulnerable communities (Kamal, 2019). As such, a key responsibility of transformative research is to critically examine how power and oppression shape the elevation of particular versions of reality (James et al., 2021). This study seeks to fulfill this responsibility by centring the voices and experiences of marginalized individuals, particularly racialized counselling graduate students, and by interrogating the systemic inequities they encounter.

Axiologically, transformative research is grounded in principles of respect, equity, and social justice, prioritizing utilizing research to challenge existing power structures and amplify the voices of those who have historically been silenced (Mertens, 2005, 2017). Transformative researchers advocate for systemic changes that address inequities while ensuring that the narratives of marginalized communities are respected and accurately represented (Mertens, 2005, 2017). These values were central to the present study, as I strived to create a space where

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participants felt heard, valued, and empowered to share their experiences of racial inequity in counsellor education.

Epistemologically, the transformative paradigm assumes that knowledge is constructed through culture and emphasizes the need to critically examine power dynamics that determine what is considered legitimate knowledge (Mertens, 2005). Central to this paradigm is the relationship between the researcher and participants, which requires addressing power differentials and building trust-based relationships that honor participants' wisdom and expertise in their lived experiences (Mertens, 2005). To operationalize these principles, this study maximized participant involvement by inviting their feedback during the summarization and analysis of the data (Butterfield et al., 2009).

As a researcher with a shared identity and lived experiences as a racialized counselling graduate student, I was mindful of the need to balance my insider perspective with critical reflexivity. While my membership in the participant community helped to foster trust and understanding, I remained open-minded to ensure my beliefs did not overshadow the experiences of others. During interviews, I consistently practiced paraphrasing to confirm my understanding of participants' responses and to clarify any ambiguities. This approach aligns with the transformative emphasis on equitable engagement and mutual respect (Mertens, 2005).

In line with the transformative paradigm, I prioritized transparency and reciprocity throughout the research process. To cultivate mutual understanding and trust, I disclosed my cultural positioning and identity as a racialized counselling graduate student (Probst, 2016). Participants were informed that they would receive a copy of the thesis and related publications as a gesture of reciprocity. Moreover, I responded to participants' questions as they arose, ensuring their voices were valued at every stage. These practices reflect the transformative

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commitment to ethical, participant-centered research that seeks to empower marginalized communities.

It is important to note that increasing awareness of my biases and potential influences on the research process does not imply a move toward objective or value-free research. Transformative epistemology requires researchers to consciously position themselves in relation to participants, considering the implications of relational distance (Mertens, 2005). Given our shared identities and lived experiences as racialized counselling students, I chose to remain close to participants rather than adopting a neutral stance. This approach is supported by Probst (2016), who suggests that shared identity can enhance data quality by fostering trust and openness. My personal experiences of racial inequity in counsellor education helped create a safe space where participants could share their experiences more comfortably.

The social constructivist approach aligns closely with the transformative paradigm, particularly in emphasizing the co-construction of knowledge through social interactions, with the researcher playing an active role in meaning-making (Kim, 2014; Zelcane & Pipere, 2023). Consistent with this approach, I embraced my positionality as a resource for enriching the research process. Rather than bracketing out my biases or assumptions, I recognized that my pre-existing knowledge and lived experiences are foundational for generating new insights and deeper understandings of the phenomenon (Kim, 2014; Lavery, 2003; Taylor, 2018). This approach allowed me to engage more authentically with participants, cultivating a collaborative and reflexive research environment.

Finally, this study incorporates my personal experiences with racially equitable and inequitable incidents in counsellor education as part of the results. While empiricist and positivist epistemologies may view the inclusion of the researcher's perspective as a threat to rigor,

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transformative and social constructivist approaches highlight its value in facilitating deeper reflection and meaning-making. Social constructivism acknowledges that researchers' personal values and experiences shape their interactions with participants, contributing to a more nuanced understanding of the phenomenon. To ensure transparency, this thesis includes a researcher reflexivity section that delineates my experiences, potential biases, and the personal impact of this research.

Chapter 4. Research Methodology

This chapter provides an overview of the research design and methodology implemented in the current study. As previously noted in Chapter 1, the main research question of this study is: **What factors within critical incidents of racial (in)equity serve as facilitators or barriers that help or hinder the well-being of racialized students in Canadian counsellor education?**

The procedures of this study including discussions of pre-study tasks, participant recruitment and sampling, and ethical considerations. The processes of data collection and data analysis are also outlined and included in this section. Although the traditional ECIT methodology served as a guide to planning the data analysis procedures, several variations were intentionally made in the steps of data analysis that are consistent with the social constructivist paradigm.

Research Design

Flanagan (1954) originally developed the critical incident technique (CIT) to select and classify crew members of the United States Army Air Forces during World War II based on pre-identified factors that were critical for success in various positions. The original CIT was used to provide a helpful description of an incident, activity, or factor affecting the effectiveness or ineffectiveness of specific activities including measuring job performance, determining leadership qualities, and designing jobs and training programs (Flanagan, 1954). Despite its origin in industrial and organizational psychology, CIT has grown to become a qualitative research method that can be modified for use in various disciplines including nursing, education, counselling, psychology, social work, and health services research (Butterfield et al., 2009).

CIT primarily involved examination of *critical incidents*, which are factors that were present and supported or impeded the experience of a specific situation or event (Cunningham et al., 2020; Flanagan, 1954). The criterion for a critical incident is that it must contribute

significantly to the goals of the researched activity, in either a positive or a negative way (Watkins et al., 2022). In this study, a critical incident is defined to be an incident that is either deemed by a participant to be racially equitable or inequitable and impacted their well-being in a helping or hindering way.

Enhanced Critical Incident Technique

This thesis will utilize the Enhanced Critical Incident Technique (ECIT), which was developed by Butterfield and colleagues in 2009. The ECIT builds upon Flanagan's original CIT from 1954 by incorporating several enhancements: (1) nine credibility checks that builds rigour of the research, (2) questions about the background information of participants' stories at the beginning of the research interview, and (3) inquiries about factors that the participants wished they had in the context of the studied incident (Bott & Tourish, 2016; Butterfield et al., 2009). The wished-for factors are also known as *wish list items*, which were absent at the time of the participants' experience but were believed to have been helpful in the situation that is being studied (Bott & Tourish, 2016; Butterfield et al., 2009).

Watkins et al. (2022) noted that the CIT has evolved over decades to align with a constructivist paradigm, becoming a valuable tool for investigation and exploration. This adaptation shifted focus from collecting purely observable behaviors to understanding cultural contexts and meanings that participants attach to events. Consistent with this approach, the present study will prioritize reporting incidents that participants deem significant and meaningful even when they do not adhere to the strict methodological rigor of the original CIT. This change allows for a more flexible and participant-centred exploration of lived experiences.

Another addition to the use of ECIT in this study is the exploration and inclusion of critical happenings. The term of critical happenings was first identified and created by Norman

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and colleagues (1992) to capture incidents that did not meet the criteria of being a critical incident by Flanagan (1994). Norman and colleagues contended that there were incidents where their respondents did not or were unable to offer specific details of their reported incidents, but these incidents were nevertheless evidently important to them. I was able to identify several critical happenings in the current study. A notable example was when a participant struggled to recall or articulate the specific words used by their peers that they found harmful, but the participant clearly demonstrated the significant impact that those words had on them. Given the heaviness in the content shared by participants, critical happenings are useful for being able to include incidents when participants struggle to recollect the details.

Norman and colleagues (1992) also explained that critical happenings can be used to characterize incidents where a participant may appear to be talking about a single incident, yet the identified incident contained several incidents of a similar type that occurred in separate contexts. Indeed, in this study, some participants disclosed numerous happenings in their discussion of one incident. For instance, a participant reported that their white, cis-female professor enacted cultural safety in the classroom by deliberately learning how to pronounce their name correctly, consistently responding to their weekly blogs with positive feedback and encouragement, and held space for this participant to share an unsafe incident that happened to them in the program. Although there were limited details provided about each happening, the participant still provided valid descriptions of actions that they observed from this professor over the course of many incidents. It was also evident that these happenings were significant in their overall positive contributions to the well-being of the participant. Therefore, critical happenings can also be used to portray a summary or combination of series of events that reflected their overall experience with one incident (Norman et al., 1992).

Rationale for Choosing ECIT

ECIT was selected as the research design for the current study as it is well-suited for exploring experiences or observable actions that facilitated and/or hindered a specific outcome (Springer & Bedi, 2021). The ECIT methodology is helpful for organizing rich, complex data into clear categories at the data analysis stage (Sharoff, 2008). Studies that are suitable for applying the ECIT often involve research questions that begin with a “what” statement (McDaniel et al., 2020), which aligns with the research question of the current study: **What factors within critical incidents of racial (in)equity serve as facilitators or barriers that help or hinder the well-being of racialized students in Canadian counsellor education?**

The views and perceptions of participants in response to the research question assisted me in identifying themes that reflect the facilitators, barriers, and wish list items of participants in the counselling educational landscape. Minimal research has been published that utilizes ECIT to investigate the detailed experiences of IBAPoC graduate students who are completing or have completed a counselling psychology program in Canada. The exploratory nature of the ECIT methodology is relevant for this context as it can help me to develop in-depth understanding of specific constructs and variables that promote and reduce the experience of a particular situation or event (Bott & Tourish, 2016).

A transformative research paradigm informed by an ECIT methodological approach is suitable for studying the lived experiences related to racial justice of IBAPoC counselling graduate students. The focus will be on identifying specific elements of racially equitable and inequitable incidents that fostered, hindered, or were hoped for to cultivate their mental health. This study will use ECIT to capture incidents related to racial equity and inequity experienced by IBAPoC students in the counsellor education landscape. Since counsellor education is fraught

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with racial inequities, ECIT will also help understand how these factors impact the well-being of IBAPoC students. Moreover, ECIT recognizes that participants' perceptions of critical incidents are influenced by their personal factors, sociocultural contexts, and interactions with the researcher (McDaniel et al., 2020). Consequently, the ontological stance of ECIT also aligns with the social constructivist paradigm (McDaniel et al., 2020).

Additionally, ECIT is based on the assumption that research participants have expert knowledge about when their needs for racial equity and well-being were met or unmet by their academic institution during graduate studies. By employing effective interviewing strategies, researchers can amplify the voices of these participants, whose perspectives are often silenced and/or discounted in research settings (Basma et al., 2021; Hipolito-Delgado et al., 2017). Finally, this study aims to utilize participants' stories to inspire both individual and systemic change in counsellor education. By doing so, it seeks to promote broader societal impact through the inclusion of more IBAPoC clinicians. Their diverse perspectives can significantly enhance the provision of culturally appropriate care in the mental health field.

Procedure

Prior to commencing a research study, the ECIT involves two pre-study tasks. The first step is establishing the purposes of the study including expectations of participants. The second task involves planning and setting specifications including creating an interview guide that clearly defines the incidents to inquire about and understanding their relevance and impact on the study objectives (Butterfield et al., 2009). These procedural steps are intended for researchers to easily identify critical incidents, wish list items, and the details of research conversations that provide context and support the relevance of these factors to the research objective (Bott & Tourish, 2016).

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In the current study, racial equity is operationally defined as fair treatment during counselling graduate training that is supportive of an IBAPoC student's unique needs, strengths, and cultural perspectives. Conversely, racial inequity in this study is defined as building and maintaining systems and structures such as unjust policies and practices that intentionally or unintentionally advantages white students (e.g., designing course curricula around their learning needs) and increasing their chances at succeeding at the cost of disadvantaging IBAPoC students (e.g., lack of courses that assume the student counsellor is IBAPoC that address issues that they will likely face in clinical practice) and reducing their chances at succeeding in completing counsellor education.

Consistent with the second procedural step of the ECIT study, I created an interview guide (see Appendix A) for ease of following during research conversations with participants (Sharoff, 2008). The semi-structured interview guide consisted of questions that I could ask to assist with the flow of the interviews when needed, and to ensure that my questions remained relevant to the purposes of the study (Butterfield et al., 2009; Viergever, 2019). From a social constructivist approach, I also had the capacity to add questions that spontaneously arose during the interviews when I believed that they allowed for a richer understanding of the participants' lived experience.

Participants

Participants of and all gender identities were invited to participate in this study.

Eligibility requirements of participants were as follows:

- Identify as Indigenous, Black, Asian, or People of Colour (IBAPoC)
- Reside in Canada
- Speak and read English comfortably

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- At or above the age of majority in their respective provinces so that they are able to give consent to participate
- Current or previous graduate student in a counsellor education program where the language of instruction was English
- Completed at least 1 term of a Canadian graduate program in counselling or counselling psychology to be able to speak about lived experiences in counsellor education
- Encountered directly or indirectly incidents of racial equity and/or inequity during counsellor graduate training that impacted their sense of well-being
- Willingness to share personal experience so their data could be included in the study
- Committed to spending 1-2 hours on the interview
- Consent to video or audio-recording of interviews for data analysis and the potential dissemination of research findings so that the study could be published and presented at conferences.

Recruitment

Following Athabasca University Ethics Board approval, I posted a recruitment poster (see Appendix B) on my social media accounts including Instagram and Facebook, and the Athabasca University student resources forum. I also posted a recruitment poster in the following Facebook groups: BIPOC Therapists Edmonton and Area, BIPOC Mental Health Professionals, Inclusive Therapists BIPOC Members, and Self Care for BIPOC Therapists.

Sampling

In a traditional ECIT study, the sample size is based on the number of critical incidents rather than the number of participants (Butterfield et al., 2009). A small sample size is deemed sufficient as ECIT tends to reach data saturation quickly (Butterfield et al., 2009; Clark et al.,

2018; Flanagan, 1954), and the exhaustiveness of data is achieved when there is no emergence of new categories that can describe the critical incidents (Springer & Bedi, 2021). Additionally, an ECIT researcher is expected to continue interviewing participants until no new categories emerge, which is typically between 50-100 critical incidents (Butterfield et al., 2009).

Although the original ECIT approach emphasizes high numbers of critical incidents to establish rigor, the current study prioritized the qualitative content of each reported incident through a transformative and social constructivist lens. Furthermore, this study's approach grounded in social constructivism did not align with the criteria of data exhaustiveness as such requirement falls more within a post-positivist epistemology (McDaniel et al., 2020). In the current study, I determined that the significant value of discussing each critical incident outweighed the importance of the total number of incidents collected. I also concluded that this approach demonstrated greater respect for participants who courageously and vulnerably shared their personal narratives.

Participants across Canada were recruited through purposive sampling where eligible participants that represented the population and were willing to provide insight into their experience contacted me to participate in this study. A total of eight participants, myself included, took part in this study. I did not recruit more participants as no further potential participants reached out with interest in participating in the study. The smaller sample size also allowed me to have more in-depth interviews with each participant and conduct a meaningful analysis of each incident.

Ethical Considerations

Prior to commencing the study, I obtained approval from the Ethics Review Board of Athabasca University. I also completed the Tri-Council Policy Statement: Ethical Conduct for

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Research Involving Humans Course on Research Ethics (TCPS 2: CORE) on November 13, 2022. All prospective participants were given an informed consent package outlining the purpose of the study, criteria for participation, data collection format, time commitments and expectations, potential risks and benefits, and implications of the study (Manti & Licari, 2018).

I invited each participant to ask questions about the study prior to signing the consent forms to participate in the study. The informed consent process was also reviewed at the beginning of each interview. I reminded participants of any limits to confidentiality, according to the Canadian Counselling and Psychotherapy Association Code of Ethics (2020). Participants were made aware that their participation was entirely voluntary and their consent to participate could be withdrawn at any time up until data analysis. All of the participants also agreed to meet and consented to recording the interviews over Zoom Inc., as it was a secure platform that allowed for recordings to be saved directly onto my password-protected computer (Gray et al., 2020).

Extra sensitivity and care were taken to anonymize participants, given my supervisors' roles as counsellor educators. Participants were assured that their identities would not be revealed to supervisors. As soon as an interview was completed, I anonymized the data by assigning aliases to participants and saved all recordings under the aliases of respective participants to protect their confidentiality and reduce potential biases (Mustacoglu et al., 2020). The digital consent forms and interview data were stored in password-encrypted folders. Any hard copy papers containing information from participants were kept in a locked filing cabinet.

Since participants were recruited across Canada, all of the interviews were conducted virtually to minimize inconvenience of travelling and to allow the interviewees to participate in the safety and comfort of their own home. A secure, third-party transcription software was used

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to transcribe the interview recordings, and I reviewed all the transcripts to ensure that the transcriptions accurately captured the participants' words and did not contain identifying information such as their name or school. Since the interview involved discussing emotionally-triggering content, a list of local mental health resources were provided to participants in the event that they wished to seek support after the interviews, and did not already have their own established counselling supports.

