WHY ARE WE SETTLING?
INDIGENOUS CULTURAL SAFETY EDUCATION FOR COUNSELLORS IN ONTARIO

By

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ABSTRACT

Indigenous cultural safety education is crucial to achieving greater health equity for Indigenous Peoples (Browne et al., 2016) by helping counsellors recognize the social, historical, political, and economic context of contemporary Indigenous wellness experiences (Ramsden, 2002). Accredited graduate programs in counselling psychology are the foundation of mental health support (Department of Health, 2015). In Canada, graduates apply for certified professional membership with the Canadian Counselling and Psychotherapy Association and the ‘Registered Psychotherapist’ designation with the College of Registered Psychotherapists of Ontario (CRPO) to identify themselves as having met standards of professional practice. Counsellor education directly impacts professional practice and quality of support for Indigenous clients (Department of Health, 2015). The Truth and Reconciliation Commission of Canada (2015) report recognizes the need for cultural safety in recommendation 23(iii), which calls on all levels of government to provide “cultural competency training for all healthcare professionals.” This call is founded on evidence that client support tailored to a specific cultural context is more effective than generic client support (Griner & Smith, 2006; Allen et al., 2009; Gone, 2013). It is unknown if and to what extent counsellors trained in Ontario universities receive cultural safety education. Using Transformative Education Theory and a Reflexive Antiracism lens to understand the implementation and impact of cultural safety education in Ontario counselling professional programs, three studies were conducted: 1) An environmental scan of cultural safety education curricula across six Ontario university counselling programs; 2) Interviews with nine course instructors (one Indigenous) who teach counselling courses to examine course content, structure and delivery related to
cultural safety education; and, 3) Interviews with 16 counselling students (one Indigenous) to discuss how their program experience impacts their ability to develop a culturally safe practice. Results indicate that Indigenous cultural safety education is only partially being incorporated as a core portion of counselling psychology curriculum in Ontario. Instructors took a fragmented approach to teaching about Indigenous wellness, leaving students with a fragmented understanding of how to develop a culturally safe practice. This suggests that Ontario counselling programs still have work to do in responding to Truth and Reconciliation Commission’s recommendation 23(iii).
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GLOSSARY OF TERMS

**Client** - McDonald (2006) emphasizes that *how* the counselling service user is described by the professional is telling of the relationship and the power dynamics between them. McLaughlin (2009) explains contentions surrounding the idea of the individual as a *service user* in the context of social work. Labelling an individual as a *client* can suggest that the individual is in need or requires help from the professional (McLaughlin, 2009). *Client* also indicates that the person cannot help themselves (McLaughlin, 2009). The term *client* does suggest, however, that the professional has less control over the individual seeking services and is less medicalized than the term *patient*. *Client* is currently widely used in the mental health field, and I will use it throughout this thesis.

**Counselling Psychology** - Canadian Psychological Association (CPA) defines counselling psychology as: “a broad specialization within professional psychology concerned with using psychological principles to enhance and promote the positive growth, well-being, and mental health of individuals, families, groups, and the broader community. Counselling psychologists bring a collaborative, developmental, multicultural, and wellness perspective to their research and practice” (Bedi et al., 2011, pg. 130).

**Cultural Awareness** – Cultural awareness is defined as the counsellor’s “initial step toward understanding ‘difference’ – what constitutes a cultural group, their rituals, customs, behaviours and practices” (p. 991).

**Cultural Sensitivity** – Cultural sensitivity focuses on developing acceptance and respect for the client. Acceptance helps the counsellor to recognize that they may share a different life experience to that of their client (Nguyen, 2008). Respect means the counsellor starts to understand how their values and attitudes influence the support they provide (Nguyen,
Cultural Competence – Cultural competence focuses “on the capacity of the health system to improve health and wellbeing by integrating culture into service delivery” (Nguyen, 2008, p.991).

Essentialize – Essentialism assumes that identity consists of core characteristics that remain the same throughout a life course. Cultural identities then become connected to a fixed culture with unchanging worldviews (Hall, 1996). Culture then represents the essence of individuals or communities, leading them to be arbitrarily grouped based on the assumption of shared cultural characteristics (Verschueren, 2008).

Social Determinants of Health – Social determinants of health are defined as the conditions that together provide the freedom people need to live the lives they value (Commission on Social Determinants of Health, 2008). These determinants include peace, income, shelter, education, food, a stable ecosystem, sustainable resources, and social justice and equity (Commission on Social Determinants of Health, 2008). The distribution of economic resources and power shapes access to these determinants (Commission on Social Determinants of Health, 2008).

Trigger – A trigger is a stimulus that reminds an individual of past trauma. Triggers can be sensory and/or emotional, are associated with a past traumatic event, and can make the individual feel or act as if they are re-experiencing the trauma (Van der Kolk, 1998).
TRIGGER WARNING

This dissertation includes a discussion of the Residential School system and other aspects of the colonial history of Canada. This content is difficult and may evoke challenging emotions.
CHAPTER 1 – INTRODUCTION

1.1 Personal Narrative – Unpacking the Travelling Backpack

My name is Anoushka Moucessian, which I recently found out translates to “Little Sweet Son of Moses.” I am a light-skinned, cis-gender woman of middle-class upbringing. I am also a stepmother, sister, daughter, artist, counsellor, and researcher. I often joke with close friends that I am ethnically ambiguous because some circles perceive me as lighter-skinned, and other circles perceive that I have a more “tanned” complexion. I inherited blue-gray eyes from my Mum and dark hair from both my parents. I am Armenian on my patrilineal side and British on my matrilineal side. I am the embodiment of both the colonizer and the colonized. A bridge between two worlds. My mixed heritage has allowed me to occupy a liminal space. This experience led me to explore tensions and intersections between cultures, disciplines, paradigms, and professions. My intention for this work is to try and bridge understandings between these intersections.

My ancestral roots tie me to Iran and Britain. I was born in Kingston, Ontario, after my parents decided to immigrate in the early 1980s from Britain so my Dad could pursue his doctorate at Queen’s University. I have spent most of my 33 years of life living in Kingston except for seven years spent in Ottawa where I completed a Bachelor of Arts in English and Psychology and later, a Master’s in Counselling Psychology. Healing work is what I have always wanted to do – whether through the spoken or written word.

My explicit intention in situating myself in this work is to share how my identity and life experiences have shaped this project. I have learned that how you learn is just as important as
what you learn. My own learning experience has led me to listen for both the process and content of what counselling instructors and students were teaching and learning. This project represents one step in my ongoing, iterative journey of self-discovery to unlearn, relearn, and, eventually, re-member (by “coming back together as a community to remember what has happened” [Purser, 2019]). I understand that “we cannot be separated from our work and nor should our writing be separated from ourselves” (Wilson, 2007, p.194). As a result, I have tried to make space for both my intuitive and academic knowledge in this research process. To guide the reader through my journey, I will unpack my heritage and educational process to authentically articulate my understanding and expressions of self – histories, relations, motivations, and limitations (Kovach, 2009). I hope that this narrative can help clarify what I sought in the research process, how data were analyzed, and moving forward, what results may help advance community interests (Wilson, 2008).

“I am half Armenian and half British.”

Whenever people ask me about my heritage, I always answer, “I am half Armenian and half British.” Considering that Canada’s colonial past accounts for much of the settler population, most Canadians know who the British are. However, a predictable follow-up question I usually get is, “Where is Armenia?” For this reason, I will provide more context about my connection with Armenia. I present this history not to equate it to the multiplicity of Indigenous experiences of colonization, but rather to make explicit my distant relationship with oppression and cultural genocide. I also share this part of my identity to demonstrate how I have reconciled the Armenian and British parts of me and how this influences my doctoral work. I will state from the outset that I owe my doctoral journey to the privilege I have of being light-skinned, English speaking, and middle-class.
My Armenian ancestors are cited in Persian and Greek sources dating as far back as 600 B.C but were likely part of the Indo-European migration of the third and second millennia B.C. (Toynbee, 1915; Marshall, 1970; Arlen, 1975; Baliozian, 1980; Walker, 1980). Situated at the “crossroads of the East and West,” Armenia shares Persian, Hellenistic, and Byzantine cultural influences and ample trade and commerce opportunities (Miller & Miller, 1993; Mangassarian, 2016). Unfortunately, Armenia’s strategic location meant it was dominated by the Greek, Roman, Persian, Byzantine, Arabic, and Ottoman Empires (Cooper & Akcam, 2005). These invasions predate the still contested Armenian Genocide of 1915, where between 1915 and 1920, the Young Turks government of the Ottoman Turkish Empire systematically massacred 1.5 million Armenians (Dagirmanjian, 2005). The oral histories of survivors recount death marches, sexual assaults, and other heinous acts (Miller & Miller, 1993). The Armenian Genocide served as a blueprint for Hitler, who, on August 22, 1939, once famously said before invading Poland: “Who, after all, speaks today of the annihilation of the Armenians?” (Bardakjian, 1985). Yet, despite recognition from 30 countries, the Turkish government continues to deny that the genocide happened at all (Armenian National Institute, 2020). The consistent silencing of history through denial compounds the intergenerational trauma experienced by the Armenian people (Kira, 2001).