Researcher Reflexivity

Researchers must recognize the impact of their values, biases, personal identities, and lived experiences on decision-making throughout the research process (Orange, 2016; Ortlipp, 2008; Smith, 2007). This acknowledgment is particularly crucial in ECIT studies, as it creates transparency regarding the researcher's thoughts and positionality for readers. Continuous reflection on how cultural positionalities influence research approaches is essential (Saldana, 2018). This reflective practice allows researchers to examine their own experiences and seek supervisory consultation when needed, thereby supporting ethical research conduct.

My Role as Researcher

I am a female, cisgender, Chinese graduate student who is currently attending a Canadian counselling psychology program. From an academic and counselling psychology perspective, racialized students are more prone to experiencing burnout and health deterioration due to encountering discrimination and marginalization in counsellor education (Basma et al., 2021; Hipolito-Delgado et al., 2017). The white supremacist ideologies embedded within counsellor education and inadequate culturally inclusive counselling curriculum and textbook materials for racialized students were examples of institutional oppression that contribute to a diminished sense of belonging and safety in their cultural identities, which could negatively impact the

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mental health of racialized students. The current study feels meaningful as I have personally experienced inequitable incidents during counsellor training that made me feel unsafe based on my cultural identities. I recall encountering challenges with connecting to other peers as one of the few racialized students in a white-dominated cohort, feeling my heart racing in interactions with several peers and course instructors who resisted discussions of racism and white privilege, and struggling to relate to the course materials and expectations that adhere to white colonial norms and only involved superficial conversations of cultural diversity. All these experiences have made me doubt whether counselling psychology was a suitable profession for me.

I feel grateful and fortunate to have met my thesis supervisor and an IBAPoC peer through my supervisor's development of an Asian mental health research and advocacy working group (AMH-RAW) in our program. This peer and I connected over similar experiences with oppression and a diminished sense of racial equity, safety, and belonging in counsellor education. The support and shared lived experience within this community allowed me to feel less isolated in my academic journey and helped me discover new meaning and passion for pursuing counselling psychology. Recognizing the power of shared humanity, I felt inspired to approach this research by creating transparency in my cultural positionality and building rapport with participants through appropriate disclosure of personal experience (Saldana, 2018; Viergever, 2019). Rather than adhering strictly to the original ECIT credibility and rigor checks, I maintained consistency with my critical-constructivist approach and enhanced data quality by following the six confirmability checks outlined in the following section.

Data Quality and Trustworthiness

ECIT is grounded in a post-positivist epistemological stance with nine prescribed credibility checks to promote rigor of the research process by reducing influences and biases of

researchers (Butterfield et al., 2009; Springer & Bedi, 2021). Given my epistemological approach grounded in transformative and social constructivist theories, some alterations to the traditional ECIT credibility checks were made. The six confirmability steps of the current study consisted of: (1) audiotaping or videotaping interviews to avoid overlooking crucial incidents in the interviews, (2) enhancing the fidelity of the data by pre-establishing and following a semi-structured interview guide, (3) my supervisor overseeing data collection and reviewing my extracted critical incidents and wish list items followed by discussions of their categorizations, (4) reporting the participation rates for each category formed, (5) cross-checking the categories by participants through email, and (6) utilizing a theoretical framework that supports the underlying assumptions of the study and comparing categories with current literature (Butterfield et al., 2009; Sharoff, 2008).

Butterfield and colleagues (2009) suggested that after seeing no emergence of new categories, the researcher should conduct two additional interviews to ensure that no new hindering and facilitating factors emerge. Additionally, it is important to indicate the participation rates for the emerging categories as they are used to assess the strengths and credibility of a category. The original ECIT procedure involves calculating the participation rates through dividing the number of participants whose responses were coded into a category by the number of total participants, and at least 25% of participants needs to be able to recall an incident in a category for it to be considered viable (Butterfield et al., 2009). However, I modified the assessment of participation rates to align with the transformative and social constructivist paradigm of this study.

Through a transformative and constructivist lens, a category in this study was considered meaningful based on its qualitative significance. This meant that determination was based upon

consideration of frequency and the centrality of experience to the participant. For example, when a participant shared a unique race-based traumatic incident that was less common compared to other participants. The specific incident was still categorized and reported despite not meeting the 25% participant recall rate.

Another adjustment to the credibility check was concerning the use of expert opinions. In line with the transformative and social constructivist framework, the participants were honoured as the experts of the studied phenomenon as they possessed the most knowledge about their personal contexts and circumstances (Chou et al., 2016; Viergever, 2019). Since I actively engaged in co-construction of meaning alongside all participants in the discussion of their critical incidents, my perspectives and interpretations were also considered to be expertise in this study (Viergever, 2019). As a result, I did not seek further opinions other than the guidance of my thesis supervisors for enhanced clarity when interpreting and analyzing the data through my own lens.

After the interview transcripts were completed and I reviewed them for accuracy, I sent each participant a copy of their transcript for verification. This was the first participant cross check to ensure that the data was collected properly. After the initial data analysis, I emailed each participant the findings containing the themes and categories that I developed for their feedback. Participants had 1-2 weeks to review these findings and share any insights on how these themes reflected their experience. Finally, I compared the results to literature and the theoretical assumptions that informed the current study.

Data Collection

In ECIT studies, the data collection methods are flexible and range from in-person interviews, virtual interviews, phone interviews, questionnaires, focus groups, and live

observations (Bott & Tourish, 2016; Butterfield et al., 2009; Cunningham et al., 2020; Viergever, 2019). Interviews are considered to be the most effective tool for understanding psychological constructs or the experiences of participants in an ECIT study (Butterfield et al., 2009). The ECIT guidelines also recommend that researchers spend time to build rapport and gather contextual information from participants prior to inquiring about the specific critical incidents and wish list items that are the focus of the study (Bott & Tourish, 2016; Butterfield et al., 2009).

Initial Contact

When a prospective participant emailed me to express their interest for participating in my study, I provided an informed consent package containing information about participation in the study, an informed consent form, and a demographic form (see Appendix C). Participants were requested to review and complete the forms prior to the interview if possible. I also utilized the opportunity to schedule our 1-2 hour long interview. With every prospective participant, I offered the option of a call over Zoom or phone if they would like to ask more questions prior to participating in the study. Once a participant signed the informed consent forms and confirmed a time for the interview, I sent them a calendar invite as soon as possible. A week before the interview, I emailed each participant a handout (see Appendix D) containing a prompt for them to consider the specific critical incidents that they wanted to discuss at the interview. Participants were invited to print off the handout and write down ideas or potential responses prior to the interview. Separate handouts containing instructions to access Zoom Inc. (see Appendix E) and a list of mental health resources across Canada (see Appendix F) were emailed to participants one to three days leading up to the interview.

Pre-Interview

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At the beginning of each interview, I reviewed the participant's demographic form to confirm their eligibility to participate in the study and to ensure that I learned to pronounce their name correctly. I also discussed the informed consent form including the purpose of the study, definitions of key constructs, limits to confidentiality, rights and expectations as participants, and the risks and benefits of participation. Each interview was scheduled to occur between 60-120 minutes. Two 5-minute breaks were planned for 35-45 minutes into the interview and 30-40 minutes after resuming from the initial break. Some participants wanted to skip the breaks and continue with the interviews, which I respected. I checked in with participants regularly and throughout the interview if they felt they needed a break or skip a question for any reason.

First Interview

There were three parts outlined in the semi-structured interview guide. I began with asking participants pre-outlined contextual questions to understand their interest in participating in this study that focused on their unique understandings of well-being, racial equity, and the inter-connections. Participants' perceptions toward the norms of being a counsellor or psychologist and any shifts in their expectations of counsellor education and well-being were also explored. Finally, I posed the question to participants about whether they thought about withdrawing from counsellor education and no longer pursuing a career path in this field. This initial step was crucial for establishing a relational foundation with participants before diving deeper into the discussion of specific incidents in their lived realities that made them feel like they were justly and/or unjustly treated, as well as how those factors impacted their well-being.

Second Interview

The second part of the interview specifically pertained to critical incidents. At this step of the interview, I asked participants to pull up the handout that was previously emailed to them,

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which contained a prompt for participants to write down three to five of the most salient incidents related to racial equity and/or inequity that impacted their well-being during counsellor training in as much details as possible. At the end of each incident shared by a participant, I asked follow-up questions to participants to confirm whether an incident was deemed to capture racial equity or inequity, as well as whether it was an incident that was helping or hindering to their well-being. I also explored with participants the key aspects of each incident that helped and/or hindered their well-being, and the ways that the incident have impacted and/or continue to impact their well-being.

Third Interview

The third part of the interview asked participants to envision a racially equitable counsellor education program that fosters the well-being of racialized students by creating a wish list. Follow-up questions in this section highlighted elements that already worked well in their programs. Participants were also asked about additional factors they wished were present in counsellor education and how those changes could better support their well-being.

Interview Process and Data Management

Participants were welcomed to elaborate on their answers during the interview. I also utilized prompts that were not pre-planned in the script but emerged naturally and flowed with the interview. Since discussing the incidents elicited strong emotions for some participants, I was mindful not to pressure them to expand on certain details. At the end of each interview, I provided the participant with a \$20 gift card to express gratitude for their time and contribution to this research. Participants' audio interview recordings were sent to Sonix.ai, a paid third-party transcription software that implements several layers of cybersecurity measures to protect the security of the data. A copy of each participant's de-identified transcript was emailed to them as

an internal credibility check to ensure that there was consensus in content (Butterfield et al., 2009; Cunningham et al., 2020). Participants were given 2 weeks to review and make any necessary revisions to their transcripts, if desired. No participants requested significant edits or changes to their transcripts of their interviews.

Data Analysis

There are three steps in the data analysis stage of an ECIT study: (1) determining the frame of reference, (2) forming categories by grouping similar incidents together, and (3) deciding on the specificity or generality level of the data to be reported (Butterfield et al., 2009). The frame of reference is used to understand the potential implications of this study's results (Bott & Tourish, 2016). In this study, the frame of reference was identified as incidents that were racially equitable or inequitable that helped and/or hindered the well-being of racialized students in counsellor education, along with the factors that they would hope for to enhance the racial equity and their well-being throughout their experience of graduate counsellor training. From a multicultural and social justice counselling perspective, the factors related to racial equity that are found to contribute to enhanced mental well-being can be potentially used as a call to action for academic institutions to develop resources and make improvements to existing counselling programs to uplift the collective well-being of racialized graduate students.

Electronic methods to analyze and organize research data have been highly recommended for use across CIT and ECIT studies (Schluter et al., 2007; Springer & Bedi, 2021). In this study, I used NVivo 14, a qualitative data analysis software that assisted with organizing, coding, and analyzing the data. Prior to uploading the transcripts onto NVivo 14, I ensured that each transcript was de-identified and labelled using the respective participant's pseudonym. Using

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three randomly selected transcripts (Butterfield et al., 2009), I extracted the critical incidents that helped, hindered, and were hoped for to foster the perceived mental well-being in each incident.

As previously noted, a critical incident was included if a participant perceived and described it to have significantly impacted their well-being in a positive (helping incident) or negative (hindering incident) way. Moreover, critical happenings that were deemed to hold significant meaning by participants were also included in this study. I pulled examples of each incident so that I could refer to them for contextual purposes later in the research process.

In accordance with the second step of the ECIT data analysis procedure, I categorized all the reported CIs from each participant's transcript as being helpful or hindering on a document for organization purposes. Likewise, each participant's list of wished for items were also extracted and stored in separate documents for ease of organization. These documents were then uploaded onto NVivo 14 and organized numerically (e.g., Pedro - Hindering Incident #1, Davina - Helping Incident #2) with the participant's pseudonym. Each document was also classified with a colour scheme: A helping incident was green, a hindering incident was red, and a wish list was yellow.

Moreover, I utilized inductive reasoning to identify patterns and themes among the extracted incidents to form categories (Bott & Tourish, 2016). After identifying the hindering incidents, helping incidents, and wish list items, I began naming categories to group similar incidents together. Keeping in mind that the categories must be relevant to the frame of reference, I assigned descriptive titles to categories to specify the factors of racial equity and/or inequity for racialized counselling students that facilitated and/or impede their well-being in their graduate counselling programs.

Pertaining to the 3rd step of the ECIT data analysis, Cunningham and colleagues (2020) suggested a researcher could merge small categories together or break down large categories into smaller ones depending on how the change may influence the use of data for its frame of reference. I sought consultation from my thesis supervisors on finalizing the categories. Although Butterfield and colleagues (2009) contended that at least 25% of participants must recall an incident in that particular category for it to be deemed viable, I still reported categories that did not have 25% participation rate if their incidents were perceived to be impactful to their well-being. Finally, I added a definition to each category (Butterfield et al., 2009).

Credibility Checks

The amended six confirmability checks for this study are: (1) audiotaping or videotaping interviews to avoid overlooking crucial incidents in the interviews, (2) enhancing the fidelity of the data by pre-establishing and following a semi-structured interview guide, (3) my supervisor overseeing data collection and reviewing my extracted critical incidents and wish list items followed by discussions of their categorizations, (4) reporting the participation rates for each category formed, (5) cross-checking the categories by participants through email, and (6) utilizing a theoretical framework that supports the underlying assumptions of the study and comparing categories with current literature (Butterfield et al., 2009; Sharoff, 2008). I will elaborate on how this study adhered to the six confirmability steps in the following paragraphs.

All of the interviews were recorded on both video and audio, with the exception of one recording in which a participant requested that I keep it only in audio format. A semi-structured interview script was created prior to the commencement of interviews. This interview guide was approved by my thesis supervisors and the Athabasca University Research Ethics Board. As the interview script was semi-structured, I had the flexibility to ask participants probing questions

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that were not pre-outlined in the interview guide. This approach allowed me to obtain more detailed information about the incidents. Additionally, my supervisors reviewed randomly selected interview transcripts to provide further support and guidance as needed.

During the period of data collection, I met with my supervisors regularly through online meetings including what went well and what I found challenging. I also met with Dr. Gina Wong in-person for 5 hours to review the themes and findings of this study. I extracted each helping incident, hindering incident, and wish list item independently. My supervisors had secure and confidential access to all of the de-identified interview transcripts, as well as documents containing my extracted critical incidents, summaries of each reported incident, and themes or categorizations with operational definitions. The themes and findings reported in this study were also finalized in collaboration with my supervisors. All the participants' data were analyzed until no new categories of helping incidents, hindering incidents, and wish list items could be formed from the interview data.

Although previous ECIT researchers emphasize the importance of each category capturing at least 25% of the critical incidents, I still retained categories that did not meet this criterion as this study prioritizes maintain categories based on their significance to participants. The number of incidents identified within each category will also be reported instead of a participation rate percentage. After finalizing these categories with my supervisors, the findings were organized and emailed to participants for a second participant cross-checking.

In my email to participants, I invited them to comment on the categorization and sub-categories of hindering incidents, helping incidents, and wish list items. Participants were given a two-week period to review the research findings and provide any feedback. A small number of respondents confirmed their agreement with the results. As previously communicated to all

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participants, non-responses were interpreted as implied agreement with the research conclusions.

Aligned with the social constructivist and transformative paradigm, this research values the collaborative expertise of participants and my own perspective through active participation in meaning-making. By personally conducting all interviews and being involved in the research process from initial contact, I was able to observe how different contextual factors emerged across participants. This comprehensive involvement provided valuable insights into the broader picture that aided in the interpretation of findings.

Chapter 5. Results & Interpretations

This chapter begins with a demographic overview of the study's eight participants. Following this, I provide a description of the critical incidents and happenings, including their total number, wish list items, and contextual information. Next, the chapter presents an analysis of facilitators and barriers to racial equity based on interviews with participants. This analysis identifies overarching themes and sub-themes among the facilitators and barriers, and highlights their impact on well-being of racialized students. Finally, the chapter introduces a model that illustrates the study's findings: the Model of Facilitators + Barriers to Racial Equity and Racialized Well-being in Canadian Counsellor Education.

Description of Participants

A total of eight participants participated in this study. All participants identified as cis-female and were between the ages of 20 to 40. Participants came from diverse racial backgrounds that included Arab, East Asian, South Asian, and Southeast Asian communities. Seven of the participants spoke one or more languages other than English. At the time of interviews, participants had attended or were attending counsellor education from in Western and Central regions of Canada. Participants ranged from completing a doctoral program in counselling psychology, in the process of finishing their master's degree in counselling psychology, to practicing as a therapist, counsellor, or provisional psychologist.

Critical Incidents & Critical Happenings

Participants reported a total of 52 critical incidents including 10 critical happenings. Participants also shared 34 wish list items. Across the study, there was a total of 29 hindering incidents, eight hindering critical happenings, 13 helping critical incidents, and two helping critical happenings. Out of the 29 hindering incidents and eight hindering happenings: 13

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incidents and three happenings occurred in the context of a counselling course, seven incidents and two happenings occurred in a counselling practicum or internship, one incident occurred in thesis supervision, five incidents and one happening occurred in relationship with faculty or institution outside of a instructional or supervisory context, two incidents occurred in relationship with peers in social interactions outside of a course or practicum context, and one incident and a happening occurred during a practicum interview. I have organized the data into Table 1 below.

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Table 1

Context of Hindering & Helping Incidents

Context	Hindering	Helping	Total Number of Critical Incidents & Happenings
Counselling course (including practicum course)	13 incidents Three happenings	Four incidents Two happenings	22
Counselling practicum/internship supervision (not including practicum course)	Seven incidents Two happenings	Two incidents	11
Thesis supervision	One incident		1
Faculty or institutional support outside of instructional or supervisory relationship	Five incidents Two happenings	Three incidents	10
Relationship with peers outside of course or practicum context	Two incidents	Four incidents	6
Practicum interview	One incident One happening		2
Total Number of Critical Incidents & Happenings	37	15	52

Barriers of Racial Equity Hindering Racialized Students' Well-being

Former and current racialized graduate students across Canada shared a total of 37 critical incidents and happenings that hindered or negatively impacted their well-being in counsellor education. From the 29 racially inequitable incidents and eight racially inequitable incidents, 16 occurred in a counselling course, nine incidents occurred during a counselling practicum or internship placement, one incident occurred during thesis supervision, six incidents occurred when seeking support from faculty or the institution outside of an instructional or supervisory context, two incidents occurred in relationship with peers outside of a course or practicum setting, and two incidents occurred during practicum interviews.

The overarching barrier to racial equity that hindered the well-being of racialized students was identified to be “Inadequate Cultural Safety and Rupture of Trust” in counsellor education. The broader theme of inadequate cultural safety and rupture of trust in counsellor education was divided into six categories of racial inequity that hindered the well-being of racialized students in one or more critical incidents. These barriers or categories are presented as follows in no particular order: (1) lack of racial diversity and representation, (2) racial oppression and discrimination, (3) minimal intentional allyship and/or community support, (4) lack of critical race consciousness, (5) lack of curriculum on enacting cultural safety, and (6) privileging white students. Two categories had two sub-categories: (2) racial oppression and discrimination connected with the sub-barrier (2a) racially-harmful feedback, (4) lack of critical race consciousness connected to the sub-barrier (4a) institutional censorship of anti-oppressive conversations, and (6) privileging white students connected to the sub-barrier (6a) white peers dominating space, including classroom and interpersonal spaces.

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In most CIT studies, sub-categories are created to further organize and highlight patterns among critical incidents of each category (Butterfield et al., 2009; Hughes, 2012). The sub-categories in this study have independent definitions, as they initially stood out as distinct categories. However, they collapsed naturally into other barriers identified due to their similarities and interconnections in meaning. Each sub-category enhances the strength of their parent category, acting as a complementary element rather than a mere example. While a category may not always contain incidents from its sub-category, the presence of the sub-category amplifies the impact of its category. Essentially, each barrier becomes more hindering to the well-being of racialized students when it incorporates the sub-barrier.

In Table 2 below, I present a summary of the barriers identified from the participants' data. This summary includes the name of each barrier or category, the number of incidents and happenings associated with each category, and the total count of critical incidents and happenings both within each category and overall.

Table 2

Barriers of Racial Equity

Title of Barrier or Category	Frequency Across Critical Incidents & Happenings	Total Number of Critical Incidents & Happenings
1. Seeing lack of racial diversity and representation	Five incidents One happening	6
2. Encountering racial oppression and/or discrimination	25 incidents Five happenings	41
2a. Receiving racially-harmful feedback	10 incidents One happening	
3. Encountering minimal intentional allyship and/or community support	20 incidents Five happenings	25

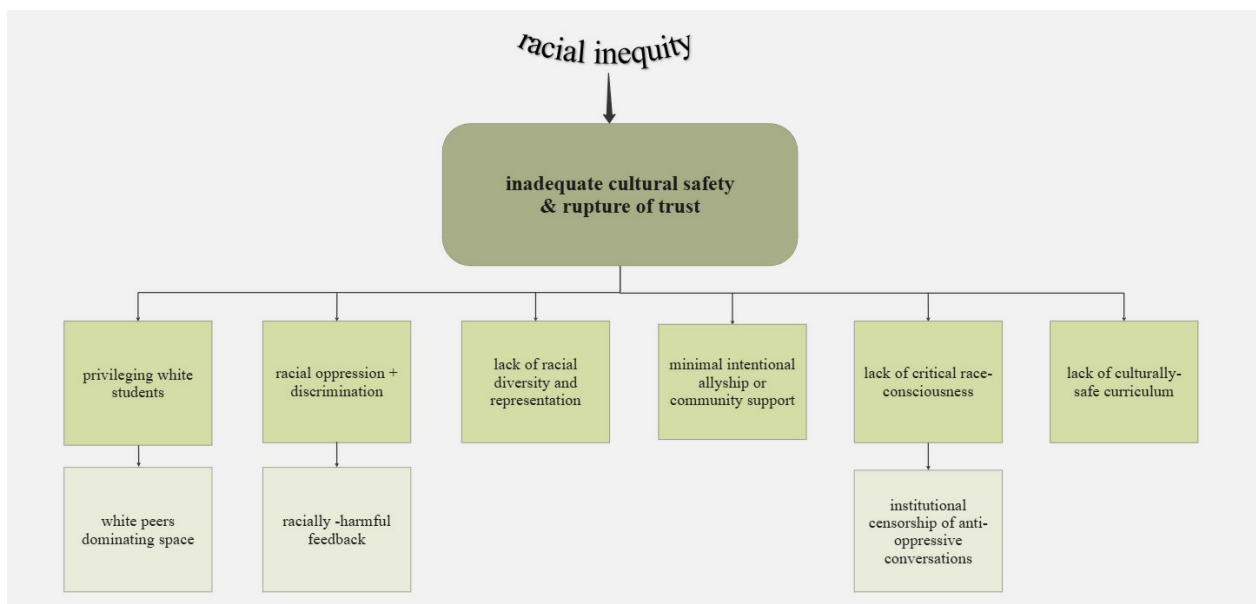
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4. Experiencing lack of critical race consciousness	28 incidents Eight happenings	38
4a. Encountering institutional censorship for having anti-oppressive conversations	One incident One happening	
5. Having a lack of curriculum focused on implementing cultural safety for racialized communities	Six incidents	6
6. Noticing privilege toward white students	10 incidents Two happenings	18
6a. Seeing white peers dominating space	Six incidents	
Total Number of Critical Incidents & Happenings		134

To visualize barriers to racial equity for racialized students that hindered their well-being in Canadian counsellor education, I present Figure 1 below. The lowercase text intentionally symbolizes how small and invisibilized these students often feel during incidents of racial inequity.

Figure 1

Barriers to Racial Equity and Racialized Well-being in Canadian Counsellor Education



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1. ***Lack of racial diversity and representation.*** Participants characterized the lack of racial diversity and representation as finding themselves to be one of few or the only person of colour in predominantly white classrooms. In the following example, Ailing described a microaggression where a white peer dominated a class discussion by expressing concerns about how to maintain respect to white people when discussing racism. Ailing expressed wishing that she had spoken up during this incident, but struggled to do so due to being the only person of colour in the classroom:

I'm already feeling minoritized in this space, and there was nobody speaking up for me. A part of me was thinking, "could I have said something? Could I have done it?". But I already felt so small. Where could I have found the voice to resist the 20 other white people in the room? I just didn't have it in me to do it...

Ailing added that this incident significantly hindered her well-being. Ailing described that she “dissociated” towards the end of the incident to “survive” the impact. As a result, she now feels “intimidated and guarded” whenever she enters a space where she finds herself to be the only person of colour:

I'm always going to walk into walk into interactions with a sense of guardedness even if majority of like my interactions end up being more positive than negative... I'm always going to carry that guardedness or that layer of like need for self protection when I walk into walk into rooms. And it feels so exhausting to always have to do that...

2. ***Racial oppression and/or discrimination.*** All eight participants in this study disclosed having experienced one or more incident of racial oppression and/or discrimination. Participants in this study disclosed incidents of racial oppression and discrimination involving peers, instructors, faculty members, and counselling clients.

Rai, who recently graduated from her master’s degree in counselling psychology, shared that she experienced incidents of racial oppression and discrimination during her counselling practicum. As the only South Asian international student in a predominantly white practicum

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cohort, Rai noticed that the practicum supervisor would “be preferential toward other (white) students”. This included Rai seeing that other students received more suitable clients, while she was consistently assigned cases beyond her competency:

Other people would request for specific clients, and they would get that. But when I would request for specific clients, I would not be given that. And somehow in the end, I was left with the one client who was not sure about counselling or the one client who had complex trauma or a lot of grief and bereavement issues and was not suitable for like a practicum setting.

Consequently, Rai reported having poor client retention due to this unfair treatment. The supervisor later gave Rai harsh feedback about “culturally appropriate conduct in Canada” during a mid-term evaluation, further exemplifying racial discrimination:

She told me, “You asked me to let you know if something is culturally inappropriate. So, we do not swear in Canadian culture” ... And I was a little taken aback because first of all, we are adults. Secondly, this program was secular. Thirdly, other people would swear in the team room or within the break... And she was saying that in a very condescending tone... She also told me, “You have to really practice self-care”.

Rai’s supervisor unfairly criticized her swearing as “culturally inappropriate” in Canada despite others using profanity at the site. This incident left Rai feeling “scared and appalled” and highlights the systemic discrimination and lack of support for racialized students in the field. Rai also challenged the individualistic underpinnings of the responsibility to “self-care”. She indicated that the supervisor failed to acknowledge how her racialized experiences contributed to her well-being and capacity for self-care:

I cannot really do self-care because I need you at this point as my supervisor to really sit with me and validate my experiences. And you are not doing that. So I question, “why is it only my responsibility to take care of myself?” In this profession, I feel like we should rise above self-care and really take care of each other. It's time to lose that lingo... Especially as a supervisor, there is a lot of responsibility and maybe she's not fit to be a supervisor for BIPoC people because it's not enough to just point out these things.

Rai expressed that her supervisor’s approach to the feedback, along with the lack of follow-up regarding her feelings, felt “invalidating” and “minimizing” to her experiences. She

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felt as though she was being blamed for “being the problem” and was solely responsible for taking care of herself.

At the time of the interview, Rai described how she struggled to recall her sensory experiences in the incident as her body “froze” to survive:

It was hard to focus on my feelings because at that point, I was just surviving. I was so out of my body. I had no way to find out what senses I was experiencing.

Rai noted that the insufficient support from her supervisor contributed to a sense of isolation and further hindered her ability to look after her well-being:

It really hindered my sleep, appetite, energy level... I was not eating properly and oversleeping, feeling exhausted all the time from negotiating this internal battle inside while keeping up with academic responsibilities... I was more focused on how to make myself eurocentric and make myself more like professional. Really whitewashing those parts of myself which had any hint of Indian-ness, like South Asian identity.

Rai described how this incident prompted her to engage in more “self-gaslighting”, where she tended to doubt and minimize her own experiences after internalizing her supervisor’s dismissiveness:

There is this self gaslighting that happens where you feel like you gaslight your own feelings and you feel like, “okay, yeah, maybe like she (supervisor) wanted the good for me. She was well-meaning... You’re making a mountain out of a molehill”. That voice was really loud, which is an indicator that my wellbeing was really depleted at that time.

2a. Racially-harmful feedback.

Miki, a 3rd-year racialized international student in counsellor education, described her experience of receiving racially-harmful feedback in an interview for a practicum placement. A white, cis-female psychologist who appeared to be very experienced had questioned Miki’s understanding of the Canadian mental health system. When Miki compared it favorably to the system in her home country, the interviewer laughed and said, “huh!”. This response left Miki feeling “worried and scared” in the interview:

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I remember that afterwards, my shirt was all sweaty because I was really, really frightened... I made a comment that didn't fit her answer to this question. She thought that Canadian mental health system sucks, but I didn't give her the answer she wants, even though I am 100% sure it comes from my own perspective.

Miki felt disrespected by the psychologist's feedback, emphasizing that her response reflected her honest opinions and lived experiences as an international student. This interaction led her to perceive the field of counselling psychology as “a bit fake”, highlighting a disconnect between its stated commitment to diversity and its actual practices:

If you ask them, “oh, do you respect diversity?”. Everyone will say, “yes”. But in terms of behavior, they do not really respect it.

After this interview, Miki shared that she spoke with another practicum cohort member and discovered that no other student was asked about their knowledge of the Canadian mental health system. Miki did not explicitly indicate that she was an international student or newcomer to Canada, but she wondered if the interviewer picked up this information anyway based on her appearance and English-speaking proficiency:

I felt like she was making judgments about my English speaking, my appearance, or whatever else. Even if those assumptions were right, she was assuming that I was a newcomer and that I may not have a so-called “deep” understanding of the Canadian health system.

Miki eventually accepted an offer to this practicum site that was extended by the co-interviewer, who was described by Miki as “more considerate”. However, Miki felt the need to behave more cautiously and avoid the interviewer whenever she was at the site. Miki added that this experience made her become more conscious of her racial identity, and she had since learned to intentionally present herself in a racialized way to fit how others might expect her to appear.

3. ***Minimal intentional allyship and/or community support.*** Intentional allyship refers to the deliberate and ongoing commitment to supporting marginalized groups by actively challenging cycles of oppression and working to create a more inclusive and equitable

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environment (Bhattacharyya et al., 2024). Intentional allyship extends beyond performative or superficial discussions about respecting diversity by taking concrete actions to enact and foster cultural safety. Demonstrating intentional allyship involves actions such as speaking up against racist comments in a classroom, regardless of whether a person from the targeted group is present.

Erica, a now practicing therapist, recounted an incident from her second year of counsellor education when a harmful comment was made by a white, cis-male student, and no one in the classroom intervened or offered support. This experience highlighted the lack of allyship in that environment:

He made a comment in class about how he didn't like how people weren't expected or forced to learn English if they moved to Canada. He thinks that everyone should be made to learn English if they're going to move here, as a condition of immigration.

Erica was shocked that no one addressed the harmful comment. Instead, many individuals, including the instructor, began to defend it:

Even someone who is also of an Asian background was saying, "yeah, I agree with that. If you move to Japan, you're pretty much forced to learn Japanese. So, it should be the same way here" ... The instructor was just kind of like, "oh, you know, tell me more about this". Or being neutral and acting like this is a good opinion to have or, you know, reasonable opinion. Ugh, that was so upsetting.

Erica added that she struggled to understand why no one spoke up during the incident. Although she wanted to say something, she knew that doing so would likely cause her to cry. Erica indicated that she was unwilling to become emotionally vulnerable in front of the classroom due to the level of unsafety. This example clearly demonstrates the detrimental effects of unchallenged harmful perspectives in educational settings. When the damage in these views is overlooked and even supported by authority figures like instructors, it significantly ruptures the sense of safety, belonging, and trust in the learning environment.

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Erica mentioned that the incident elicited very intense feelings of distress and the lack of support through the distress contributed to further anxiety and insecurity toward herself socially and academically. Erica's experience vividly illustrates these consequences, as she felt isolated and uncomfortable attending class thereafter. Her situation was further exacerbated by the lack of community support, as she was unfamiliar with most of her classmates who were from a different cohort. This incident underscores the critical importance of intentional allyship and the responsibility of educators to foster inclusive and supportive learning spaces.

4. ***Experiencing Lack of Critical Race Consciousness.*** In the example below, Aamani described an incident with a white, cis-female instructor who showed a lack of critical race consciousness. Aamani is a second-generation South Asian woman, born and raised in Canada. After Aamani submitted a draft of her written assignment for feedback, the instructor requested a phone call to discuss it further.

This was the first time that we talked on the phone. I've met them prior to this... The phone call just started off with her (the instructor) asking, "is English your first language? Have you ever been diagnosed with a learning disability?"