Yet, the challenge issued by Saroyan (1936) points to the resilience of Armenian people despite over 3000 years of subjugation (Magassarian, 2016; Douglas, 1992):

I should like to see any power of the world destroy this race, this small tribe of unimportant people, whose history is ended, whose wars have all been fought and lost, whose structures have crumbled, whose literature is unread, whose music is unheard, whose prayers are no longer uttered…Send them from their homes into the desert. Let
them have neither bread nor water. Burn their houses and their churches. See if they
will not live again...Go ahead, see if you can do anything about it (Saroyan, 1936,
p.437).

Saroyan’s words capture the surviving spirit of the Armenian people. Despite repeated efforts to
assimilate, oppress, and dominate us, our people have preserved our cultural identity and pride
through our language and religion (Miller & Miller, 1993; Mangassarian, 2016).

For many, including myself, language has served as the strongest link to our cultural
identity (Miller & Miller, 1993; Mangassarian, 2016). Saint Mesrop Mashtots developed the
Armenian alphabet in the fifth century A.D, and our language is credited for maintaining the
social cohesion of the international Armenian community (Miller & Miller, 1993; Mangassarian,
2016). As a member of the diaspora, our Elders show great pride for those who can communicate
with our language. From childhood, I have been praised for my fluency and the ‘Parska-hay’
accent I inherited from my Dad (Parska-hay is an informal way of referring to Persian
Armenians). Growing up, my ‘Metzmum’ (paternal grandma) and Dad would urge my little
brother and me to speak with each other in Armenian. It is essential to mention that growing up
in the 1990s in a small, predominantly white Anglophone community like Kingston,
opportunities to meet other Armenians were non-existent. Therefore, in my family, the Armenian
language was passed down almost exclusively from my Dad and Metzmum. We grew up hearing
songs, poems, and stories that taught us important lessons about our worldview and history.
Though I have spoken Armenian throughout my life, I never truly appreciated why this was so
important because I keenly felt the dominance of the English-speaking majority in Canada. I
only truly appreciated what my family was trying to tell me when I started tuning into
conversations about the importance of Indigenous languages upholding cultural identity and
belonging (Kaleimamoowahinekapu Galla, 2015; National Collaborating Centre for Aboriginal Health, 2016). Discussions about the emergence of Indigenous language nests have been a source of resonance for me because without being able to speak Armenian, I would have lost my connection with that part of my identity. The implications of this are unspeakable for me. For this reason, language has become one source of relearning and reconnection for me.

As the first nation to accept Christianity, our religion has played a crucial role in maintaining a distinct national and ethnic consciousness (Miller & Miller, 1993; Mangassarian, 2016). Though I am Armenian Orthodox, I am not an active participant in the Armenian Church. I am not an active participant in the Armenian Church because I grew up and have lived in Kingston, where there is no Armenian church or community. Religion was very important to my Metzmum, who would loyally recite the Hayrmer (Lord’s prayer) every night before bed. I hold many memories of her teaching me the Hayrmer when I was young, and while I can still recite it, I do not strongly identify with the Armenian Church. Yet, like other Armenians, I do deeply feel an emotional, social, and spiritual connection with Mount Ararat in Armenia. Many Armenians perceive Mount Ararat as the spiritual centre of the Armenian soul (Miller & Miller, 1993). Ararat’s mythology is connected to the resting place of Noah’s ark, making Turkey’s possession of Ararat a particular sore spot for the Armenian people.

My spiritual journey has not been linear or straightforward. Through meditation, my counselling work, and decades of personal reflection, I have come to appreciate a much broader spiritual view that values holism. I have learned through exposure to other ways of knowing and being that it is even possible to perceive wellness as relational, multidimensional, and socioecological (Elder Jim Dumont, 2014; Kirmayer et al., 2011; Richmond et al., 2007). On a personal level, this allowed me to value my connection with the land of my birthplace and
ancestors, my dream world, and my own embodied knowledge (intuition). On a professional level, these teachings have allowed me to listen for how other settlers understand Indigenous ways of knowing and how their understanding relates to their counselling practice and personal lives.

I did not grow up with explicit knowledge of the Armenian Genocide. Yet, I acknowledge that I carry the collective memories of this and other historical events in my blood and bones. As with other members of the Armenian diaspora, our ties to our homeland are unclear. The thousands of years of oppression have given rise to the modern Armenian diaspora, allowing various sources of identity to emerge (Panossian, 1998). Being a member of the Armenian diaspora complicates the unpacking of my Armenian identity considerably. My family’s genealogical research suggests that my patrilineal connection to Iran goes back about four or five generations. We think my family was part of the deportation/relocation from Nakhichevan by Shah Abbas in 1604. I can now connect that my Armenian heritage has fueled my interest in healing through emancipation and self-determination.

As a non-Indigenous researcher and member of the Armenian diaspora and settler population in Canada, my reflexive practice has led me to interrogate my relationship with race and privilege. I follow in the footsteps of many settlers and diasporic people to confront questions like, Where is my homeland? Where do I belong? (Panossian, 1998). If we returned the land we call Canada to its original, rightful stewards, where would I go? What is ‘home’ for me? As a settler, I also have become increasingly aware that my presence on this land has made me complicit in the colonial project. These questions mean I continue to ask myself, hat resources do I benefit from by being here? Who is suffering because of my privilege? Why am I settling here? What responsibilities do I carry as a settler living on this land?
I have always checked “Caucasian” on Census forms without thinking about the considerable privilege I carry as a white person. The process of unpacking my whiteness continues to unfold as I write this. There was a period during my doctoral journey where I temporarily resisted labelling myself as white. On the one hand, the British half of my heritage left little doubt that I held whiteness within me. I have traced my matrilineal connection to Britain as far back as the 1600s. However, learning of the British empire’s role in the colonial history of Canada evoked complicated, mixed feelings. Britain is one of my homelands. It is where my parents currently live. My ancestral bloodline ties me to that land. Yet, the Armenian half of me has been made partially visible through my name and physical appearance, predictably evoking questions ranging from, “What’s your heritage?” to “Where are you from?” to “What are you?” (my personal favourite). Experiencing the visibility of difference has fostered empathy for those outside the dominant culture and led me to question my relationship with culture, ethnicity, and race. If others perceive me as different, does that mean part of me could be considered non-white?

It was not until I read DiAngelo’s (2018) key text White Fragility that I was able to gain a deeper understanding of my relationship to race. DiAngelo (2018) breaks down the social construction of race and how Western science and law have colonized those perceived as ‘non-white.’

Whiteness remained profoundly important as legalized racist exclusion and violence against African Americans continued in new forms following the abolishing of slavery in the United States in 1865. You had to be legally classified as white to have citizenship and the rights that citizenship imbued. People with nonwhite racial classification began to petition the courts to be reclassified. Now the courts were in the position to decide who was white and who was not.
For example, Armenians won their case to be reclassified as white with the help of a scientific witness who claimed they were scientifically “Caucasian” (p.17). The answer was there in black and white. The courts classified my people as white, suggesting that my privilege was arbitrarily assigned. This privilege means I can mostly move through the world without fear of persecution, discrimination, or prejudice based on my racial identity. I benefit directly from a system that was designed by and for people like me. My name and ability to speak two languages have also allowed me the privilege to be able to move fluidly between worlds. For example, my Armenian-ness allows me to share a deeper empathic connection with other minority groups. In contrast, my British-ness largely allows me to blend in with the white majority. Besides experiencing minor, annoying microaggressions because of my name or skin tone, I have benefitted from the privilege of not being shamed for my identity. Much like many of the interviewees I spoke with, I do also hold the privilege of being able to opt-out of difficult conversations about race that implicate people like me. The complexity of my settler identity has allowed me to listen for how Indigenous and non-Indigenous People engage in the emotional work of unpacking their identity, the tension between knowing and not knowing, and what role that played in their teaching/learning process as counsellors.

“Learning that I am here to get it right, not be right.”

The primary and secondary public school system socialized many Canadian kids growing up in the 1990s, like myself. I cannot recount any discussion about Canada’s colonial history and its impact on Indigenous People, communities, and nations. I am ashamed to say it was not until 2011 when I did my clinical counselling placement for my Master’s degree, that I first encountered an Indigenous person who openly self-identified. The layers of her life story sent me on a journey to understand my incompetence about Indigenous experiences of colonization. At
the time, I could not reconcile the layers of trauma she had survived with her bright, witty humour. With no language, historical or contextual knowledge to make holistic meaning of her experience, I had no idea what I represented. I credit this person with sparking my drive to undergo a process of unlearning. I continue to unlearn the dominant narratives that perpetuate longstanding stereotypes and tropes about Indigenous People that still prevail in the collective Canadian unconscious. I cannot point to a specific time or place when I accepted those beliefs but unlearning these assumptions has proven to be a more difficult process than learning them was.

Unlearning has been and continues to be hard. Brené Brown (2015) reminds us that “vulnerability is…the source of hope, empathy, accountability, and authenticity” (p.34). In the spirit of vulnerability, I will share that learning and unlearning about Indigenous health has been disorienting and challenging, allowing me to silently cycle through shame, guilt, anger, resentment, fear, wonder, love, and joy. I say silent because I am aware that we, as settlers, must consider that our emotions – 1) are political because they are externalized and drive behaviours that impact people, and 2) are influenced by our cultural frameworks (DiAngelo, 2018). We must consider when and how we express our emotions. Being present, supportive, compassionate can mean we shed quiet tears, take up less space, and do not accept comfort (self-soothe) (DiAngelo, 2018).

When I began my doctoral journey, the Canadian history of colonization, the implications of my family’s settlement here, my own familial and ancestral history, and the mounting impacts on Indigenous People, confronted me. I was also transitioning from the dominant white worldview into exploring different worldviews that shook up the ‘truths’ I had taken for granted. One big ‘truth’ lies in how my lived experience and training in counselling psychology was
shaped by health discourses that individualized health without any historical, social, political, and economic context. Coming to terms with these new ways of seeing left me groundless at times.

I was also transitioning from being a clinician to a researcher, battling imposter syndrome as a member of the elite Queen’s research community. Having done a course-based, experiential Master’s in Counselling Psychology, I had no idea how to apply for Tri-Council funding, let alone design a thorough research project or make visible what research paradigm I work within. What no one talks about is the immense, necessary, and often crippling, emotional work that accompanies the process of “unsettling” and sitting with the discomfort of learning about our privilege.

I share this lesson because I can, from firsthand experience, speak to the importance of facilitated critical dialogue that addresses the holistic experience of raising critical consciousness. That is, facilitating and normalizing emotions that arise when linking personal experiences with social situations. Coming to terms with “unsettling the settler within” meant leaning hard on my counselling knowledge, experience, and general way of being to process and move complex emotions. To borrow King’s (2003) words, I have chased “turtles all the way down,” asking question after question, insatiably reading the works of Indigenous scholars like Tuhiwai-Smith (2013), Waldram (2004), Battiste (2013), Linklater (2014), Cote-Meek (2014), and Baskin (2016), always hoping that I could make sense of how colonization evades our attention. What I did not know was that colonization is difficult to identify as a source of suffering because it is amorphous, pervasive, and systemic (Purser, 2019). It lives in us and through us. This paralyzing uncertainty silenced me for a time while I struggled to orient myself to this new way of seeing the world. However, in my travels, I have come to understand that my
silence is another privilege. It is my responsibility as a settler to continue to learn, share what I have learned, use my privilege to challenge racism, and support educational efforts in Counselling Psychology programs. As I do this, I will silently borrow Brené’s mantra: “I’m here to get it right, not be right” (Brown, 2020).

1.2 General Introduction

Colonization has given rise to racism and resulted in intergenerational trauma, making it the root cause of health disparities and inequities between Indigenous and non-Indigenous Peoples in Canada (Simon & Eppert, 1997; Reading & Wein, 2009; de Leeuw et al., 2015; Hackett, Feeny, & Tompa, 2016). Colonization is reinforced through Western conceptualizations and treatment of mental health by individualizing and decontextualizing human health experiences from their historical, social, political, and economic influences (Duran & Duran, 1995; Gone, 2013, 2009; Kirmayer et al., 2000; Waldram, 2009; 2004; Linklater, 2014; Hackett, Feeny, & Tompa, 2016).

Indigenous perspectives of wellness are relational, multidimensional, and socioecological (Elder Jim Dumont, 2014; Kirmayer et al., 2011; Richmond et al., 2007). Differences between dominant and Indigenous conceptualizations of wellness can compound the intergenerational trauma experiences of Indigenous clients who may seek support from dominant counselling services. This is because the foundation of Western counselling models and education rests on the colonial Western conceptualization of wellness (Gone, 2004; Duran, 2006). As a result, counsellors have a fragmented understanding of Indigenous wellness experiences, making it more likely for racism, discrimination, and prejudice to hinder the healing process (Allan & Smylie, 2015; Merali, 2017).
Indigenous cultural safety education is recognized as key to achieving greater health equity (Browne et al., 2016) by helping counsellors recognize “that the social, historical, political and economic diversity of [Indigenous] culture impacts on [Indigenous Peoples’] contemporary health experiences” (Ramsden, 2002, p.112). Accredited graduate programs in counselling psychology are the foundation for dominant counselling support (Australian Government Department of Health, 2015). Graduates can apply for certification through the College of Registered Psychotherapists of Ontario (CRPO) to identify themselves as having met the standard of professional practice. It is important to note that counsellor education directly impacts professional practice and the quality of support for Indigenous clients (Australian Government Department of Health, 2015).

The Truth and Reconciliation Commission of Canada (TRC; 2015) report recognizes the need for cultural safety in recommendation 23(iii), which calls on all levels of government to provide “cultural competency training for all healthcare professionals.” Though recommendation 24 focuses on Canadian medical and nursing schools, it should also require that all counselling psychology “students take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties, and Aboriginal rights and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism” (TRC, 2015, p.7). Evidence supporting these calls suggests that culturally relevant support is more conducive to facilitating healing than generic client support (Griner & Smith, 2006; Allen et al., 2009; Gone, 2013).

Fields such as nursing, occupational and physical therapy, public health, anthropology, education, pharmacy, medicine, midwifery, and social work have made efforts to incorporate
cultural safety education (Milliken, 2008; Aboriginal Nurses Association of Canada, 2009; Indigenous Physicians Association of Canada, 2009; Baba, 2013; Andermann, 2016; Guerra & Kurtz, 2017). However, to date, it is unknown if and to what extent counsellors trained at Ontario universities receive Indigenous cultural safety education. Without Indigenous cultural safety education, counsellors risk entering the counselling field with no understanding of how to develop a culturally safe practice.

To learn cultural safety, counselling students must experience it. This means learning is about more than including some course content about Indigenous Peoples. To effectively teach Indigenous cultural safety education, the instructor must consider the whole educational process by guiding students through a series of teaching, learning and assessment experiences to attain desired educational outcomes (Hughes et al., 2012). This project uses Transformative Education Theory and Reflexive Antiracism to investigate the implementation and impact of Indigenous cultural safety education in Ontario counselling professional programs.

1.3 Purpose and Research Questions

The Counselling Psychology field must pay greater to providing culturally safe counselling for Indigenous Peoples seeking mainstream support. Indigenous cultural safety education is a promising strategy for building capacity among counsellors who work alongside Indigenous communities. To fully understand how best to improve Indigenous cultural safety practice of counsellors, there is a need to establish what current graduate-level professional training is being delivered for counsellors to become certified and to practice in Ontario and how students are receiving this training.

To identify potential gaps in the cultural safety training of counsellors in Ontario, it is necessary to 1) scan and evaluate based on best practices, recommendations, and theories
guiding cultural safety education in counselling curricula; 2) determine counselling faculty classroom practices (content, structure, and delivery) related to Indigenous cultural safety education; and, to 3) understand how students connect their classroom experiences with their ability to engage in culturally safe practices. This project will help answer the overarching question: How are higher education counselling programs responding to recommendation 23(iii) of the Truth and Reconciliation (2015) report? The specific questions guiding my research are:

1) What forms of Indigenous cultural safety education do Ontario postsecondary institutions currently provide for counsellors?

2) What classroom practices are being used to deliver Indigenous cultural safety education to counselling students in Ontario post-secondary institutions?

3) How are future counsellors connecting their classroom experience with their ability to engage in culturally safe practices with Indigenous clients?

1.4 Thesis Organization

This thesis complies with regulations laid out in the Queen’s University School of Graduate Studies and Research General Forms of Theses document. The introductory chapter briefly explores how colonization has impacted Indigenous wellness and counsellor education, providing a rationale for the importance of Indigenous cultural safety education. The second chapter draws on literature to link colonization to Indigenous wellness and unpacks how counselling psychology education can compound Indigenous experiences of colonization. Using a case study methodology guided by Transformative Education Theory and Reflexive Antiracism, the third chapter uses an environmental scan of counselling curricula and qualitative interviews with counselling instructors and students at six Ontario universities to review if, and
to what extent, Ontario counselling psychology professional programs incorporate Indigenous cultural safety education. The fourth chapter presents the results, and the fifth chapter unpacks the research findings through a general discussion. The final chapter offers some recommendations and a conclusion.
CHAPTER 2 - BACKGROUND AND LITERATURE REVIEW

Colonization has created a cycle of historical and intergenerational trauma leading to health disparities and inequities between Indigenous and non-Indigenous Peoples (Simon & Eppert, 1997, Reading & Wein, 2009; de Leeuw et al., 2015; Linklater, 2014; Hackett, Feeny, & Tompa, 2016). The historical and contemporary effects of colonization directly impact Indigenous health (Bourassa et al., 2004; Lavallee & Poole, 2010; Paradies, 2016). Since a settler-colonial government continues to hold political, social, and economic power, it is crucial to understand how colonization continues to impact the lives of Indigenous Peoples.