Although Aamani recognized that the instructor intended to quickly assess the reasons for the inconsistencies in her writing, she still felt the tremendously heavy impact from the questions. The instructor later apologized for the directness of her questions and checked in with Aamani's feelings about the interaction. However, Aamani could not express her honest feelings due to the power differential. Furthermore, the instructor merely acknowledged the directness of her questions but failed to recognize the harm caused by her racial bias towards Aamani likely based on her name and the colour of her skin. This incident falls into the category of receiving (2a) racially harmful feedback and contributed to self-doubt that negatively impacted Aamani's sense of self-worth and confidence in her practicum.

4a. ***Institutional censorship.*** Institutional censorship of anti-oppressive conversations can reflect a lack of critical race consciousness, but it also reinforces this category by moving beyond mere ignorance to active prohibition of important discussions.

In the following example, Melissa shares her experience of being censored after signing a petition to increase cultural sensitivity in her school's mental health program during her master's degree. Although Melissa believed that the petition outlined helpful suggestions for enhancing cultural sensitivity in the program, she faced pressure from her mentor to withdraw her support. Melissa's mentor advised her to remove her signature from the petition if she wanted a better chance of being accepted into the doctoral program at the same university. Melissa expressed her frustration with this situation:

I think the faculty was so focused on their reputation and what that would mean for the school... And I think that's what really frustrates me, you can only fight so much at the end of the day, there is a power dynamic... You know, academics who talk about ethics and talk about do no harm and talk about all of these things, like misusing their power and not walking the walk when it comes down to it.

Melissa added that being censored hindered her well-being. Previously, Melissa was still able to "fight" the bodily feelings that arose from being harmed. Reflecting on this incident now, Melissa shared that she is more sensitive to experiencing the "wave of gutting feeling" and flashbacks of images that she has seen online pertaining to the genocide in Palestine:

I see flashbacks of the things that I've been seeing online... In my head I'm like, "oh my God. I'm watching exactly what's contributing to this [harm]. I'm watching in front of me. What is closer to me is the source of oppression than the people that I want to help".

5. ***Lack of culturally-safe curriculum.*** In this study, the lack of a culturally safe curriculum refers to the absence of educational content that teaches students how to promote cultural safety for racialized communities. This includes instructor's role-modeling effective strategies for creating safe spaces for racialized students and discussing intentional

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approaches to ensure safety for racialized clients, even when there are differences in cultural identities and lived experiences.

Aamani shared an example from an intensive seminar where she was working to cultivate norms with her classmates. Although her instructor emphasized the importance of “honoring diverse experiences,” there was no further conversation or action taken to develop cultural safety. Aamani felt particularly isolated as she was the only racialized person in the seminar, which heightened her awareness of her identity and the lack of power she felt in that space. She described her experience:

I feel like I was the only racialized person in that seminar, and so I was very hyper-aware of my identity and the lack of power that I had within that space. The person who was facilitating said my name wrong and I eventually had the courage to correct them. But then they said something along the lines of like, “oh, I'm hyper aware of saying it right now”, which didn't make me feel better. It made me feel like I shouldn't have corrected them.

Aamani identified this incident as a microaggression, which the instructor failed to acknowledge. She felt disrespected and that her identity as a racialized person was disregarded in the interaction. This incident hindered Aamani's well-being by fueling an “internal battle” where she debates whether to correct others' mispronunciation of her name to “feel seen”, but often refrains due to the discomfort caused by people's reactions upon being corrected. Aamani emphasized that this incident exemplifies her ongoing frustration with white individuals who appear to teach and learn about cultural safety, but fail to enact it in spaces:

I am frustrated with learning these concepts (pertaining to social justice and cultural responsiveness) and wondering if maybe all of it is just performative because I don't know how much people actually internalize and enact. As BIPoC, we are always hyper-aware of how we are the only ones in the room or one of few, and we know how this impacts us. But I feel like for white people, that doesn't even cross their mind. And then it's just like, so we teach this, but the people that need it, white people, they don't actually practice it or learn it.

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Hoda, a third-year Muslim student in her master's program in counselling psychology, described an incident where she found the learning materials provided by her school on promoting cultural sensitivity and social justice to be highly “offensive”:

When they talked about cultural practices, they threw in female genital mutilation and put beside it “wearing a hijab”. They were talking about heinous cultural practices, and we don’t actually have that in our culture... On another page of the same article, they talked about how Judaism is a peaceful religion. Then suddenly, when it came to Islam, they associated it with violence.

Hoda shared that the incident took an extreme emotional toll on her. She described feeling burdened by constant “burnout” and “exhaustion” from managing the emotional impact of experiencing racism in her program. The cumulative stress of these experiences made her seriously consider quitting her program.

6. ***Privileging white students.*** This category refers to the preferential treatment given to white students, while disadvantaging and marginalizing racialized students unjustly.

Jasmine, a third-year student in counsellor education, shared an experience where she felt “singled out” by her white, cis-female professor. Jasmine noted that in her feedback for a presentation that she did with a white peer, the professor provided extremely harsh criticism on every aspect of her presentation while her white counterpart received mostly positive feedback. Jasmine expressed her feelings about this disparity:

I noticed that every single one of my slides I did on my presentation or my feedback was always a criticism. And it was kind of saying that it wasn’t proper or it wasn’t good enough. She went as far as saying that my microphone was echoing. I do remember that it echoed for, I believe, two seconds at the beginning before it was good for the rest of the time.

Additionally, Jasmine noted that her work on a separate write-up accompanying the presentation consistently received lower grades than that of her white counterpart. This ongoing pattern of unfair feedback caused Jasmine significant distress and led her to experience a “mild depression” until the class concluded, and she no longer had to interact with the professor.

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6a. *White peers dominating space*. This sub-category refers to instances where white-settler individuals tended to dominate discussions in social, educational, and professional environments, resulting in limited opportunities for the voices and experiences of people of colour to be heard and valued. The dominance of white peers in spaces such as classrooms and social interactions reflects a preference for white students, as it highlights cultural norms and expectations that prioritize and favor white experiences and perspectives over others.

Aamani recounted her experience during an initial practice session for developing counselling skills. Her peer partner was an older, white, cisgender male student who displayed an arrogant and dismissive attitude towards the exercise. Aamani shared that this peer treated the practice sessions as rudimentary and unnecessary for himself, only agreeing to participate if she insisted. During one mock counselling session, this peer inquired about the influence of Aamani's identity on her presenting concern as required by the curriculum. However, Aamani noted that his approach felt unsafe to her. This interaction left her feeling "on edge" and "wanting to get smaller":

I was waiting and I was so grateful that we got to change peers for the next round. I was just ready for that to happen. The sound that I remember is just this harsh tone, very direct and knowing, like feeling this power over you. That is the image that comes to my mind. I can remember what he looked like and trying to dominate space. Like, you know, saying, "this is me showing up".

Aamani further explained her discomfort and feeling culturally unsafe with this peer, particularly because it was their first practice experience:

This person didn't care to practice and he felt like he was better than me, that's the impression I got. He also seemed to think he was better than the assignment itself... This led me to feel like I might have to prove myself and my skills even more because I got the impression that I wasn't as skilled or as he could be, given his experience, I suppose.

This incident illustrates how power differentials emerge in interactions between individuals with differing cultural identities, highlighting the detrimental effects on those who

hold non-dominant or marginalized identities when the power is unacknowledged and even abused.

Facilitators of Racial Equity Helping Racialized Students' Well-being

Eight former and current racialized students across Canada shared a total of 15 racially equitable critical incidents and happenings that facilitated or positively impacted their well-being in counsellor education. From the 13 helping incidents and two helping happenings: Four incidents and two happenings occurred in a counselling course, two incidents occurred in a counselling practicum or internship, three incidents took place in relationship with faculty outside of an instructional or supervisory context, and four incidents occurred in relationship with peers outside of a course or practicum context as mentorship and other community groups.

The overarching facilitator of racial equity that facilitated racialized students' well-being was the presence of "Cultural Safety and (Repair of) Trust" in counsellor education. Experiences of cultural safety and trust could be facilitated through interactions with peers, alumni of the program, course instructors, faculty members representing their educational institutions, and/or practicum supervisors. The broader theme of cultural safety and trust in counsellor education collapsed into four categories of racial equity that facilitated the well-being of racialized students in one or more critical incidents. These facilitators or categories are presented as follows in no particular order: (1) racial representation, (2) racially-validating feedback, (3) intentional allyship, and (4) critical race consciousness. Two categories had two sub-categories: (1) racial diversity and racial representation connects with the sub-facilitator of (1a) community with shared racial identities, and (4) openness to race-conscious dialogues is connected to the sub-facilitator of (4a) repair of racial harm.

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Aligned with the hindering factors, each sub-facilitator was initially categorized as a facilitator but was later merged into broader categories due to overlaps and similarities in meaning. The sub-categories of helping factors also serve to strengthen their respective categories. Consequently, each facilitator becomes more effective for the well-being of racialized students when it incorporates its sub-facilitator. I compiled the facilitators, sub-facilitators, and the frequency of incidents and happenings in each category and sub-category, as shown in Table 3 below.

Table 3

Facilitators of Racial Equity

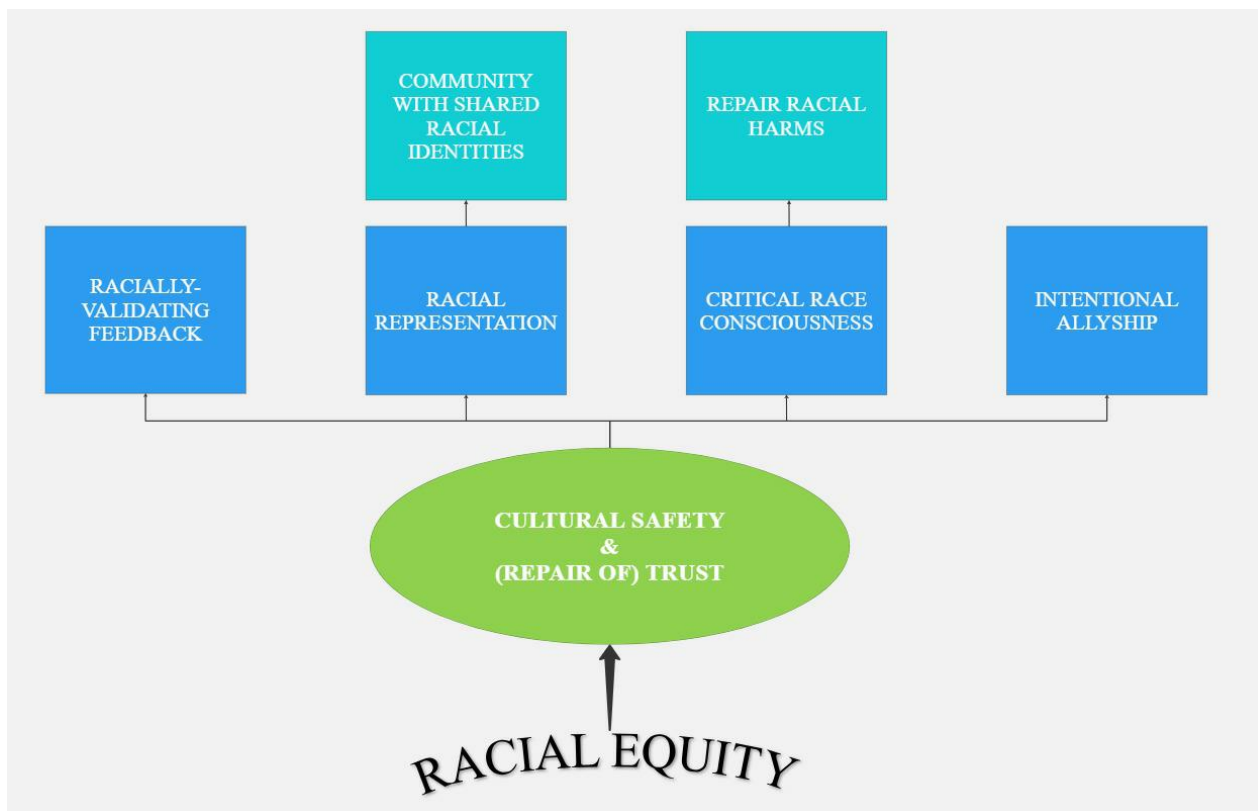
Title of Facilitator or Category	Frequency Across Critical Incidents & Happenings
1. Seeing racial representation	4
1a. Being a part of a community with shared racial identities	4
2. Receiving racially-validating feedback	2
3. Encountering intentional allyship	4
4. Encountering critical race consciousness	9
4a. Experiencing efforts to repair racial harm	11
Total Number of Critical Incidents & Happenings	34

To illustrate the key facilitators of racial equity that enhance the well-being of racialized students in Canadian counsellor education, I present Figure 2 below. The use of capital letters in the figure emphasizes the empowering and uplifting essence of these facilitators.

Figure 2

Facilitators to Racial Equity and Racialized Well-being in Canadian Counsellor Education

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1. **Racial representation.** Participants defined racial representation as the presence of other racialized individuals in their counselling education programs, including faculty, practicum supervisors, alumni, and fellow students.

In the following example, Aamani articulated the transformative experience of collaborating on a research team led by an IBAPoC professor, which was dedicated to advancing mental health research for IBAPoC communities in Canada. Aamani highlighted the significance of seeing the representation of a BIPoC professor in her counselling education program, which contributed to a sense of “cultural safety from the get-go”. Aamani described “feeling seen and heard” in this community that acknowledged shared experiences of racial inequity in counselling programs and other spaces:

I could feel the validation within the space of like, “I’ve been there too” ... And there was actual acknowledgement of the pain that I have carried because of my racial identity. There was also

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an underlying feeling of them “just getting it”, like I don’t have to explain to you why this happened... And I could just cry about it, and it could be okay because I don’t need to hide away from this pain.

Aamani expressed gratitude for having this community for support, as it alleviated the sense “isolation and disconnection” that she otherwise felt from other people in the program.

Aamani added that this incident helped to increase her self-confidence as she feels empowered to show up authentically:

I feel like it helps me believe in my voice and that I have something to offer. And show me if I can feel safe and if I can do this and use my voice and trust my knowledge and what I have to offer in this space, I know I can do it in other spaces. I’m not always letting the impacts of systemic oppression dictate my life.

1a. **Community with shared racial identities.** This category refers to belonging to a community where members share similar racial or other cultural identities, such as religion. In this example, Ailing sought support from an IBAPoC professor and peer after a distressing interaction with a white, cis-female professor. During a required one-on-one meeting, Ailing shared her devastation about the 2021 Atlanta spa shootings. The professor initially showed support but later questioned Ailing’s ability to support privileged clients, leaving her feeling “dismissed” and “erased”. Doubting her emotional response, Ailing turned to her community consisting of an IBAPoC professor and peer for validation:

I questioned if I was overthinking and why I felt so uncomfortable when the white, cis-female professor asked me that question. I am really glad that I shared this with my community, because we were able to have a whole discussion on white fragility. Like, “let’s not forget the white people!”. I feel like if I didn’t have this community to be my sounding board, I would have just kept questioning and blaming myself. It’s almost like gaslighting myself.

2. **Racially-validating feedback.** This category refers to receiving feedback from professors or supervisors that acknowledges and affirms the unique strengths and knowledge that racialized students bring to counsellor education due to their identities and lived experiences.

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In the example below, Aamani described how a white, cis-female professor cultivated a sense of belonging and confidence for her in the classroom by intentionally learning how to pronounce her name correctly and consistently emphasizing her strengths in clinical practice:

My professor would consistently respond to my blog, saying things like, “you belong here”. She would highlight the strength and the expertise that I have in offering my clients, and give different levels of encouragement... It brings tears to my eyes because I don't think I've ever felt as supported by a professor in my entire academic journey as I did with her... Just how she welcomed and made me feel a sense of belonging within the entire cohort... She would say, “you belong here. I'm so happy to see your growth”, all those things.

Aamani shared that this incident positively impacted her well-being by boosting her self-confidence and teaching her to be more self-compassionate. She also learned to trust in her counselling skills and recognize her own worth.

3. ***Intentional allyship.*** Participants indicated intentional allyship as concrete, purposeful action taken by peers, faculty, and institutions to promote racial equity and cultural safety in counsellor education. Being an ally transcends superficial or performative gestures of respecting diversity and instead embodying a commitment to enacting real change.

In this example, Erica highlighted her white peers taking the initiative to start a “student-led movement” to address racial inequities in their program and the school’s silence following the news of George Floyd’s murder. She expressed that this effort positively impacted her well-being, as it demonstrated that “some people cared” about racial injustices and that “action was taken” particularly by privileged communities to enhance the experiences of underrepresented groups.

The students formed their own group on diversity and equity, and just to talk about the problems and the program... So, it was a mix of talking about the George Floyd murder and also what had happened in class about [harmful] comments directed towards students of colour. It felt like a student led movement in a way.

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Erica shared that her school established a working group inviting students, alumni, and faculty to provide feedback on addressing discrimination in their counselling program. Erica also partook in the group. She discussed that she found this initiative beneficial for her well-being, as it allowed her to have her voice heard and demonstrated that “some sort of action or consequence” was being taken in response to injustices within the program.

I was able to bring up that I think the school attracts a certain type of person who might be less open to difference just based on the geography and the fact that it's a religious school. I think students are attracted to the school because they think they're going to be with other people who are like them. So I just raised this as a red flag... As for the [counselling education] program, I had a chance to actually voice some concerns and what they could do to reduce the feelings of discrimination in the school. Because I have seen too many...

4. ***Demonstration of critical race consciousness.*** Critical race consciousness involves reflecting on and taking individual and/or collective action toward addressing power and privilege disparities between dominant and non-dominant racial groups. In euro-settler countries like North America, white people are perceived to be the dominant group due to historically unearned advantages maintained through systemic and institutional factors. Critical race consciousness could be demonstrated through race-conscious dialogue that examines issues like racial discrimination, microaggressions, and the societal structures sustaining privilege and oppression. Participants in this study reported that openly discussing experiences of racism with racialized and/or non-racialized peers, friends, professors, supervisors, and institutional leaders positively impacted their well-being.

For instance, Aamani described how her IBAPoC practicum supervisor fostered a sense of safety by initiating ongoing conversations about culture and identity, and acknowledging the power imbalance in their supervisory relationship. In the example below, Aamani shared her experience of discussing with her supervisor how to integrate culture, race, power, and privilege into clinical practice after her first session with a racialized client.

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I had my first session with a BIPoC client. My supervisor and I were able to debrief... She gave me positive feedback, “this is excellent multicultural case note acknowledging how both the client’s and your identities and lived experience influenced what was happening in the therapy space” ... It was such an open discussion about culture and race in practice, while acknowledging power and privilege within the therapy dynamic.

In the same incident, Aamani also highlighted the importance of racial representation and racially validating feedback from her supervisor that contributed to building trust in their relationship:

It was nice having that tangible piece of representation with my supervisor being an IBAPoC therapist, which made me feel like I can do this right. And knowing that, I think contributed to that feeling of safeness within that relationship. It also contributed to me feeling like I can openly talk about these concepts (race, privilege, etc) too... And knowing that speaking my truth doesn’t mean that I need to like overexplain to prove my point.

Aamani shared that this incident positively impacted her well-being by giving her a sense of reassurance that she can be successful in her professional identity as a counsellor and a sense of community where she recognizes that there are people who “believe in her” and are invested in her professional development:

It helped with confidence-building and recognizing that it's okay to bring my personal self into developing my professional identity... I've cried in supervision, and I think that's really great because I felt safe.

4a. **Repair of racial harm.** The repair of racial harm involves actions that acknowledge, address, and rectify the negative effects of racial inequities in counsellor education. Participants reported experiencing this repair from peers, friends, instructors, and practicum supervisors. Such efforts are particularly beneficial and reparative for the well-being of racialized students following incidents that significantly hindered their well-being.

In the following incident, Hoda described how support from her course instructor influenced her decision to remain in her counselling program. After submitting a reflection paper expressing her feelings of alienation due to microaggressions against her cultural identity,

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Hoda's white, cis-female instructor reached out to discuss ways to help her feel more comfortable in class. During their meeting, Hoda shared her struggles with managing emotions stemming from racial attacks by her peers. In response, the instructor held space for Hoda to process her emotions and created a new discussion forum to allow the entire class to express their feelings about the program. Hoda emphasized that having a space where she felt heard and validated gave her hope and significantly improved her well-being.

Someone hears me and is there for me to express my emotions... And maybe that's sometimes what we need... It's hard to make every single person in a class to understand how we feel but it is really important when it comes from an instructor... It's changed my mind drastically about leaving the program.

During the interview, Hoda reflected on the profound sense of hope she experienced as a result of this positive encounter in her counselling program.

You know when you reach a point where you give up and you're like, "that's it. I don't want to continue". Then something nice like that happened... It's really meant a lot to me. And look at us right here, right now. I'm still talking about it and it's giving hope... So I always use this story when thinking about a positive experience from my counselling program, that's the first experience that comes to my mind.

Wish List Items Enhancing Racialized Students' Well-being

Participants independently shared wish list items they believed would create a more racially equitable and culturally safe learning environment in counsellor education in Canada that would enhance their well-being. From their feedback, five main themes emerged among the wish list items.

Table 4

Wish List Items to Enhance Racial Equity

Wish List Items	Number of Participants Endorsing Item
I. Increased diversity and representation	8

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II.	More mandatory anti-racist curriculum	7
III.	More intentional allyship and/or community support	8
IV.	Ongoing openness and commitment to engaging in critical race consciousness	8
V.	More accessible and culturally responsive well-being resources for racialized students	3
Total Number of Wish List Items		34

- I) ***Increased diversity and representation.*** Participants emphasized the importance of enhancing racial diversity and representation in counsellor education, including among peers, instructors, and faculty members. Additionally, participants advocated for increased admission of diverse students committed to creating social change through clinical practice. The presence of psychologists or counsellors who share similar racial backgrounds was highlighted as crucial, as it cultivates a sense of belonging and “feeling seen” for racialized students. Racialized instructors and faculty can serve as role models that facilitate discussions on navigating the unique challenges faced by racialized counsellors and psychologists, thereby creating a more inclusive and supportive learning environment.
- II) ***More mandatory anti-racist curriculum.*** Implementing mandatory anti-racist curriculum is essential for enhancing cultural safety in counselling education. This

curriculum is particularly crucial for privileged students to effectively interact and work with clients who hold different identities from them. The content needs to focus on equipping both racialized and non-racialized students with the necessary skills to foster a sense of safety with racialized clients. Additionally, it would be beneficial to teach racialized student counsellors how to navigate interactions where they experience racial harm from clients. The curriculum should also highlight how historical and current oppressions impact the well-being of all non-dominant groups, infusing considerations of culture and identity into all aspects of counselling education.

III) ***More intentional allyship and community support.*** Participants wished for counselling graduate programs in Canada that prioritize intentional allyship and community support to create safer and more equitable learning environment for racialized students. It is imperative that instructors and program leaders proactively facilitate conversations and take purposeful action to protect and support students affected by racially-harmful interactions. This includes speaking up for racialized students during harmful incidents and offering support afterward. Additionally, the program needs to teach all students how to reflect on and be accountable for their actions when they have engaged in racial harm. These measures are crucial for minimizing further racial harm and violence, while fostering a culture of greater respect.

IV) ***Ongoing openness and commitment to engaging in critical race consciousness.*** Ongoing openness and commitment to engaging in critical race consciousness were essential to participants in this study in counsellor education. This approach involves

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students proactively and deliberately unlearning euro-dominant worldviews and applying concepts such as social justice, equity, and cultural competency in practice. It also requires individuals who have engaged in inequitable behavior to be open to feedback and willing to make changes, rather than dismissing or denying their actions. Instructors play a crucial role in this process by critically reflecting on their own biases and ensuring they create equitable opportunities for all students, particularly those from marginalized racial backgrounds, rather than inadvertently favouring white students. Furthermore, instructors are responsible for role-modeling and facilitating a courageous space for open and constructive race-conscious dialogues. By cultivating an environment of continual critical race consciousness, counselling education programs can work toward dismantling systemic inequities and better prepare future counsellors to engage in anti-racist practices when serving racially-diverse populations.

- V) ***More accessible and culturally responsive well-being resources for racialized students.*** To enhance the well-being of racialized students, participants shared the urgent need for programs to provide more accessible and culturally responsive resources. This includes having access to free or affordable counselling services delivered by clinicians who share similar racial backgrounds, affinity groups facilitated by racialized practitioners for students with shared experiences of harm in the program, and workshops that promote collective healing through creative expression. Such initiatives can foster a sense of community among students who may otherwise feel isolated in their experiences. However, it is crucial that these resources are delivered by certified professional counsellors or psychologists. One

participant noted that accessing their university's counselling resources was detrimental to their well-being because they worked with practitioners who had no training in delivering therapy.

Summary of Findings

The research investigation was focused on the question: **What factors within critical incidents of racial (in)equity serve as facilitators or barriers that help or hinder the well-being of racialized students in Canadian counsellor education?** From the data gathered, current and former racialized counselling students identified a significant overarching theme that hindered their well-being: Inadequate Cultural Safety and a Rupture of Trust within counsellor education. This main theme was found to occur with six specific barriers that negatively impacted the well-being of participants who were racialized graduate students. Notably, three of these barriers include sub-barriers that further exacerbated their hindering effects. The identified barriers were as follows:

1. Lack of racial diversity and representation among faculty and student body
2. Racial oppression and/or discrimination
 - 2a. Feedback from professors/supervisors that are harmful to racialized students
3. Absence of intentional allyship and community Support
4. Limited critical race consciousness
 - 4a. Censorship of anti-oppressive discussions by institutions
5. Inadequate curriculum on implementing cultural safety
6. Privilege of white students
 - 6a. Domination of spaces by white students

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The barriers previously discussed significantly impacted the well-being of racialized graduate students in counsellor education programs by undermining their sense of cultural safety, trust in the discipline, and overall feeling of belonging. Participants reported various detrimental effects, including increased emotional distress, diminished self-regulation, depression, anxiety, social and academic insecurity, low self-confidence, and imposter syndrome. Additionally, some noted that their capacity for self-care was compromised. These negative impacts collectively contributed to lower student retention rates, with some students seriously considering withdrawal from their programs.

Moreover, eight current and former racialized counselling students identified an overarching theme that positively impacted their well-being: the presence of Cultural Safety and (Repair of) Trust in counsellor education. This main theme was found to occur within four specific facilitators to well-being, with two of these including sub-facilitators that further enhanced their positive effects:

1. Racial representation among faculty and student body
 - 1a. Being part of a community with shared racial backgrounds and cultural identities
2. Feedback from faculty/supervisors that acknowledges the value of racialized students' identities and lived experiences
3. Engagement of peers, professors, and/or supervisors in intentional allyship and/or community support
4. Demonstration of critical race consciousness among peers, faculty, and institution

The facilitators outlined above significantly enhanced the well-being of racialized graduate students in counsellor education by improving their sense of cultural safety, trust in the discipline, comfort, and belonging. Participants' well-being improved in various ways, including

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increased confidence, hope, and self-compassion, as well as feeling able to be more authentic in academic spaces. Several participants reported that a sense of community and belonging, where their lived experiences were validated, helped alleviate tendencies to self-gaslight when encountering incidents of racial inequity. These positive impacts led several participants to choose to remain in counsellor education, despite having previously considered withdrawing from their programs.

Parallel Domains

There is a clear correspondence between helping factors and hindering factors across several key domains in counselling education programs that resonated with eight participants.

These domains included:

1. Racial representation
2. Culturally-safe curriculum
3. Intentional allyship and/or community support
4. Critical race consciousness

Each domain represents a duality where the presence of the helping factor promotes well-being, while its absence or inadequacy serves as a hindering factor that negatively impacted participants' well-being. This pattern underscores the importance of addressing these domains to enhance racial equity and student well-being in counselling education programs and to prevent or minimize incidents that rupture safety and trust.

Finally, several of the helping factors identified closely align with some wish-list items shared reported by participants for enhancing racial equity in their counselling education programs and increasing their sense of well-being. These corresponding factors included:

1. Greater racial diversity and representation

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2. More mandatory anti-racist curriculum designed to foster cultural safety and trust among racialized communities
3. More intentional allyship and community support
4. Ongoing openness and engagement in critical race consciousness

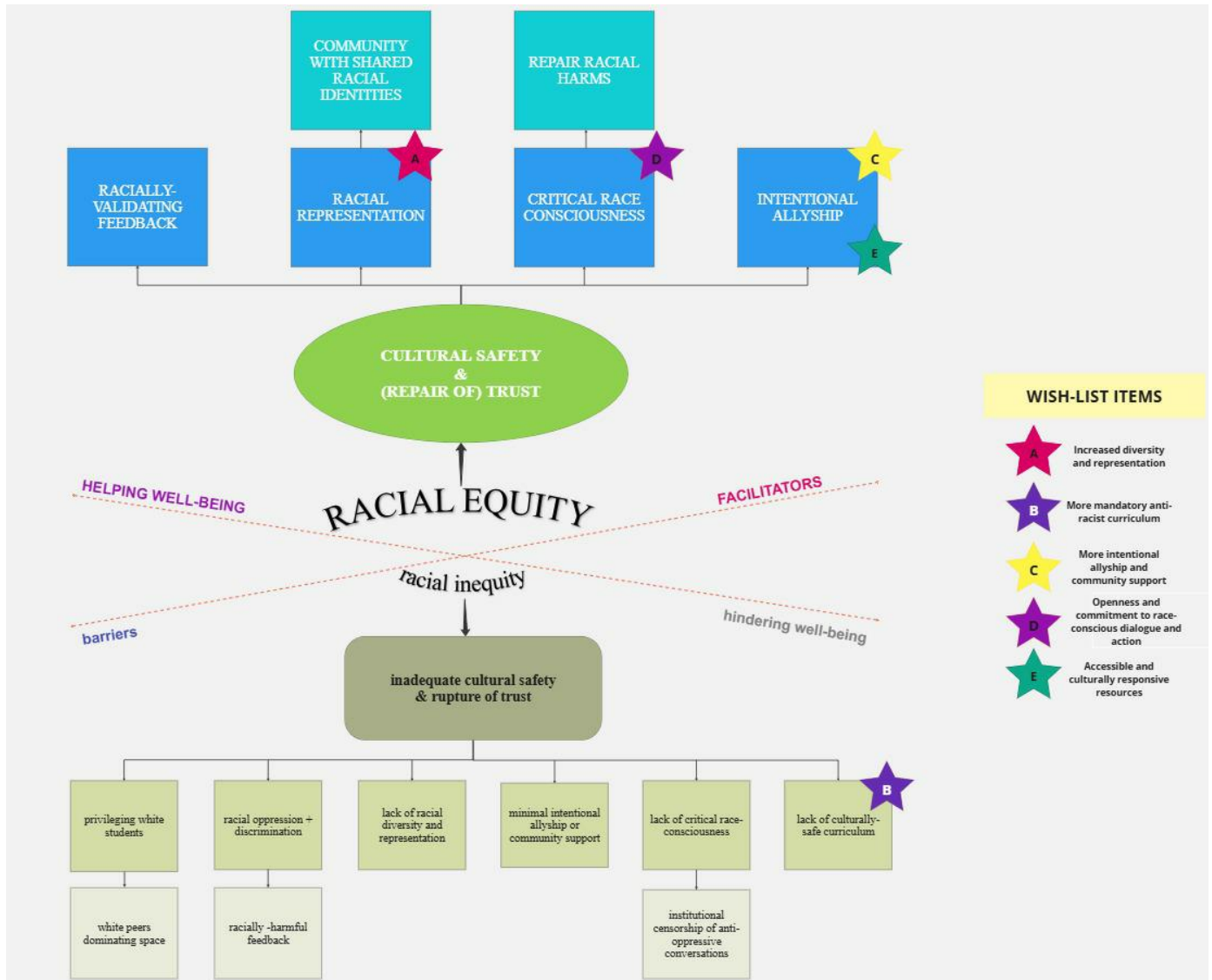
While the hope for more accessible and culturally responsive well-being resources for racialized students may seem distinct from the other helping factors, I believed this fell under the category of intentional allyship. By advocating for more culturally responsive resources, the program aims to ensure that students receive appropriate support tailored to their racialized identities and lived realities. When these resources are provided, especially after incidents of racial oppression or harm, it implies that the program demonstrates a commitment to promoting student healing and well-being.

To effectively synthesize the findings, I developed a comprehensive model (Figure 3) below that encapsulates all identified facilitators and barriers to racial equity affecting the well-being of racialized students in counsellor education. As previously noted, facilitators are presented in capital letters to emphasize their empowering impact, while barriers are shown in lowercase to reflect their tendency to marginalize and minimize racialized students. I also placed each wish list item into the category or sub-category that aligned most closely with it.