2.1 Indigenous Peoples in Canada

Indigenous Peoples are recognized internationally as those who: i) share roots in ancestral territories; ii) identify as part of a distinct cultural group; and iii) are descendants of groups who inhabited the land prior to colonization and the imposition of nation-state boundaries (World Health Organization [WHO], 2007). Indigenous Peoples worldwide share a common experience of colonization. However, the way in which these histories and experiences unfolded in different parts of the world are particular to the specific geographies and Indigenous communities/nations (United Nations, 2008).

The Royal Proclamation, Indian Act, and Residential Schools enforced the colonization of Indigenous peoples in Canada. The Royal Proclamation of 1763 was issued by King George III, laying claim to British territory in North America (George, 1763). However, the Royal Proclamation explicitly acknowledged that all land was Indigenous land until ceded by treaty, meaning it was illegal for settlers to claim land unless purchased by the Crown and sold to settlers. The Royal Proclamation is significant because it imposed a settler-colonial, capitalist system that legalized the purchase and exchange of land. Indigenous and legal scholars point to
the acknowledgment of existing Indigenous rights and title in the Royal Proclamation as a critical step to achieving self-determination (Hutchings, 1987; Borrows, 1997; Foster, 1999).

Land claims and resource exploitation required that the colonial government “get rid of the Indian problem” (D.C. Scott, 1920). In 1876, the Indian Act passed as legislation (Indian Act, 1985; Truth and Reconciliation Commission of Canada [TRC], 2015b). The Indian Act continues to assert government control over the daily lives of Indigenous People, explicitly aiming to assimilate Indigenous Peoples with dominant Eurocentric values. Together with the Indian Act, the residential school system became another mechanism to assimilate Indigenous youth and children. In 1883, Sir John A. McDonald sanctioned the establishment of the residential school system funded and co-run by the Canadian government and Roman Catholic, Methodist, Presbyterian, and United churches (TRC, 2015b). By 1920, amendments to the Indian Act made it mandatory for all Indigenous children to enroll and attend Residential Schools or Indian Day Schools (Indian Act, 1985; Lougheed, 1920). Residential Schools and Day Schools deprived over 150 000 Indigenous children of their cultures and languages to eliminate all aspects of Indigenous cultures for assimilation (TRC, 2015b). Children were systematically separated from their families and communities, leaving them vulnerable to severe physical, emotional, psychological, and/or sexual abuse at the hands of the residential school staff (TRC, 2015b). Poorly located, built, ventilated, heated, sanitized, and maintained buildings fostered extremely harmful environments for children (TRC, 2015b). Diet was generally scant and of poor quality (TRC, 2015b).

In fact, through the nutrition experiments, the deprivation of food became another example of violence sanctioned by the Canadian government. Six residential schools between 1942 and 1952 deprived malnourished Indigenous children of adequate nutrition to see if
assorted vitamin supplements would mitigate the impacts of malnutrition (Mosby, 2013; TRC, 2015b). These highly unethical experiments were conducted without informing parents and obtaining their consent and continued despite the declining health and death of the children involved (Mosby, 2013; TRC, 2015b). The normalization of violence in the residential school system led to over 6000 deaths and created a legacy of intergenerational trauma for the families of residential school survivors (TRC, 2015b).

2.2 Colonization and Racism

The defining feature of colonization is that it is a “form of intergroup domination in which settlers in significant numbers migrate permanently to the colony from the colonizing power” (Horvath, 1972, p.50). This distinguishing feature means that Indigenous communities continue to live with their oppressors as they try to heal from complex colonial oppression. This history demonstrates that colonialism is not only about material accumulation (e.g., resource abuse and expropriation of land [Alfred, 2009]), but also the production of ideologies that attempt to validate the theft and violent practices at its root (Said, 1994). These ideologies are a constructed colonial discourse that tells us the ‘race story,’ assigning “racial labels that…sit in a relative hierarchy of worth in relation to other racial labels” (Magee, 2019, p.19; Johnson, 2016; King, 2013; Duran, 2006). The race story has constructed identities that uphold interpersonal and systemic racism by suggesting white identities are inherently superior to Indigenous identities (Duran, 2006; King, 2013; Johnson, 2016; Magee, 2019). The disproportionate allocation of power and privilege impacts Indigenous identity and wellbeing in Canada through inequitable access to education, housing, food security, employment, etc. (Allan & Smylie, 2015).

Although most people refer colloquially to colonization as a historical phenomenon, it is essential to recognize how embedded colonial constructions continue to affect the lives of
individuals. Loppie Reading & Wein (2009) confirm that colonialism exists within several ecological levels of society (see Figure 2.1; McLeroy, Bibeau, Steckler & Glanz, 1988). The impact of colonization at the macro level involves the structural, broader, institutionalized policies like the Indian Act (Alfred, 2009). At the second, or meso level, colonization operates on a social, intermediate level, impacting education, and healthcare systems (Alfred, 2009; Allan & Smylie, 2015). The systems within these two levels impact the proximal micro level, which is where those immediate individual-level effects, such as health status or unemployment, manifest (Loppie Reading & Wein, 2009). These colonial constructions have collectively resulted in the erosion of pre-contact social, political, economic, and cultural structures.

![Ecological Levels Diagram](image)

**Figure 2.1 – Ecological Levels**

Race has been used to justify colonization and deepen the modern impacts of colonization (Health Council of Canada [HCC], 2012; Allan & Smylie, 2015). According to the Indigenous Health Working Group (IHWG; 2016) racism is experienced systemically by Indigenous People with negative impacts on Indigenous identity and wellbeing. Systemic racism is rooted in the construction of race categories that delineate Indigenous Peoples as “inferior” (IHWG, 2016).
The social construction of “race” has been used by Western science to falsely attribute health disparities to these predetermined genetic “inferiorities” (Allan & Smylie, 2015). The social construction of race has shaped a discourse that has allowed the government to use policy to establish a society that legitimizes unequal access to power and resources, limiting political, social, and economic participation of Indigenous Peoples in society and producing inequalities (Reading & Wien, 2009; IHWG, 2016). Interpersonal racism drives the cycle of systemic racism. Specifically, colonization has created a broader language and discourse that intersects with structural processes, media depictions, policy, and legislative frameworks that support systemic inequities and influence micro-level communication (Pauly et al., 2015; Browne et al., 2016).

2.3 Colonization and Indigenous Peoples’ Health and Wellness

Colonization influences the health of Indigenous Peoples through the social, political, and economic inequalities produced by detrimental intermediate and proximal determinants (Simon & Eppert, 1997; Reading & Wein, 2009). The disproportionate health burden carried by Indigenous Peoples continues to be reported across Canada and around the world (Allan & Smylie, 2015). Colonization has impacted Indigenous Peoples at several levels, including mental/physical health, social, spiritual, economic, and cultural (Smallwood, Woods & Power, 2020).

Mental health and wellness are of particular concern for many Indigenous communities. Dominant definitions of mental health and illness have evolved from a biomedical perspective and conceptualized as a unidimensional, individualized experience (Duran & Duran, 1995; Kirmayer et al., 2000; Waldram, 2004; 2009; Gone, 2009; 2013). The World Health Organization (WHO; 2004) offers a Eurocentric definition of mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can
work productively and fruitfully and is able to make a contribution to his or her community.”

Meanwhile, the American Psychiatric Association (2013) defines mental illness as “a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning”.

By failing to recognize how colonization disrupts health, Western definitions of mental health and illness are dissonant from Indigenous conceptualizations of wellness as a relational, multidimensional, and socioecological experience (Elder Jim Dumont, 2014). Canadian and international scholars strongly caution that educators contextualize mental illness in the history of colonization (Gone, 2007; Vicary & Westerman, 2004; Smallwood, Wood & Power, 2020) since systemic and institutional failures sustain the overrepresentation of Indigenous Peoples in the mainstream mental health and general health care systems.

### 2.3.1 Impact of Trauma on Indigenous Communities and Families

Trauma is the “soul wound” that results from a colonial history and continues to be compounded by systemic barriers and a colonized dominant discourse (Duran, 2006). On a collective level, this has resulted in historical trauma, which is uniquely “severe, multiple, repeated and cumulative” (Robin et al., 1996, p.246). Both Waldram (2004) and Linklater (2014) recognize the unique trauma found in Indigenous communities by making an important distinction between understanding trauma as an event and trauma as a reaction to an event. When recognized as a reaction, trauma becomes situated in the context of colonialism and history, acknowledging that the wound is rooted in broader systemic forces (Linklater, 2014).

When this trauma is unresolved, it can be transmitted intergenerationally (Brave Heart-Jordan, 1995; Wesley-Esquimaux, & Smolewski, 2004). Trauma survivors can pass on the
neurobiological, emotional, and psychological effects of trauma onto their descendants (Rakoff, Sigal & Epstein, 1966; Poole et al., 2016). As a result, coping and adaptation patterns can be passed on from one generation to the next, creating a cycle of historical trauma response at the family and/or community level (Brave Heart, 2004; Linklater, 2014; Poole et al., 2016). Trauma is also multigenerational, acknowledging that the “multiple types of trauma include current, ancestral, historical, individual or collective experiences” (Linklater, 2014, p.23).

2.3.2 Impact of Trauma on Indigenous Individuals

The individual experiences trauma uniquely. Individual-level traumas can and should be considered in the context of intergenerational trauma and then historical trauma more broadly. In the healing process, it is important to remember that ‘multiples matter’: recurring trauma elevates the risk of social, cognitive, emotional impairments, health risk behaviours, and disease (Felitti et al., 1998). For example, developmental trauma reflects early traumatic stress resulting from experiences of neglect, abandonment, physical abuse/assault, sexual abuse/assault, emotional abuse, loss, separation, witnessing violence or death, repeated grief and loss, and/or repeated coercion or betrayal (Poole et al., 2016). In addition, complex trauma is the response to ongoing traumatic events, typically experienced interpersonally by children of trauma survivors (Poole et al., 2016).

Lane and colleagues (2002) suggest that the multiple outside sources of trauma incurred by Indigenous communities created a cycle of wounding behaviours perpetuated within communities. For example, Hackett and colleagues (2016) link the elevated risk of distress in survivors and their family members to familial residential school attendance. Intergenerational trauma can be rooted in the historical trauma experienced by over 150 000 Indigenous children
forced to attend residential schools where they faced neglect, abuse, and the trauma of state removal from family, community, and culture (Bombay et al., 2011; TRC, 2015).

How Social Identities Shape Individual Trauma Experience

Historical trauma response can include self-destructive behaviour, suicidal ideation, depression, anxiety, low self-esteem, anger, and trouble expressing thoughts and emotions (Linklater, 2014). Culture, gender, age, disposition, resilience, trauma type, combined with duration and onset, influence these individual trauma responses (Van der Kolk, 2014; Poole et al., 2016). Likewise, various factors, including period and severity of trauma, emotional health, support system, and trauma history, influence the healing and recovery process (Little et al., 2011; van Wesel et al., 2012). Combining a more complex understanding of trauma with a nuanced approach to the various social identities individuals hold can help guide our understanding of individual trauma experiences.

The individual holds multiple social identities that shape their life experiences. These social identities include gender, sexuality, social class, age, citizenship status, nationality, disability, race, religious affiliation, and ethnicity. These social identities intersect and position the individual to experience varying levels of privilege and oppression. Experiences of privilege and oppression are rooted in broader structures that assign power to different dimensions of each social identity. In combination, these social identities can mean the individual simultaneously experiences both privilege and oppression. For example, broader structures and systems assign power to those occupying a white, heterosexual, able-bodied, upper class, male identity, making it easier to access crucial resources like wellness.

Meanwhile, a white woman experiences privilege in her whiteness and oppression by being a woman. The experience of inhabiting various social identities indicates how major
institutions operate and who can access them. It is also important to remember that the meaning of specific social identities changes according to social and historical context. This lens also acknowledges the role of social determinants of health. It suggests that an individual may experience differential levels of vulnerability to trauma, discrimination and/or marginalization in relation to their specific identity.

The complex layering of social identities and experiences of power have been addressed differently in the literature. The Combahee River Collective (1977) first offered an intersectional approach to thinking about identity. By articulating their lived experiences as Black lesbian women, members of the Combahee River Collective (1977) shared that a single lens of race, gender, or sexual orientation was inadequate to understand their experiences of oppression. Verna Kirkness (1987) used the term “discrimination-within-discrimination” (p. 413) to describe the layers of discrimination that Indigenous women in Canada face related to gender, racism, and colonialism. The Black feminist and American critical race scholar, Crenshaw (1989) offered the term ‘intersectionality’ to describe how racial and gender discrimination compound each other, making marginalized women vulnerable to both types of discrimination. Black feminist Patricia Hill Collins (2000) later expanded on intersectionality to distinguish it from “interlocking oppressions.” Finally, intersectionality scholar, Dahmoon (2008) offered a clearer distinction between identities, categories, processes, and systems. Therefore, the complexity of human social identities and how these identities shape personal experiences can be understood through the various terms offered above.

2.4 Responding to Trauma: Resisting the Colonial Worldview

History, identity, politics, language, and dislocation impact the mental health and healing of Indigenous Peoples (Lavallee & Poole, 2010). An individual’s worldview shapes
their cultural identity, developed from the combination of an individual’s social, political, economic, cultural, and spiritual perceptions and beliefs (Poonwassie & Charter, 2001). This makes Western and Indigenous worldviews and identities quite diverse and complex. However, in general, the foundational distinction between Indigenous and Western worldviews may be found in the “difference in the perception of one’s relationship with the universe and the Creator” (Hamilton & Sinclair, 1991, p.20).

These fundamental differences in worldview translate into comparable differences between Western and Indigenous conceptualizations of mental health and wellness (Vicary & Bishop, 2005; Waldram, 2004). Indigenous wellness is a balance between physical, emotional, mental, and spiritual dimensions within an individual, in connection with extended family, community, and the land (Richmond et al., 2007; Kirmayer et al., 2011; Vukic et al., 2011; McCubbin, McCubbin, Zhang, Kehl & Strom, 2013; Elder Jim Dumont, 2014). However, it is important to note that the meaning of wellness varies from community to community-based on their local history, context, values, and resources (McBeath, 2020). Western paradigms of mental health disproportionately focus on the biological underpinnings of mental health and illness; ignore the social, political, historical, economic context of health; and neglect the interconnected, spiritual connection humans share (Vukic et al., 2011). Western worldviews have colonized or imposed on Indigenous worldviews, compounding the stress on Indigenous wellness. These differences in worldviews then translate into how the counselling process unfolds, beginning with how the colonial discourse of Indigenous mental health was constructed and validated.

2.5 Gap between Indigenous Counselling Needs and Western Counselling Practice

There are well-documented differences between Indigenous cultural understandings of
wellness and understandings reflected by most dominant Canadian mental health services (Stewart, 2008; King, Smith & Gracey, 2009), including counselling services. Despite this, counselling services in Canada continue to be primarily grounded in the Western-European rooted paradigm of mental health (Gone, 2004), which exclude other ways of knowing and perpetuate a form of colonial oppression (Duran, 2006). Western counselling practices place a double burden on Indigenous People who must advocate for their mental health needs in a system that fails to legitimize Indigenous conceptualizations of wellbeing. The dominant Western counselling paradigm perpetuates colonization in the mental health system through diagnosis and treatment processes.

2.5.1 Diagnosis

The Diagnostic and Statistical Manual (DSM) sets the Western standard for “normal” mental health, so we must consider its application carefully. As a system for classification of mental ‘illness,’ it functions to diagnose and label illness for treatment purposes (Walsh, 2007). As a product of Western culture, a Western epistemology shapes the DSM (Gwozdziewyca & Mehl Madrona, 2013; Linklater, 2014). In the Western context, the process of receiving a diagnosis can be helpful. For example, a diagnosis may be important in the following circumstances – i) if Western treatment is the only option, ii) to validate personal experiences, iii) to enable family/client access to support, iv) to explore underlying issues, and v) to access disability assistance (Linklater, 2014). These benefits speak to the broader systemic structures that incentivize pathologizing mental health through the diagnosis and treatment of mental illness.

It is important to consider why it may be inappropriate to apply DSM criteria to Indigenous People. In Indigenous contexts, the process of receiving a diagnosis can be harmful.
The diagnosis and label of being “mentally ill” can carry stigma and shame that can be internalized by Indigenous Peoples as part of a life narrative because labels may represent a kind of naming that may have a particularly meaningful impact on identity. For example, some Indigenous cultures conduct naming ceremonies, which bestow a spiritual name that guides an individual’s life purpose (Linklater, 2014). A diagnostic label can disrupt identity formation by supplanting one’s Indigenous identity with an identity of pathology (Waldrum, 2004; Linklater, 2014).