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Figure 3

Model of Facilitators + Barriers to Racial Equity and Racialized Well-being in Canadian Counsellor Education



Chapter 6. Discussion and Recommendations

The purpose of this thesis was to investigate factors within critical incidents that acted as facilitators or barriers which helped or hindered the well-being of racialized graduate students in counselling education programs across Canada. Abiding by the sixth confirmability step of the ECIT, I will anchor the findings within Critical Race Theory that guided this study and the existing literature. The chapter will conclude by discussing implications for counsellor education, providing recommendations based on the research, considering the strengths and limitations of the study, and suggesting directions for future research.

Critical Race Theory

Consistent with Critical Race Theory, this study is grounded in the understanding that race is a social construct rather than a biological reality (Delgado & Stefancic, 2023; Jones, 2024). This construct is established and sustained through institutional policies and practices that uphold whiteness as the norm (Dixson & Anderson, 2018; Opoku-Dakwa & Rice, 2024). Such systemic reinforcement of white dominance contributes to the ongoing marginalization and oppression of people of colour. In this study, I identified systemic and institutional factors within counsellor education that perpetuate racial inequity and adversely affect the well-being of students of colour. Many participants expressed a desire to withdraw from their counselling programs due to experiences of racism and receiving no support through the harm, which significantly undermined their mental health. The departure of racialized students from counsellor education further entrenches the field as a white-dominated discipline steeped in colonial ideologies. Therefore, it is essential to examine how counsellor education perpetuates whiteness while excluding non-white perspectives, highlighting the urgent need for transformative change toward racial equity within the discipline.

Racial Diversity and Representation

One way counsellor education perpetuates the norm of whiteness is through its lack of racial diversity and representation. The majority of participants in this study reported minimal racial diversity in their counselling educational experiences. Being the only racialized individual in a space could heighten one's self-consciousness of their racial identity and their experiences of lack of power, thereby undermining their sense of belonging in both the classroom and the field (Lewis, 2004). However, participants who had the privilege of encountering faculty members of colour emphasized the importance of this representation. They noted that having visible role models fostered a much-needed sense of belonging in the field, reinforcing a belief that individuals from racially diverse backgrounds can find their place as university professors, psychologists, and/or counsellors. This finding aligns with previous studies highlighting the importance of educator diversity in improving retention rates among students from underrepresented communities (Llamas et al., 2021; Torres & LePeau, 2022; Trent et al., 2021).

It is essential to distinguish between racial diversity and representation. Diversity refers to the presence of various identities within a group, while representation focuses on how these identities are portrayed (Mumford, 2022; Randall, 2021; Salsberg et al., 2021). Unfortunately, having diversity does not automatically ensure adequate representation. In many cases, the diversity among faculty can be tokenized, and racialized faculty members may be complicit in perpetuating racial harm. Several participants reported experiences with IBAPoC professors who were deeply entrenched in colonial values and contributed to racial inequity by encouraging students to adopt eurocentric practices when applying for further education in counselling psychology. This advice implied that conforming to these norms of whiteness would enhance their appeal as candidates for further graduate level work, ultimately harming the participants'

well-being and leading them to question the cultural responsiveness of these professors. Therefore, these findings highlight that both racial diversity and representation must be accompanied by an ongoing commitment to critical race consciousness in order to support the well-being of racialized students in counsellor education.

Imposter Syndrome

Imposter syndrome is characterized by an internalized sense of inadequacy and self-doubt, leading individuals to fear being exposed as frauds despite evidence of their competence (Heslop et al., 2023; Rivera et al., 2021). Inadequate racial diversity and representation in counsellor education contribute significantly to feelings of imposter syndrome among students from underrepresented groups. This finding is supported by research, which indicated a bi-directional relationship between inadequate diversity and imposter syndrome across various disciplines (Chrousos & Mentis, 2020; Heslop et al., 2023; Omotade et al., 2017; Rivera et al., 2021).

Several participants reported experiencing imposter syndrome while enrolled in their counselling programs, where they struggled to present themselves authentically in white-dominated classrooms and openly share their perspectives due to feeling “small” and unsafe in the academic environment. Imposter syndrome is a common struggle among historically underrepresented groups, including women and IBAPoC communities. These feelings often arise from a sense of not belonging or feeling undeserving of occupying space within a group, despite their talents and accomplishments (Chrousos & Mentis, 2020; Rivera et al., 2021). The persistent lack of racial diversity in counsellor education programs creates a cyclical challenge for students of colour, amplifying imposter syndrome and undermining their academic confidence. Without intentional institutional efforts to improve representation, students from IBAPoC backgrounds

will continue to struggle with a sense of belonging, potentially undermining their aspirations in the counselling profession.

Manifestations of Racial Oppression & Discrimination

Racial oppression and discrimination are often hidden in the daily operations of institutions and avoids the use of direct racial language, making it difficult for white people and sometimes people of colour to detect (Braveman et al., 2022; Kirkinis et al., 2018). It is important to recognize that covert forms of racial oppression and discrimination can be just as, if not more, impactful because they often go unnoticed. Additionally, racial oppression and discrimination do not require deliberate intent to for the consequence to be harmful toward people of colour.

A key finding of this study was that repeated experiences of racial oppression and discrimination created barriers to an equitable counselling education landscape, ultimately harming the well-being of racialized students. Racism in these contexts occurred both directly and indirectly, manifesting in overt or covert ways. For example, some participants reported overt discrimination, such as noticing that they and other racialized students in a class consistently received lower grades compared to their white peers. However, more participants described experiencing racial microaggressions. Examples included noticing that ethnic names were consistently mispronounced by professors, teaching assistants, and peers. These microaggressions convey bias against historically underrepresented groups and can be more challenging to detect due to their seemingly innocuous nature (Franklin, 2016; Smith et al., 2016).

Microaggressions

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Although microaggressions may seem less impactful due to their subtlety and lack of overt hostility, research indicates that their cumulative effect significantly contributes to increased race-related stress and racial battle fatigue. Racial battle fatigue refers to the psychological and physiological stress resulting from chronic exposure to both microaggressions and macroaggressions, which are more overtly recognized when racially traumatic events occur, such as the murder of George Floyd (Smith et al., 2016). Participants have recounted various examples of microaggressions, including consistently mispronouncing someone's name, unnecessarily emphasizing an individual's non-dominant racial or religious background, and assuming that a racialized student cannot speak English based solely on their race and ethnic name. In other words, being treated as less capable, less worthy, and less important than the dominant group because of implicit or explicit bias.

Other forms of microaggressions include providing harmful feedback, such as advising a racialized student to emphasize their racial identity in order to conform to others' stereotypical expectations. Additionally, alienating a newcomer student by misinforming them that it is "culturally inappropriate" to swear in Canada can also be considered a microaggression. Furthermore, suggesting that a student remove their name from a petition aimed at promoting cultural sensitivity with the intention to make them appear more desirable for admission into further educational programs exemplifies another form of this subtle yet damaging behavior.

Interestingly, microaggressions can also emerge in contexts where efforts toward racial equity and well-being are being made. For example, one participant expressed feeling pressured to speak during meetings of a student-led movement focused on enacting change in their counselling education program. In these situations, white-settler students often hesitated to voice their opinions, not wanting to be perceived as *white saviors* or detracting from spaces intended to

foreground racialized voices. This expectation intensified the participant's feelings of racial battle fatigue, as they navigated the dual burden of confronting racism while also being expected to educate others about their lived realities. These examples illustrate that harmful impacts can occur regardless of intent.

The findings that racial inequities, including oppression and discrimination, hinder well-being were not surprising. In fact, they resonated with my own experiences of inadequate safety and trust within the profession of counsellor education, which contributed to a decline in my well-being. Research indicated that experiences of oppression and discrimination contributed to heightened distress, which adversely affected mental health (Shi et al., 2022; Shim, 2021). Additionally, perceived or anticipated discrimination alone had been shown to raise mistrust toward white individuals and institutions, leading to increased hypervigilance in future interactions (Cokley et al., 2021; Shi et al., 2022; Shim, 2021).

Racial Trauma

Lee and Boykins (2022) identified that racism contribute to a number of traumatic responses among BIPoC that manifest as internalized devaluation, racial battle fatigue, and rage. These responses often manifest as consistent mental, physical, and emotional exhaustion among BIPoC individuals; a phenomenon reported by several participants in this study. Without considering these conditions emerging as natural responses to racially dismissive and demeaning environments, it is easy for mental health professionals to misdiagnose these experiences as symptoms of *generalized anxiety disorder*, where one engages in constant and excessive worrying behaviors (Lee & Boykins, 2022).

During my experience receiving culturally inappropriate counselling services from a white therapist, the excessive focus on symptom reduction led me to internalize the narrative that

there was “something wrong with me”. This approach ultimately exacerbated my worries rather than alleviating them. Moreover, rage is another response that is commonly developed among BIPoC communities due to experiencing continual incidences of hostility and microaggressions toward one’s racial identity and combating ongoing battles of racism (Dikec, 2024; Eng & Han, 2024; Lee & Boykins, 2022). Due to ongoing experiences of being dismissed in the context of racial harm, several participants described feeling intense anger that often felt unmanageable.

These findings are important for academic institutions, faculty members, course instructors, and supervisors of racialized counselling students to consider when supporting their educational trajectories. This is particularly crucial when racialized students are working with racialized clients facing similar challenges while simultaneously confronting their own experiences of racism. Similarly, non-racialized students need to be encouraged to enhance their competency to recognize these signs of racial trauma and expand their capacity to work with clients from unfamiliar cultural backgrounds in a safe manner.

Self-Care as a Harmful Concept

In addition to the experiences of imposter syndrome mentioned earlier, participants reported that their mental and behavioral health were significantly impacted by experiences of racism in their counselling education programs. Many shared that they struggled with self-care activities, such as maintaining desired eating and sleeping patterns. This finding aligns with existing literature indicating that distress associated with racial discrimination and oppression is linked to a decreased capacity motivation for self-care (Rodrigues et al., 2022; Williams et al., 2022; Wyatt & Ampadu, 2022). Several participants expressed that self-care is a privilege that is not readily accessible to racialized communities. Those in helping professions who successfully

engage in consistent self-care tended to be predominantly white, have higher socioeconomic status, and enjoy the flexibility to work fewer hours (Barks et al., 2023; Kaapu et al., 2024).

Furthermore, framing self-care in an individualistic manner can reveal underlying colonial and oppressive ideologies. This perspective often places blame on racialized individuals for their perceived inability to care for themselves, diverting attention from the ongoing oppression and discrimination that necessitate healing from trauma in the first place (Miller & Tran, 2024). Such an approach neglects the personal, relational, and systemic factors that contribute to the privilege of engaging in self-care (Barks et al., 2019; Welsh, 2020). Additionally, framing self-care as an ethical responsibility may inadvertently exploit individuals and reinforce capitalist structures (Caldera, 2020; Kaapu et al., 2024). In this context, self-care is more focused on boosting future productivity rather than reflecting a genuine concern for well-being.

In line with the argument that self-care is often framed in individualistic terms, which can conflict with the collectivistic values of racialized counselling students, participants shared that their challenges with self-care and experiences of burnout are exacerbated by the ongoing perpetuation of harm within the field of counselling psychology. Several participants expressed a sense of obligation to advocate in oppressive environments, aiming to combat misinformation and prevent harmful narratives from gaining traction. One participant noted that choosing self-care and safety can feel “selfish”, especially when they occupy a position of privilege. This highlights the need to recognize that the responsibility for care cannot rest solely on racialized individuals. Instead, it is essential to reframe the promotion of care as a collective obligation, highlighting the value of community support and mutual care for one another. Participants consistently emphasized that having a supportive community, regardless of shared racial

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backgrounds, was crucial for promoting equity in counsellor education. This sense of community contributed positively to their well-being by alleviating feelings of isolation and disconnection within the program.

Many participants emphasized the imperative role of community support, asserting that the absence of allyship and solidarity during and after experiences of racial oppression and discrimination can be as detrimental, if not more so, than the oppression itself. Resonating with my own experiences of isolation, the social exclusion faced by racialized students in counsellor education can have serious negative effects on their physical and mental health (Cohen et al., 2022; Landertinger et al., 2021; Maiden, 2021). Participants noted that institutions exacerbate racial inequity by adopting a stance of value-neutrality, which allows harmful and oppressive viewpoints to persist unchallenged. This tolerance of harm, without acknowledging its impact on racialized students, signifies a profound lack of allyship.

Moreover, several participants shared incidents that involved instructors allowing white students, who made racially harmful statements, to continue dominating the classroom discussions. The absence of support from instructors contributed to feelings of unimportance, invisibility, diminished self-worth, and some participants expressed feeling “gaslit” alongside other racialized students. An example of this is illustrated by an incident involving Ailing. She questioned whether she was being “over-sensitive” after a white instructor failed to pause the discussion when a white student challenged the course content. The student argued that the emphasis on social justice came at the expense of “respecting white people”. Furthermore, the lack of allyship not only intensified the harm that racialized students experienced from oppressive incidents but also fostered a culture in which silence in the face of racial injustices becomes normalized and acceptable.

Culture of Niceness and Silence

A façade of niceness comprises socially constructed behaviors, such as remaining silent, aimed at avoiding conflict and discomfort in interactions to ensure peaceful and pleasant exchanges (LaVanWay, 2022). The culture of remaining silent in the face of racial harm serves to maintain this facade of niceness. However, this silence is detrimental as it upholds and perpetuates racism, colonial dominance, and other forms of oppression (Beagan et al., 2023; Bhatia & Priya, 2021; Wiborg, 2022). The emphasis on niceness and comfort comes at the great expense of the well-being of racialized communities, failing to challenge or resist oppressive systems (Gardiner et al., 2022; LaVanWay, 2022; Ruby, 2022; Wong et al., 2025). Ultimately, the perpetuation of a culture of niceness and white fragility reinforces systemic inequities within counsellor education and prevents the potential for growth that could arise from engaging in meaningful, race-conscious dialogue and actions.

Intentional Allyship

Intentional allyship is essential as participants frequently reported feeling dissociated and frozen in shock during harmful incidents, leaving them unable to speak up for themselves. It is important to recognize that fostering a sense of safety and building trust with racialized students through intentional allyship does not require grand gestures. As participants noted, it can be as simple as ensuring that someone's name is pronounced correctly, initiating a meeting to check in with a racialized student after they disclose experiences of racial harm, and validating the feelings of a racialized student rather than denying or dismissing them even when what they share might elicit discomfort or vulnerability. Intentional allyship goes beyond performative or superficial gestures of respecting diversity; it involves actively creating an environment that makes racially diverse students feel included and supported.

Critical Race Consciousness

Intentional allyship can sometimes stem from a limited understanding of critical race consciousness. All of the 37 racially inequitable incidents and happenings shared by participants highlighted this lack of awareness. According to critical race theory, critical race consciousness refers to how race and racism are established and perpetuated through systems and institutions (McDonough, 2009). Critical race theory posits that race is a social construct. Our perceptions of race are shaped by cultural messages embedded in societal structures, which we learn and internalize through our upbringing. When individuals within an institution lack critical race consciousness, they may find it challenging to recognize harm, particularly if they do not experience it regularly (Glazer & Liebow, 2021).

Educators and students in counselling programs could benefit from intentionally reflecting on their racial identities and social locations. Increasing awareness of inequities within the program and the existing oppressions that may affect students' well-being is a valuable step before exploring ways to address these issues, whether at an interpersonal level or through advocating for these students at an institutional level. As previously noted, cultivating critical consciousness plays a crucial role in promoting cultural safety and building trust with racialized students.

One significant way that limited critical race consciousness was perpetuated within counsellor education was through the inadequate inclusion of content and curricula focused on enacting cultural safety within the learning environment and with clients. Several participants in this study reported that the training they received on implementing socially just and culturally responsive practices often remained superficial and was treated as an afterthought. Rather than

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fostering intentional learning of practical skills necessary to cultivate safety and trust, these essential topics were not explored in depth.

The superficial approach to cultural competency training was further evidenced by the fact that throughout the study, only one participant reported receiving practicum supervision that meaningfully addressed the integration of culture and identity into clinical practice. This same participant uniquely experienced working with a supervisor who actively addressed power dynamics in student relationships, facilitated challenging discussions about systems of oppression and privilege, and built a safe, culturally-sensitive learning environment for exploring these complex issues. The participant emphasized how these factors were instrumental in empowering them to thrive during their practicum experience.

This finding highlights a significant gap in efforts to enhance cultural responsiveness in counsellor education. The gap is deeply concerning, particularly since most aspects of counsellor training, including multicultural courses, have already been predominantly designed with white students in mind (Bartoli et al., 2018; Cohen et al., 2022; Smith & Doyle, 2022). Consequently, many participants reported feeling unprepared to work with racially diverse clients. They also expressed concerns about their white peers' grasp of concepts necessary for practicing in socially just ways and doubted their ability to work effectively with racialized clients. Furthermore, participants questioned whether these white peers would successfully integrate existing learnings about cultural competency into their subsequent professional practice.

Providing racially equitable and culturally appropriate support and training to racialized students during counsellor education is imperative for improving the overall well-being of society. This approach will increase the availability and accessibility of racially diverse counsellors who can support clients from various racial backgrounds in culturally safer ways.

Moreover, incorporating culturally informed knowledge into counselling education is essential for all counselling students and clinicians, regardless of their racial background.

Such integration will enhance their understanding and competency when assessing and supporting racialized clients, particularly in addressing challenges related to racial trauma. The insufficient emphasis on practically implementing and enacting cultural safety sends a message to students and professionals that it is not a critical priority for the institution or potentially for professional practice in the field. This gap underscores the profound responsibility of counselling programs to ensure that all students are comprehensively equipped to support clients with diverse cultural identities, thereby cultivating a more equitable and effective mental health care system.

Strengths and Limitations

This study consists of several notable strengths that enhance its significance and impact. The qualitative nature of this research, specifically the use of the ECIT, allowed participants to share and elaborate on their critical incidents without restricting them to quantifying their experiences. Although the incidents were challenging to discuss, participants indicated that it was important to make these experiences known to raise awareness of their occurrences. This study also contributes to existing literature by highlighting racial inequities in Canadian counsellor education, an area that has been underexplored. I was able to collect valuable data by drawing on my shared experience and identity as a racialized student in counsellor education, which facilitated meaningful connections and dialogues with participants.

My own critical incidents as a racialized student were included in this study, which allowed me to draw on personal experiences to enrich the research. Being both a participant and a researcher enabled me to generate unique insights that contributed to the overall findings. Additionally, the ECIT proved to be a valuable tool for documenting these incidents and

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providing concrete evidence regarding issues of racial injustice in counsellor education. By capturing these lived realities, the study offers insights that have the potential to lead to meaningful changes in counsellor education programs and practices.

This study has several notable limitations. A significant limitation is the underrepresentation of Indigenous and Black students in the sample. This is particularly concerning given that these communities often experience higher levels of systemic discrimination and fewer privileges compared to other racial groups in Canada (Cotter, 2022). The lack of representation limits our understanding of the unique challenges that these groups may face in counsellor education and restricts the generalizability of the findings to these populations. To address this gap, future researchers could employ targeted sampling strategies, such as advertising in spaces that directly engage Indigenous and Black psychologists or collaborating with organizations that serve these communities. Additionally, the study sample consisted predominantly of Asian participants, which may reflect a sampling bias influenced by my identity as an Asian researcher. This potential bias highlights the need for greater reflexivity in the research process and underscores the importance of implementing strategies to ensure diverse representation in future studies.

Moreover, all participants in this study either successfully completed their counselling education programs or expressed a desire toward completion. Consequently, the perspectives of students who withdrew from their programs or chose alternative career paths were not captured. Future research would benefit from including these voices, as they could provide valuable insights into the specific barriers and challenges that contribute to attrition among racialized students in counsellor education. Such inclusion would offer a more comprehensive

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understanding of the experiences of racialized students throughout the entire trajectory of counsellor education, from enrollment to completion or withdrawal.

Future Directions

Further investigations to enhance understanding of racialized experiences in counsellor education and address limitations of this study could include:

1. Conducting separate qualitative research studies with a specific focus on the experiences of Indigenous and Black counselling graduate students would allow researchers to deeply explore their unique perspectives. This approach would facilitate a closer examination of how historical and systemic factors shape their experiences, while also identifying areas of graduate-level training that may need to be re-evaluated or restructured.
2. Exploring the perspectives of male and gender-diverse students of color in counsellor education.
3. Exploring the experiences of IBAPoC students who withdrew from counsellor education programs.
4. Examining how experiences of racial equity and inequity in counselling education programs vary across Canadian universities. This research needs to consider geographical, racial, and political differences to better understand how these factors influence racialized students' experiences.

Recommendations for Counselling Education Programs in Canada

The findings of this study highlight the urgent need for systemic and institutional changes to address relational breakdowns stemming from inadequate cultural safety and the rupture of trust among racialized students in counsellor education. Key strategies must focus on enhancing critical race consciousness throughout the field, fostering intentional allyship to protect students

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from racial harm, and increasing diversity among faculty and students. These approaches are imperative for creating meaningful transformation in educational environments that have historically marginalized student of colour populations.

Promoting critical race consciousness in educational settings involves increasing awareness of historical and sociopolitical factors that influence power dynamics between racially non-dominant students and racially-dominant students and faculty. This process emphasizes the responsibility of educators to recognize how their internalized colonial beliefs may affect student interactions, instruction quality, grading fairness, and the overall learning environment. It requires a commitment from instructors and faculty to challenge existing power structures, critique their own biases, and actively work towards building racial equity in their educational spaces. As findings of this study indicated, the presence or absence of critical race consciousness significantly impacts various educational contexts, including peer interactions, classroom environments, and practicum supervision, potentially leading to either repair or harm.

Moreover, authors and creators designing counsellor education curricula must prioritize open, ongoing discussions about culture and identity to foster culturally safer educational environments. Given that counselling psychology curricula are often deeply rooted in racist and ableist ideologies, systemic changes are essential to transform counsellor education so that it is more inclusive of, and relevant to, the needs of under-represented groups. By decentering whiteness and foregrounding racially diverse ways of knowing, counsellor education can enhance the retention of racialized students, which in turn cultivates greater representation among counsellors and introduces more diverse perspectives within the psychology profession.

It is crucial to recognize that merely practicing with non-racist attitudes in the counselling profession is insufficient; an anti-racist approach to clinical practice must be integrated. Without

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this commitment, harm can result from a lack of culturally appropriate and responsive care. By prioritizing such an approach, counsellor education can evolve into a safer and more empowering learning environment for racialized graduate students. These efforts toward socially just practices in counselling training programs can uplift the well-being of all members of society by disrupting cycles of white supremacy embedded in and perpetuated by the healthcare system. Additionally, white-settler students who acquire foundational knowledge about working with culturally diverse clients can gain critical insights into fostering safety and delivering care responsive to the cultural preferences of racialized clients as they enter professional practice after graduation.

Finally, academic institutions must prioritize recruiting faculty and admitting students from historically excluded groups to promote the representation of racialized counsellors. Participants repeatedly emphasized the challenges of being the only person of color in a space, as well as the empowerment they felt when seeing themselves represented in instructors or practicum supervisors. Prioritizing such representation fosters a more inclusive and equitable learning environment, better supporting diverse student populations. Strategic recruitment and support are essential for transforming counselling education and professional practice, ultimately cultivating a more diverse and culturally responsive workforce.

Epilogue

As I conclude my thesis, a sense of stillness washes over me. The emotions I'm experiencing are complex and difficult to articulate. This significant undertaking has been filled with moments of excitement, defeat, exhaustion, inspiration, fury, and gloom. At times, I've needed to step away from the research, questioning my ability to complete this important project. I have battled my perfectionism to return to this work, struggling to balance the presentation of unfiltered truth with the need to soften it for palatability. This internal conflict has left me both saddened and angry. Yet, here we are.

What kept me going were the constant reminders from my supervisors about the importance of this research. I can still vividly recall the faces of participants who vulnerably shared incidents they rarely disclosed to others, along with their encouraging words. Their "whys" for being willing to sit through hour-long meetings with me became my own "why's" for finishing this project.

I recognize that my research is not the only effort aimed at understanding the racial injustices faced by racialized students in counsellor education. Many fellow students have conducted similar studies in their graduate programs. It is profoundly disappointing that more of these crucial studies are not widely published. However, I recognize the significant challenges and systemic barriers that researchers face when conducting and disseminating work of this nature, particularly in light of persisting colonial legacies in academia and publishing.

In light of this, I would like to take a moment to acknowledge and honor all of us who have courageously brought attention to the injustices in counselling education and the profession. By sharing our experiences, we contribute to crucial work that deserves to be heard and can accelerate change for future generations of racialized counselling students and practitioners. Our goal is to make this field a safe space for them. I sincerely hope that institutions will read this paper, listen attentively, and take action to enhance the safety of counselling psychology as both an educational pursuit and a profession.

To all former and current racialized counselling students: Our stories matter. Our voices matter. We deserve to take up space. We belong here.

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Appendix A: Semi-structured Interview Guide

Chosen pseudonym: _____

Date: _____

Interview start time: _____

Interview end time: _____

1. Informed Consent

Script: Do I have your permission to start recording? Hi, thank you for taking the time to meet with me. My name is Nancy. I am a Master of Counselling graduate student at Athabasca University. The topic that I'm researching is Racialized Graduate Students' Experiences of Well-being: Critical Incidents of Racial (In)Equity in Counsellor Education in Canada. My thesis supervisors are Dr. Gina Wong and Dr. Jeff Chang. You have their contact information in case you have questions or concerns that you wanna direct to them. They are only people other than me who will have access to your data, such as your transcripts. But then their versions of your transcript will be clean and de-identified. So they won't know the transcript is yours.

Before we start the interview, we will go over the informed consent document.

Okay, so just reiterating a few things, we invited you to participate in this study because you meet the criteria. Your participation is entirely voluntary. You may already be aware that this study is about understanding any critical factors related to racial justice that have been helpful or hindering to your well-being. Our interview over Zoom today will run for about 1 hour. The interview can take place in one sitting, or we can break it up depending on what works best for you. As per protocol, I have given you a list of mental health resources provincially and nationwide. We will take a 5-minute break at about 35-40 minutes in and then another one maybe 30-40 minutes after we resume. But you have the right to ask for more pauses or take more breaks, as well as to not answer certain questions. I will send over a copy of your transcript once I have finished interviewing everyone who is partaking in this study. You are welcome to take up to 2

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weeks to read over it and make any changes to your transcript, and I will use your chosen pseudonym. Is that okay with you? I will also send you a copy of the initial findings for your review, and you can let me know in 1-2 weeks if you would like to give any feedback. It's important to note that you have the right to withdraw from the study at any point up until I start analyzing the data. Because at that point, it'll be hard to tease out whose experiences belong to whom. Do you have any questions about that?

Thank you again for signing your consent form and for providing your demographic information, which we'll go over in a bit.

2. Introduction to interview

Script: In our interview, we will collect information about your experiences related to racial equity and inequity in your counselling psychology program, and how those experiences have impacted your well-being. Racial equity can be defined as changes in society (that includes individuals, groups, institutions, and systems) to ensure that everyone has what they need to thrive (not just survive) regardless of their race. It's not the same as equality, where everyone is given the same amount of resources regardless of their social locations. It's more about acknowledging that some groups have more privileges or unfair advantages than others, and serving people differently and fairly based on their particular needs and circumstances. Do you have any questions about any of those terms?

Okay, so another reminder that we won't identify you by name, program, or your racial identity.

And we really appreciate your willingness to speak about this important topic.

How are you feeling?

3. Demographic Information

Script: I want to start by asking you some questions about yourself. These questions are for me to get a better understanding about your cultural identities, as they may play a role in your experiences of racial justice in counsellor education. Some of your demographic information will also be reported to describe the participant pool of the study (e.g., 20-39 years of age). If you feel uncomfortable with answering any of the questions, please feel free to ‘pass’ on questions, and we can move forward.

- Name
- Age
- Gender identity
- Racial background
- Ethnicity
- Country of origin
- First language
- Language(s) spoken
- Religion/spirituality
- Total number of years of education
- Highest degree obtained
- Current/most recent year in counsellor education
- Current occupation

Initial Questions

1. To start with, can you share a little bit about your interest in participating in this study?

2. What does well-being mean to you?

3. How do you think racial equity impacts the well-being of people of colour?

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3. What were your expectations of counsellor education before you began the program?

Have your expectations changed throughout the program? If so, in what ways?

4. Has your well-being changed throughout your counsellor education? If so, in what ways?

a. (If yes to above) When did you first notice changes to your well-being during counsellor education?

b. Do you feel that your well-being is tied to your racial identity? If so, in what ways?

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5. Did you seek counselling services for issues related to racial equity while you attended counsellor education? Why or why not?

6. Have you ever considered leaving your studies in counselling education and not continue pursuing a degree in this area?
 - a. Why or why not?
 - i. [follow-up questions if needed] What happened? What did you do?

 - ii. If not, what kept you going?

Collection of Critical Incidents

[Note: This section is in the form of a hand-out that will be emailed to participants to print off before the research interview.]

In as much detail as possible (if you can recall sounds, sights, smells, tastes, feelings from the moments), please write down 3 to 5 of the most salient incidents related to racial equity and/or inequity you encountered in counsellor training that impacted your well-being. You might find it helpful to write down the heading of racial equity or inequity before recalling your incidents.

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5. You are invited to make a wish-list to create a racially equitable counsellor education program that fosters the well-being of racialized students.
 - a. What are some things you would put on this list that worked well in your program and you would like to see continue?
 - b. What other wish-list items would you add?
 - c. How might those changes better support your well-being?

Appendix B: Recruitment Poster

Are you a racialized individual who completed at least 1 term of a graduate program in counselling/counselling psychology in Canada?

AND

Have you encountered incidents of racial equity and/or inequity during your counsellor graduate training that impacted your sense of well-being?

If so, we want to hear from you!

As part of my thesis research, we are looking for participants to take part in a study to better understand racialized students' well-being as a result of racially equitable and/or inequitable incidents that they encountered during counsellor education.

As a participant, we invite you to complete a brief demographics form and a recorded interview over Zoom. Zoom is a secure video teleconferencing program. Your identity and the counselling program that you attend(ed) will remain anonymous, and you have the right to withdraw consent at any time prior to the data analysis stage.

Your participation is **entirely voluntary** and would take 1-2 hours of your time on 1-2 occasions. By participating in this study, you will be discussing incidents that you have experienced as racially equitable and/or inequitable during your graduate education in counselling psychology. You will also be describing the effects of the incidents on your well-being. Your participation will increase knowledge of racialized graduate students' experiences and further the understandings of lived realities with racial equity and well-being in counsellor education.

To learn more about this study, or to participate in this study, please contact:

Researcher:

Ya Xi (Nancy) Lei, Master of Counselling student, Athabasca University
ylei3@learn.athabascau.ca

This study is supervised by: Dr. Gina Wong, ginaw@athabascau.ca and Dr. Jeff Chang, jeffc@athabascau.ca

This study has been approved by the Athabasca University Research Ethics Board. Should you have any comments or concerns about your treatment as a participant, the research, or ethical review processes, contact the Research Ethics Officer at 780-213-2033 or email rebsec@athabascau.ca

Appendix C: INFORMED CONSENT TO PARTICIPATE IN RESEARCH STUDY

Study Title: Racialized Graduate Students' Experiences of Well-being: Critical Incidents of Racial (In)Equity in Counsellor Education in Canada

Thesis Researcher: Ya Xi (Nancy) Lei (Athabasca University, Graduate Centre for Applied Psychology student, ylei3@learn.athabascau.ca)

Supervisors: Dr. Gina Wong (Athabasca University, Graduate Centre for Applied Psychology, Professor, ginaw@athabascau.ca or 1-866-442-3089)

Dr. Jeff Chang (Athabasca University, Graduate Centre for Applied Psychology, Professor, jeffc@athabascau.ca)

RESEARCHER INFORMATION

My name is Ya Xi (Nancy) Lei, and I am conducting this study as part of my thesis for the Master of Counselling Psychology Degree at Athabasca University.

If you have specific questions about the study, please feel free to contact myself or my supervisors Drs. Gina Wong and/or Jeff Chang at the above contact information.

This research study has been approved by Athabasca University Research Ethics Board (REB).

INFORMED CONSENT

This form explains the rationale behind this study, provides information about what happens in the study, possible risks and benefits, and your rights as participants.

Please read this form carefully and ask questions as they arise. Please ask me to explain anything that you do not understand or would like to know more about regarding the study. It is essential that your questions are answered to your satisfaction before deciding whether to participate in this research study.

Given the sensitive nature of this study, please carefully consider your well-being in consenting and participating in this research. Individuals currently experiencing a lot of distress or who may be in crisis, are not advised to take part at this time. It may help to rate your current level of distress related to the research topic from 0 to 10. 0 is none, 5 is moderate, and 10 is severe. Please note that if you rate yourself at 7 or above, it is strongly advised that you consider participating at a later date.