Further, because the DSM fails to account for colonization (Waldrum, 2004; Linklater, 2014), it excludes the causes and experiences of historical and collective trauma, thereby restricting the conceptualization of trauma to that of an individualized pathology (Waldrum, 2004). Allsopp and colleagues (2019) suggest that confining the discussion of trauma to one chapter in the DSM-5 infers that trauma is unconnected to other diagnostic categories; that the diagnosis is decontextualized from social, psychological or other adversities; and that symptoms are constructed as anomalous or disordered rather than understandable within the context of individual life experiences. Therefore, trauma is often diagnosed as Posttraumatic Stress Disorder (PTSD) instead of being recognized as complex trauma or cumulative trauma, effectively discounting the context of traumatic events experienced by Indigenous communities (Waldrum, 2004; van der Kolk, 2014). The frequent reporting of trauma exposure and low diagnosis of PTSD in Indigenous contexts suggests a disconnect between the trauma experience and the psychiatric diagnostic category (Waldrum, 2004). As Kleinman (1995) eloquently states, PTSD embodies “a colonization of the lifeworld by professional discourse” (p.181).
2.5.2 Treatment

Despite the problems associated with DSM diagnoses, the idea that treatment cannot occur without diagnosis still prevails (Waldram, 2004; Van der Kolk, 2014). Thus, Western diagnostic methods could lead to poor treatment, even causing harm (Van der Kolk, 2014); in extreme cases, system-induced trauma can occur through exposure to invasive medicine (Poole et al., 2016). Conventional treatment often focusses on medicalizing the suffering of the individual (Waldram, 2004). Although Linklater (2014) acknowledges the efficacy of medication in reducing and stabilizing debilitating symptoms, she cautions that medications can impair a person’s ability to engage with cultural teachings because it influences the client’s ability to fully and naturally experience their world and environment. Medication also fails to address the root causes of distress, which may include the social determinants of health or isolation (Waldram, 2004; Mehl-Madrona, 2015). Dominant diagnostic tools, modalities, and approaches fail to acknowledge the relationship between cultural orientation, identity, and mental health in a way that is meaningful for Indigenous communities (Waldram, 2004).

Colonization permeates the mental health system, leading many to avoid seeking support. Racism and discrimination have fostered fear and distrust of the Western healthcare model, leading many Indigenous People to avoid accessing mainstream support (Turale & Miller, 2006; Vicary & Westerman, 2004; Shahid et al., 2013; Allan & Smylie, 2015). Johnstone and Kanitsaki (2007) suggest that this distrust is the product of various factors, such as poor communication between counsellors and clients. Whether due to a lack of access to interpreter services (Johnstone & Kanitsaki, 2007) or to the use of professional jargon by counsellors (Woolley et al., 2013), poor communication between counsellors and clients has resulted in counsellor failure to understand client needs and led to forced compliance with conventional
treatment (Johnstone & Kanitsaki, 2007).

Additional factors leading to distrust of counsellors by clients include poor attitudes by support staff. Poor attitudes can result in disrespectful treatment, preventing family/community members from being present during appointments, overall feelings of powerlessness or helplessness to support self and loved ones, inflexibility of the healthcare system, and a sense of isolation (Johnstone & Kanitsaki, 2007). These experiences within the healthcare system can aggravate the wellness of Indigenous Peoples by compounding individual and collective trauma experiences.

2.6 Indigenous Cultural Safety and Why it is Needed

Cultural safety is a promising approach to shift power in counsellors’ relationships with Indigenous People. In the individual therapeutic relationship, cultural safety asks healthcare professionals to unpack their own cultural identities to acknowledge how colonization has impacted them, take responsibility for their role in the interaction, and shift power in the therapeutic relationship (Ramsden, 2002; Hack, Degner & Parker, 2005; Thorne et al., 2005; Nguyen, 2008).

Cultural safety emerged as a concept in nursing practice in New Zealand to improve healthcare for Māori people (Ramsden, 2002). It developed as a response to colonization by acknowledging that the social, historical, political, and economic diversity of Indigenous cultures influence the contemporary health experiences of Indigenous People (Nursing Council of New Zealand, 2005). Cultural safety moves away from the essentialist definitions of culture as a worldview, lifestyle, set of beliefs and values, knowledge, symbols, and rules that influence the behaviour and shared meaning within a group of people (Racher & Annis, 2007). Instead, cultural safety rests on a constructivist understanding of culture as the relational part of a person
that shifts according to their history, experience, gender, and social location (Browne & Varcoe, 2006). In this view, culture is a sociopolitical construct with underlying power relationships (Gray & Thomas, 2006).

Nguyen (2008) suggests that cultural safety should be used more widely in Indigenous and other culturally diverse contexts related to counselling support. Cultural safety situates Indigenous health in the context of colonization by recognizing that the unique social, historical, political, and economic diversity of Indigenous Nations influence current Indigenous health experiences (NCNZ, 2005). In the broader context, cultural safety implicates government, policy frameworks, healthcare, and education systems in perpetuating systemic barriers to Indigenous wellbeing (Brascoupe & Waters, 2009).

Cultural safety moves beyond concepts like cultural awareness, cultural sensitivity, and cultural competence, which educate healthcare professionals on the culture of the ‘other.’ It extends beyond cultural sensitivity, recognizing the importance of respecting differences between cultures (Nguyen, 2008). Cultural safety acknowledges the limitations of cultural competence, which “focus[es] on the capacity of the health system to improve health and wellbeing by integrating culture into health service delivery” (Nguyen, 2008, pg. 991). Cultural safety draws these concepts together in a stepwise progression to reflect a deeper understanding of power differentials in healthcare service delivery and to mitigate health inequities through education of healthcare professionals (Hart-Wasekeesikaw & Gregory, 2009).

By responding to issues of power, cultural safety becomes an action-oriented, political concept that can uphold Indigenous sovereignty and question dominant social hierarchies (Bourassa 2016; Yeung, 2016). Browne and colleagues (2016) suggest that action must be taken at various socio-ecological levels by politicians, institutions, governing bodies, and counsellors
themselves (McLeroy, Bibeau, Steckler & Glanz, 1988) for cultural safety to produce health equity successfully. That is, politicians, institutions, governing bodies and counsellors must take action at the 1) **Intrapersonal level** to increase reflexivity and address individual values, beliefs, and assumptions among all personnel in healthcare organizations and systems; 2) **Interpersonal** level to enhance relationships between counsellor-client, staff within various health/social organizations; and, at the 3) **Contextual level** to recognize the collective efforts of staff, management, and leaders to create change in organizations and community (Browne et al., 2016). The contextual level could and should also include efforts from upper-level administration to intervene at the institutional level to influence the design and delivery of policy (Brascoupé & Waters, 2009; Pauly et al., 2015; Browne et al., 2016; Darroch et al., 2017).

Indigenous cultural safety education is required to i) transition cultural safety from a concept into individual/ institutional action, and ii) support/develop the individual healthcare professional’s capacity to practice cultural safety.

When considered in relation to one another, cultural awareness, sensitivity, and competence become the pillars of cultural safety (Appendix B), which is an outcome of culturally competent health care (Ramsden, 2002; Koptie, 2009). This conceptualization of cultural safety outlines the phases of the health professional’s journey of self-awareness and their responsibilities within the therapeutic relationship (Brascoupé & Waters, 2009).

Critical self-reflection and reflexivity are at the heart of the healthcare professional’s journey to cultivating a culturally safe practice (Koptie, 2009; Lavallee et al., 2009; HCC, 2012; Wabano, 2014; Bourassa, 2016; Milne et al., 2016; Yeung, 2016; CAPWHN, 2017; Masinde, 2017). Cultural safety suggests that to transform the macro (i.e., dominant discourses, culture, and structures/systems), we must transform the micro (i.e., intrapersonal/our self). Self-reflection
and reflexivity are the processes that allow counsellors to begin to transform themselves by understanding power differentials, personal privilege(s), biases, prejudices, and racism (Lavallee et al., 2009). Specifically, reflexivity requires developing a critical consciousness by identifying personal values, beliefs, and assumptions (Sakamoto & Pitner, 2005). Critical reflection asks counsellors to identify power relationships within the context(s) in which they work (Brookfield, 1998; Brookfield, 2009). Self-location adds another layer to the reflexive process by relating a counsellor’s connection to the physical space (i.e., their institution, city, province, country) and concepts of community (McCracken, 2016) to their personal values, beliefs, and assumptions (e.g., land acknowledgments can be one way of publicly self-locating). Cultural safety education facilitates and develops the counsellor’s capacity to attend to the emotional and relational aspects of the therapeutic relationship while understanding the broader historical and contemporary societal influences on the client’s health experience (Greenwood & Flyers, 2016).

Ball (2007) conceptualizes cultural safety as a power shift in the counsellor-client relationship whereby the client – not the counsellor- is the one who decides whether or not the counselling encounter was effective (Brascoupé & Waters, 2009; Koptie, 2009). This power shift is important because it places the therapeutic relationship within the context of culture as a sociopolitical construct where power dynamics impact individual health experience.

Cultural safety acknowledges the essential role of governments, institutions, and organizations in enacting cultural safety. Cultural safety needs to be implemented at all levels because the individual counsellor cannot practice authentic cultural safety without supportive organizational strategies and policies (Browne et al., 2016). It is for this reason that at the individual, institutional and governmental level, cultural safety must be used as a navigational tool to change cross-cultural relationships (Brascoupé & Waters, 2009). Specifically, cultural
safety can build capacity in both Indigenous and non-Indigenous parties to participate in an equal partnership that achieves mutually defined goals (Brascoupé & Waters, 2009).

2.7 Limitations of Cultural Safety

According to Guerra and Kurtz (2017), the current landscape of cultural safety training varies in content and efficacy, ranging from courses, online modules, training programs, and educational curricula. The variability in content and efficacy of cultural safety training reflects the myriad of cultural safety competencies defined by different bodies and the lack of clarity about how cultural safety is conceptualized, operationalized, and evaluated (Dogra, Reitmanova & Carter-Pokras, 2010; Guerra & Kurtz, 2017; Brooks-Cleator, Phillips & Giles, 2018; Shepard, 2019; Bowra, Howard, Mashford-Pringle, Di Ruggiero, 2020). Such variations lead to a variety of different limitations.

First, the variability in time and effort required from participants can mean cultural safety education modules rarely last long enough to meaningfully absorb new knowledge that can translate into practice (Shepard, 2019). Second, the differences teaching methods can reinforce essentialized or deficits-based views of Indigenous People, or lead counsellors to falsely attribute any behaviour or miscommunication to the person’s culture (Shepard, 2019). It can also lead counsellors to overlook other possible influences on communication, behaviour, or attitudes (e.g., age, gender, class, education, language proficiency, personality type, etc., [Shepard, 2019]). Teaching cultural safety in different ways can lead some instructors to take a divisive, ‘shame and blame’ approach that disengages some participants (Legault, Gutsel & Inzlicht, 2011; Kowal et al., 2013; Dobbin & Kalev, 2016; Shepard, 2019).

Without meaningful efforts to evaluate the efficacy of Indigenous cultural safety education, it is difficult to know whether Indigenous cultural safety education can meaningfully
translate into culturally safe practic (Guerra & Kurtz, 2017; Shepard, 2019). It is also difficult to know whether or how the curriculum includes elements like self-reflexivity or whether recipients of care are satisfied by the support they received (Shepard, 2019). Those who work in a system incapable of supporting or overseeing the implementation of new cultural safety knowledge will be unlikely to put their newly acquired knowledge into practice (Shepard, 2016; Noon, 2018).

The reality of working in demanding, high-stress, high-pressured, and time-poor clinical settings may constrict counsellors’ ability to implement cultural safety skills (Shepard, 2019). Indigenous cultural safety requires financial, personal, political resources and the will to commit to collaborate/build partnerships, share power, address the broad context of client’s life, create/provide a safe environment, engage in organizational/individual self-reflection, and provide training for counsellors (Brooks-Cleator Phillips & Giles, 2018). As Christie and colleagues (2015) point out, transformation rarely transpires unless the individuals and/or organizations understand, it is necessary. Even if cultural safety education shifts the counsellors’ attitudes, this will not necessarily lead to large-scale, improved health outcomes for clients (Polaschek, 1998). For this reason, Indigenous cultural safety education must be part of a multi-pronged approach to broader structural changes in organizational and systemic layers of Indigenous health (Nguyen, 2008; Poole et al. 2016; Nose et al., 2017).

2.8 Why focus on Counselling Psychologists

In crisis situations, Indigenous communities in Canada often enlist support from mental health and counselling professionals outside their communities (Kirmayer et al., 2007; Baum, 2016; CMA, 2015). There are several reasons why it is potentially problematic to hire counsellors from outside Indigenous communities. First, counsellor training in Canada focuses on individual interventions, which typically address surface-level symptoms, but neglect to
consider collective root causes (Merali, 2017). Second, when counsellors “helicopter” into and out of the community, they fail to build long-term treatment plans, capacity, or partnerships with the community, leaving individuals at further risk (CMA, 2015). Finally, counsellors may be unable to implement culturally relevant support strategies due to limited training and experience working with Indigenous communities (Merali, 2017). Cultural safety education may be one strategy in a multipronged approach that can address these shortfalls by allowing counsellors to understand and act on systemic barriers to Indigenous health. Recommendation 23(iii) of the TRC report (2015) calls on all levels of government to provide “cultural competency training for all healthcare professionals” (p.164).

2.9 Training of Counselling Psychologists in Canada

As of 2017, the counselling profession became regulated under the Controlled/Reserved Act of Psychotherapy in Ontario (CRPO, 2017; CCPA, 2020). A summary of the criteria for qualifying counselling competencies mandated by the College of Registered Psychotherapists of Ontario ([CRPO], 2017) is presented below in Table 2.1 (Appendix C provides a more detailed description of the CRPO competencies). These counselling competencies are required for professional certification and shape the curriculum used by professional programs that educate counsellors.

Table 2.1 - Qualifying Counselling Competencies outlined by CRPO (2017)

<table>
<thead>
<tr>
<th>At entry-to-practice, the RP (Registered Psychotherapist) is able to:</th>
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<tr>
<td>1. Foundations:</td>
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<tr>
<td>1. Integrate a theory of human psychological functioning.</td>
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<tr>
<td>2. Work within a framework based upon established psychotherapeutic theory.</td>
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<tr>
<td>3. Integrate knowledge of comparative psychotherapy relevant to practice.</td>
</tr>
</tbody>
</table>
4. Integrate awareness of self in relation to the professional role.
5. Integrate knowledge of human and cultural diversity.

2. Collegial & Interprofessional Relationships
   1. Use effective professional communication.
   2. Maintain effective relationships.
   3. Contribute to a collaborative and productive atmosphere.

3. Professional Responsibilities
   1. Comply with legal and professional obligations.
   2. Apply an ethical decision-making process.
   3. Maintain self-care and level of health necessary for responsible therapy.
   4. Evaluate and enhance professional practice.
   5. Obtain clinical supervision or consultation.
   6. Provide education and training consistent with the therapist’s practice.
   7. Maintain client records.
   8. Assist client with needs for advocacy and support.
   9. Provide reports to third parties.
  10. Establish business practices relevant to the professional role.

4. Therapeutic Process
   1. Orient client to therapist’s practice
   2. Establish and maintain core conditions for therapy
   3. Ensure safe and effective use of self in the therapeutic relationship.
   4. Conduct an appropriate risk assessment.
   5. Structure and facilitate the therapeutic process.
   6. Refer client.
   7. Conduct an effective closure process.
Although the CRPO criteria are consistent with some of the cultural safety capabilities outlined by Hart-Wasekeesikaw and Gregory’s (2009) Cultural Safety Curriculum framework (described in Chapter 4 and outlined in Appendix D), the criteria do not explicitly address Indigenous cultural safety. A discussion of the specific shortcomings of the CRPO criteria, viewed through the lens of Hart-Wasekeesikaw and Gregory’s framework (2009), is provided below.

First, Indigenous knowledges and aspects of historical context are absent in the CRPO criteria for qualifying counselling competencies. Specifically, there is no mention of how colonization, Residential Schools, treaties/land claims, and Canadian laws impact Indigenous basic human rights and health. Instead, the CRPO lists general competencies that might broadly address some aspects of historical context or incorporate Indigenous knowledges. For example, the CRPO (2017) foundations and therapeutic process criteria require having knowledge of cultural diversity and understanding how systemic and contextual factors influence human development. Meanwhile, the CRPO competencies fail to acknowledge the relationship between intergenerational/historical trauma and access to basic human rights. However, aspects of CRPO (2017) foundations, professional responsibilities, and therapeutic process do acknowledge that a holistic definition of health, trauma, cultural diversity, and client context influences the client’s psychological functioning and the therapeutic process.

Second, despite requiring the competency to build a positive therapeutic relationship, the CRPO (2017) criteria for qualifying counselling competencies is missing aspects of culturally safe communication (Hart-Wasekeesikaw & Gregory, 2009). For example, there is no mention of identifying populations that require the support of trained interpreters nor any mention of extending the therapeutic relationship to include client’s families and communities. However, the
CRPO (2017) criteria list does broadly cover culturally safe communication through the Foundation and Therapeutic Process competencies.

Third, inclusivity in Indigenous cultural safety requires the counsellor to be critically reflective and reflexive of their own emotions, positionality, and knowledge (Hart-Waskeesikaw & Gregory, 2009). The CRPO (2017) criteria cover both reflection on counsellors’ emotions and limitations on knowledge and perspectives, primarily through the ethic of self-care, evaluation of professional practice, and safe and effective use of self. Yet, this criterion does not address inclusivity in an Indigenous counselling context.

Fourth, the respect capability outlined by Hart-Wasekeesikaw & Gregory (2009) requires that counsellors have specific knowledge of the diversity of each Indigenous community that they have personally engaged with (e.g., unique histories, cultures, languages of Indigenous Nations). Culturally safe counsellors should demonstrate respect by exploring the client’s cultural orientation and by forming equitable relationships with local Indigenous healers, community contacts, support structures, and families (Hart-Waskeesikaw & Gregory, 2009). CRPO (2017) does not explicitly address having knowledge of the diversity of Indigenous communities, building community partnerships, or engaging community and/or family in the healing process. The CRPO (2017) only broadly addresses criteria for the competency to demonstrate knowledge of human diversity, provide appropriate education, and support safety in the healthcare system. With no specific requirement to understand the history of Canada’s settlement and its impacts on Indigenous health, counsellors likely graduate with a limited understanding of Indigenous mental health and may be inadequately equipped to serve Indigenous clients (Vukic et al., 2011).
The absence of Indigenous-specific cultural safety criteria in the provincial curricula is not surprising, given the dominant colonial discourse. The dominant conceptualization of mental health shapes the education system, the counselling profession, and training, influencing how counsellors provide support and engage in self-care. Counsellor education and treatment often attempt to account for ‘other’ cultures by reducing them to rote lists of assumed, stereotypical, cultural characteristics, and values (Walram, 2004; IPAC-RCSPC, 2009). By simplifying the learning experience for counsellors, these lists fail to emphasize cultural heterogeneity, perpetuate stereotypes and establish a “normal” standard (Walram, 2004). Baskin (2016) describes how, despite its profound impact on shaping the profession, the dominant culture is perceived as “normal” and, therefore invisible. In response, both Walram (2004) and Linklater (2014) challenge the psychology profession for perpetuating intergenerational trauma through categorizing, labelling, individualizing and ultimately, pathologizing a human experience of colonialism.