INTRODUCTION

This study focuses on factors related to racial equity that have been helpful and unhelpful for racialized graduate students in counsellor education and how those factors have played a role in

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their sense of well-being. In this study, we define *racial equity* as the experience of fair treatment during counselling graduate training that is supportive of racialized students' unique needs, strengths, and cultural perspectives. *Well-being*² is described as one's awareness of their strengths and potential, confidence in their capability to overcome challenges, and the capacity to feel happiness and strive towards growth. Well-being in this study also includes the ability for individuals to thrive; and to feel, think, and behave in ways that are growth enhancing (e.g., joy, sociability).

You are invited to participate in this study based on the following criteria:

- Identify as Indigenous, Black, Asian, or Person of Color (IBAPOC) [ib-ah-pock]¹
- At least 18 years of age or older
- Reside in Canada
- Can speak and read English comfortably
- Completed at least 1 term of a Canadian counselling masters/doctoral program
- Experienced (directly or indirectly) racially equitable and/or inequitable incidents in your counsellor education graduate program
- Willing to share personal lived experience of well-being in a 1-2 hour long virtual interview
- Willing to have interview video or audio-recorded

WHY IS THIS STUDY BEING DONE?

The purpose of this study is to learn about your unique experiences with racial equity and/or inequity during counsellor education and how those experiences affected your well-being. Specifically, we are interested in learning what factors that you found helpful and hindering to your well-being in counsellor education as a racialized graduate student. We are also interested in learning about things related to racial equity in counsellor education that you wish for as a racialized student in counsellor education.

At present, there is not enough research that emphasizes racialized perspectives in counsellor education. The lack of awareness and attention dedicated to the well-being of racialized students in counsellor education in research often contributes to universities being misguided and ill-equipped to support the needs of racialized students. Through this study, our goal is to contribute to filling the existing gap in research that pertains to racialized graduate students' experiences of racial equity in their training and their effects on well-being. We hope that findings will enhance counsellor education in Canada and racialized graduate students' experiences.

WHAT DOES YOUR PARTICIPATION INCLUDE?

If you are interested in participating in the study, we can schedule an optional 15-minute Zoom call, phone call, or correspond over email to connect about the study. We will send you a consent form to be reviewed. Participants who agree to be a part of the study will receive a brief demographic form. Examples of information collected include age, gender identity, racial background, to name a few. Our interview will run between 1-2 hours virtually over Zoom Inc. There is the option to divide our interview into two meetings, depending on your comfort and availability. Zoom Inc. is a video conferencing program that is secure and allows for our interview recordings to be saved directly onto my password protected computer.

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After the interview, we will email you a confidential copy of your transcript for your review. You will have up to 2 weeks to add any relevant information to the transcript that you felt was not discussed at the initial interview, edit or revise your statements to better convey your intended meaning, and remove anything that you no longer want to include in the transcript. This is intended to ensure that the transcript reflects your lived experiences. If we do not hear back from you in 2 weeks, we will assume the transcript reflects what you are comfortable with sharing in this study. Once the transcripts are finalized, data analysis will begin. Do note that once we begin the data analysis process, your data will be retained for this study.

When the findings are revealed, we will email them for you to review. You are invited to provide feedback within 1-2 weeks, which could help finalize our findings. When the results of this study are disseminated, we may include direct quotes from your interview. However, we will not include your name or any other information that could identify you, or the graduate program(s) you attend(ed), in any dissemination. If you are interested in receiving a copy of my thesis and/or any publications from this research, please indicate on the last page of this form.

WHAT ARE THE RISKS OR HARMS OF PARTICIPATING IN THIS STUDY?

There is a possibility that the interview may trigger unpleasant thoughts, feelings, or memories. If you decide to participate in this study and experience discomfort or emotional distress, you may choose to pause, reschedule the interview for a different day, or withdraw from the study without any repercussions. Before the interview, we will consider your well-being and provide every participant with a list of mental health resources (e.g., counselling services, crisis telephone line) that are accessible across Canada and specific to your local community.

WHAT ARE THE BENEFITS OF PARTICIPATING IN THIS STUDY?

A potential benefit of participating in this study is that sharing your lived realities with racial equity and well-being in counsellor education can be a liberating and empowering experience. Your participation will contribute to further understanding this important area, which may feel directly or indirectly beneficial to you.

WHAT ARE MY CHOICES?

Participating in this study is your choice (voluntary). You have the right to choose not to participate, to stop participating at any time for any reason without negative consequences, or only respond to questions that you feel comfortable with. If you decide not to participate in this study at any time prior to data analysis, any recorded data or digital files from your interview(s) will be deleted from all storage.

There are no financial costs involved in participating in this study, and you will not be compensated for your participation. You also do not give up any legal rights by participating in this research or signing this form.

HOW WILL MY INFORMATION BE KEPT CONFIDENTIAL?

All the information that you share with us will be confidential. Information collected will only pertain to the current study. Our interview recordings, transcripts, and other related digital files will be stored in password protected folders on my computer, which is also secure and password protected. All of our email and telephone correspondence will remain private and confidential. Your information will only be accessible to me and my supervisors, Drs. Gina Wong and Jeff Chang.

Your interview transcripts and any other digital files related to the study will not contain your name to protect your confidential information. Instead, you can choose a pseudonym or we will assign one to your data files. The master list linking your pseudonym and real name will be stored in a password protected folder that is separate from the rest of your data files. For potential conflict of interest reasons, the master list will not be shared with my supervisors. Your interview recordings will also be stored separately in password-protected folders on my password protected computer. Potential risk of the study is that the data may be accessed by someone who does not have permission to access the files. However, all efforts to avoid this will be done to the best of our ability.

There are exceptions to upholding your confidentiality. If you disclose information that involves imminent risk of harm to yourself or others, and abuse to children and elderly people; then we are required by law to report the information.

Abiding by the Tri-Council policies (2016), your original data needs to be retained for ten years from point of collection. After ten years, we will erase your data using a software application (e.g., Eraser) that overwrites data to completely remove it from the computer and any other places where the data is stored. We may use your data for a different study in the future. Any use of the data for future studies would go through a process of ethics approval with the Athabasca University Research Ethics Board.

You have the right to be informed of the results of this study once the entire study is complete. If you would like a copy of my thesis, please indicate this at the end of this form.

WHAT ARE THE RIGHTS OF PARTICIPANTS IN A RESEARCH STUDY?

You have the right to receive all information relevant to the study, including your rights as a research participant, to help you make a well-informed decision about participating in this study. You also have the right to ask questions and receive answers to your satisfaction prior to and throughout your participation in this study.

The Athabasca University Research Ethics Board has reviewed this study. If you have questions about your rights as a research participant or any ethical issues related to this study that you wish to discuss with someone not directly involved with the study, you may contact the **Research Ethics Officer at 780-213-2033 or email rebsec@athabascau.ca**

DOCUMENTATION OF INFORMED CONSENT

You will be given a scanned copy of this informed consent form after it has been signed and dated by you and the researcher.

Full Study Title: Racialized Graduate Students' Experiences of Well-being: Critical Incidents of Racial (In)Equity in Counsellor Education in Canada

Name of participant: _____ Email address: _____

Preferred pseudonym (optional, or one will be chosen for you): _____

I would like to receive a copy of the thesis: _____ (please check)

I would like to receive any publications that result from this study: _____ (please check)

By agreeing to participate in this study and signing this form, I confirm that:

- I agree to participate in this research study and that it is my voluntarily decision.
- This research study has been fully explained to me and all of my questions are answered to my satisfaction.
- I understand the requirements of participating in this research study, including being video and/or audio recorded. I will have a chance to review and clarify any quotes from the interview transcript.
- I understand that the information that I provide will be kept confidential, except for the limits outlined by law.
- I know that the researcher will remove my name and any information that could identify me or the specific graduate program I attend(ed).
- I have been informed of the risks, benefits, and my rights as participant in this research study.
- I have read each page of this form.

Name of Participant (print) Signature Date

Researcher

By signing this form, I confirm that:

- This study and its purpose have been explained to the participant named above.
- All questions asked by the participant have been answered to date.
- I will give a copy of this signed and dated document to the participant.

Name of Researcher (print) Signature Date

Demographic Form

The information collected in this form gives me a better understanding of your cultural identities, as they could play a role in your experiences of racial justice and/or injustice in counsellor education. If you feel uncomfortable with answering any of the questions, please feel free to leave it blank.

Name: _____

Age: _____

Pronouns: _____

Gender identity: _____

Racial background: _____

Ethnicity: _____

Country of origin: _____

First language: _____

Language(s) spoken: _____

Religion/spirituality: _____

Total number of years of education: _____

Highest degree obtained: _____

Current/most recent year in counsellor education: _____

Current occupation: _____

Appendix D: Handout for Collection of Critical Incidents

In as much detail as possible (if you can recall sounds, sights, smells, tastes, feelings from the moments), please write down 3 to 5 of the most salient incidents related to racial equity and/or inequity you encountered in counsellor training that impacted your well-being. You might find it helpful to write down the heading of racial equity or inequity before recalling your incidents.

Appendix E: Zoom Video Conferencing Instructions

In this study, Zoom Video Communications is used to meet and record interview conversations. Zoom is a secure and password protected video teleconferencing program, and recorded meetings are not stored on their server. All Zoom recordings will be saved directly onto the researcher's computer, which is password protected.

Please Follow the Instructions Below to Access Zoom*:

1. You will receive a confidential Zoom link from the researcher (Nancy Lei) via email that confirms the date and time of the interview.
2. Click on the "Join Zoom Meeting" link provided in the email 5-10 minutes before the scheduled interview time. You may want to log in advance as well to check sound and video connection.
3. If you already have a Zoom account, you can click "open Zoom meetings" or "launch meeting"; whichever shows up for you first.

OR

4. If you do not already have a Zoom account, you can click "download now" without installing Zoom. Then, a statement "Having issues with Zoom Client? Join from Your Browser" will show up. You can then click "Join from Your Browser" to join the meeting.

*Note: You do not need to install Zoom or sign up for a Zoom account in order to join the meeting.

Tips for Before the Interview:

- Review your system requirements (Zoom works well on PC, Mac, or Linux computers, iOS or Android tablet/mobile devices) and ensure that you have:
 1. A consistent internet connection;
 2. Speakers and a microphone; and
 3. A webcam, HD webcam, or a HD cam or HD camcorder with video capture card
- Check that you have:
 1. A supported operating system (e.g., macOS X with macOS X 10.10 or later, Windows 7/8/8.1/10 (Windows 10 Home, Pro, or Enterprise only; Zoom does not support S Mode)/11, Mac OS X with MacOS 10.7 or later, ArchLinux with 64-bit only, or Oracle Linux 8.0 or higher); and
 2. A supported browser (e.g., Chrome, Firefox, Edge, Safari5+)

For more detailed information, you can check out the Zoom website at:

<https://support.zoom.us/hc/en-us/articles/201362023-Zoom-system-requirements-Windows-macOS-Linux>

Tips for During the Interview:

Choose a space that ensures your privacy, comfort, and limits background distractions. The researcher will log in 10 minutes prior to the interview.

Need Help Accessing Zoom?

If you have any questions or if you have trouble loading Zoom, please contact the researcher (Nancy Lei) at ylei3@learn.athabascau.ca or 587-334-6989.

Appendix F: Canada-Wide & Provincial Mental Health Resources Sheet

Please note that this is not an exhaustive list, but it shows the most widely-known services available. These resources operate 24/7 (unless otherwise noted) and provide safe, confidential, and nonjudgmental supports that are free of charge.

Canada-Wide

- Suicide Crisis Line: 1-833-456-4566 toll free (In Quebec: 1-866-277-3553)
 - Text to 45645 (4 p.m. – Midnight ET)
- Youthscape (if you're under 30 in Canada): Online or text at 778-783-0177
 - Open everyday from 6pm-midnight (PST)

British Columbia

- Fraser Health Crisis Line: [604-951-8855](tel:604-951-8855) or [1-877-820-7444](tel:1-877-820-7444) toll free
- British Columbia Province-Wide Suicide Line: 1-800-784-243
- 310 Mental Health Support: 310-6789 toll free (no area code needed)
- Northern BC Crisis Line: 250-563-1214 or 1-888-562-1214 toll free
- Vancouver Island Crisis Line: 1-888-494-3888

Alberta

- Distress Centre: 403-266-4357 phone or text support, also live chat
- Wood's Homes Crisis Hotline: 403-299-9699 or 1-800-563-6106

Saskatchewan

- 24 Hour Northeast Crisis Line: 1-800-611-6349
- Mobile Crisis Helpline: 306-757-0127 or email (email not monitored 24/7)
- Crisis Suicide Helpline: (306) 525-5333
- Saskatoon Crisis Intervention Service: (306) 933-6200
- Southwest Crisis Line: 306-778-3386 or toll free at 1-800-567-3334
- West Central Crisis Line: 306-463-1860

Manitoba

- Manitoba Suicide Prevention & Support Line: 1-877-435-7170 toll-free
- Klinik Crisis Line (24/7): (204) 786-8686 or 1-888-322-3019 toll-free

Ontario

- Ottawa Crisis Line: 613-722-6914 or 1-866-996-0991 toll-free
- Reach Out (**Elgin, Middlesex and Oxford and London**): 519-433-2023 or 1-866-933-2023 phone, text or web chat
- Durham Distress Line: 905-430-2522 or 1-800-452-0688
- Telephone Aid Line Kingston (TALK): 613-544-1771 (6PM-2AM)
 - Kingston crisis line: 613-544-4229
- Distress Centres:
 - Burlington: 905-681-1488
 - Halton Hills/Milton: 905-877-1211

CRITICAL INCIDENTS OF RACIAL (IN)EQUITY IN COUNSELLOR EDUCATION

- Hamilton: 905-561-5800
- Oakville: 905-849-4541
- Talk 4 Healing (supports Indigenous women by Indigenous women across Ontario): 1-855-554-4325 phone, text, or web chat
- Telecare Distress Centre of Peterborough: 705-745-2273
- Distress Centres of Greater Toronto: 416-408-4357
- Multilingual Help Lines: Monday – Friday, 10am – 10pm
 - Caledon: 905-459-7777
 - Brampton & Mississauga: 877-298-5444
- York Community Crisis Response Service: 1-855-310-2673

Quebec

- Centre de prévention du suicide de Québec: 1-866-277-3553

New Brunswick

- Chimo Helpline: 1-800-667-5005
 - Live Chat Hours 5PM-12AM daily

Nova Scotia

- Provincial Mental Health and Addictions Crisis Line: 1-888-429-8167

Prince Edward

- PEI Mental Health and Addictions phone line: 1-833-553-6983

Newfoundland & Labrador

- Mental Health Crisis Line: 811

Yukon

- Yukon Distress & Support Line: Call 1-844-533-3030

Northwest Territories

- NWT Help Line – 1-800-661-0844

Nunavut

- Kamatsiaqtut Nunavut Helpline: 1.800.265.3333

CRITICAL INCIDENTS OF RACIAL (IN)EQUITY IN COUNSELLOR EDUCATION



CERTIFICATION OF ETHICAL APPROVAL

The Athabasca University Research Ethics Board (REB) has reviewed and approved the research project noted below. The REB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Athabasca University Policy and Procedures.

Ethics File No.: 25327

Principal Investigator:

Miss. Ya Xi Lei, Graduate Student
Faculty of Health Disciplines/Master of Counselling

Supervisor/Project Team:

Dr. Gina Wong (Co-Supervisor)
Dr. Jeff Chang (Co-Supervisor)

Project Title:

Racialized Graduate Students' Experiences of Well-being: Critical Incidents of Racial (In)Equity in Counsellor Education in Canada

Effective Date: September 05, 2023

Expiry Date: September 04, 2024

Restrictions:

Any modification/amendment to the approved research must be submitted to the AUREB for approval prior to proceeding.

Any adverse event or incidental findings must be reported to the AUREB as soon as possible, for review.

Ethical approval is valid for a period of one year. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

An Ethics Final Report must be submitted when the research is complete (*i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable)*) or the research is terminated.

Approved by:

Date: September 05, 2023

Caroline Buzanko, Acting Chair
Faculty of Health Disciplines, Departmental Ethics Review Committee

Athabasca University Research Ethics Board
University Research Services Office
1 University Drive, Athabasca AB Canada T9S 3A3
E-mail: rebsec@athabascau.ca
Telephone: 780.213.2033