2.10 Existing Professional Training of Cultural Safety in Ontario

Indigenous cultural safety education and training have recently gained traction in Canada (Churchill et al., 2017; Guerra & Kurtz, 2017; Brooks-Cleator, Phillips & Giles, 2018; Bowra, Howard, Mashford-Pringle & Ruggiero, 2020). Training offerings vary from courses to online modules to training programs to educational curricula (Guerra & Kurtz, 2017). Churchill and colleagues (2017) point to Ontario as an example of the resurgence in Indigenous cultural safety training with over 15 different ICS training modules available and major employers, such as the Government of Ontario, committing to mandate Indigenous cultural safety training for their staff (Government of Ontario, 2016).
One of the most prominent examples is the Ontario Indigenous Cultural Safety Program administered by the Southwest Ontario Aboriginal Health Access Centre (Churchill et al., 2017). The Ontario Indigenous Cultural Safety Program includes modules tailored to the Ontario context and available in collaboration with the San’yas Indigenous Cultural Safety Training Program (Churchill et al., 2017). The San’yas Indigenous Cultural Safety Training Program itself is considered the principal approach to Indigenous cultural safety education in Canada, given its theoretical grounding in antiracist and transformative learning, a model of online cross-racial facilitation, and multipronged support for Indigenous employees and participants (Ward, Branch, & Fridkin, 2016). Indigenous women leaders established it through the Provincial Health Services Authority of British Columbia (Ward et al., 2016; Churchill et al., 2017). Over 8000 healthcare staff in Ontario have taken the San’yas Indigenous Cultural Safety Training program (Churchill et al., 2017).

2.11 Why Counsellors Need Indigenous Cultural Safety Education

2.11.1 Flawed assumptions

The dominant discourse about Indigenous mental health undermines the wellness of Indigenous Peoples in the education and mental health system. Essentialized and stereotyped images of Indigenous Peoples form the basis of dominant understandings of Indigenous cultures, trauma, and treatment interventions (Waldram, 2004; Baskin, 2016). Specifically, two dominant images of the Indigenous person emerge, one in which Indigenous People as a primitive people characterized by their biology, and the other in which they are stoic, spiritual people with psychic interconnection (King, 2003; Waldram, 2004). These generalized images have permeated the dominant consciousness through the mainstream media and in cultural
competency training models, contributing to widespread racism and discrimination in the healthcare system and the public sphere (Baskin, 2016).

Waldram (2004) traces the history of the dominant discourse about Indigenous Peoples to anthropologists and psychologists, who produced biased, methodologically, and conceptually flawed research. As a result, the trauma and counselling literature and discourse emerge from a series of assumed, universal Indigenous behaviours, values, and ethics (Waldram, 2004). Western authors perpetuate this knowledge by citing earlier works without critically considering the validity of the research base, which contains problematic flaws. These flaws include low-quality designs, no citing of sources, no acknowledgment of participant cultural backgrounds, Indigenous and Western cultural comparisons, problematic methodological/quantitative discussions, sample size issues, and a general failure to involve Indigenous voices (Waldram, 2004; Baskin, 2016).

Conceptualizing and operationalizing culture is also problematic, as some studies adopt a static view of culture, conflate culture with race, ignore context or equate culture with a series of specific, easily recognizable traits (Waldram, 2004; Baskin, 2016). Moreover, most studies work from a two-culture model that compares Indigenous and Western cultures, setting whiteness as the standard for what is normal; this renders Indigeneity as both invisible and culture-less (Brascoupé & Waters, 2009; Baskin, 2016). This cultural (in)visibility has several political implications that shape who is eligible to participate as an Indigenous person and the treatment of those with Indigenous identities (e.g., counsellors often overlook the non-Indigenous part of a bi-cultural identity) in research and in ‘treatment.’ As a result, researchers fail to discuss culture in a meaningful way while imposing definitions of Indigeneity that homogenize, stereotype and essentialize Indigenous Peoples. The conceptual and methodological weaknesses of these
studies are important to acknowledge because their results have become the foundation of research and clinical assessment tools, diagnoses, treatment interventions, and counsellor education and training.

2.11.2 Self-Care in Counselling Education

The Counselling education and profession has paid little meaningful attention to self-care. Western epistemologies and education fail to recognize the relational nature of our wellness, which results in a lack of self-reflection, reflexivity, and self-locating in counsellor education; it also means that counsellor self-care is undervalued and under taught in our institutions (Baskin, 2016). These shortcomings have important implications for the cultural safety of the therapeutic relationship. Self-reflexivity allows the counsellor to understand themselves and what they bring to their work (Linklater, 2014; Baskin, 2016). Self-reflexivity involves understanding their own story and the diversity of their cultural identity, beliefs about recovery, their triggers, and vulnerabilities (Poole et al., 2016). A lack of self-awareness about personal triggers and vulnerabilities can lead to vicarious trauma and burnout, which ultimately harms the client. Yet, self-care and support for counsellors continue to be regarded as an individual responsibility, thereby justifying its neglect in counsellor education and practice (Baskin, 2016). Baskin (2016) stipulates that “the ability to engage in an ongoing exploration of our subjectivity in relation to how we teach and practice our disciplines ought to include self-care” (p.32).

2.11.3 Importance of Fostering Wellness in the Counselling Profession

It is important to acknowledge the potential vulnerabilities for counsellors engaging in trauma work. According to Stamm (2009), counsellor wellbeing is maintained by balancing compassion satisfaction with vicarious trauma and burnout. Compassion satisfaction is the satisfaction experienced when engaging in healing work (Stamm, 2009). Vicarious Trauma (VT)
refers to the counsellor’s trauma reaction resulting from exposure to clients’ traumatic experiences (McCann & Pearlman, 1990; Poole et al., 2016). By continuously bearing witness to trauma narratives, the repeated trauma exposure transforms the counsellors’ perception of themselves, others, and the world (Trippany et al., 2004). For example, counsellor VT can lead to changes in trust, feelings of control, difficulties with intimacy, self-esteem, safety concerns, and invasive imagery (Rosenbloom et al., 1995). Several factors, such as age, gender, empathic engagement, workload, level of experience, and unresolved personal trauma, have been identified with an increased risk of VT. On the other hand, burnout results from the global psychological stress and emotional exhaustion associated with working with clients with high needs (Figley, 1995; Trippany et al., 2004). As a result, it has a more gradual onset than VT, which occurs more abruptly (Trippany et al., 2004).

Given the complex and multiple layers of trauma embedded in the narratives of Indigenous Peoples, counsellors and their organizations/agencies must be diligent to the risks of VT and burnout. These risks are important to consider in the context of therapeutic relationships between counsellors and clients. For example, some counsellors may experience an elevated risk as a witness to the historical trauma narratives that may emerge when working with Indigenous communities. This risk may be exacerbated as counsellors actively unpack the implications of their privilege and settler identity in relation to the colonization of Indigenous Nations. Further, those with their unresolved trauma may find that healing work triggers their trauma.

Diligent self-care can mitigate the risks of burnout and VT (Beaumont et al., 2016). Linklater (2014) situates self-care as part of developing care and compassion in the counsellor, suggesting that it is important to “walk the talk” (p.77). She echoes Baskin (2016), who acknowledges that those in caring professions must actively work on themselves to progress their
healing. Counsellors should understand that their personal healing journey strengthens their emotional range and gives better insight into areas of resistance for trauma survivors (Linklater, 2014). Therefore, it is critical to cultivate and normalize wellness in the counselling profession.

2.12 Classroom Considerations for Students Entering Counselling Profession and Training

Given the risk of harm to the counsellor, client, and therapeutic relationship, counselling psychology programs should actively engage students in dialogue about trauma and self-care before entering the field. The postsecondary classroom becomes a vital site or ‘third space’ (Carnes, 2014) where instructors must be aware of how race and trauma shape counselling students’ frame of reference and, by extension, their learning process.

2.12.1 The Wounded Healer – Understanding Counselling Students’ Life Experiences

All counselling students (Indigenous and non-Indigenous) enter the classroom with various frames of references based on their identities, life experiences, and personal/collective histories. By extension, students also come to the classroom with a variety of wounds. If these wounds include historical, intergenerational, and/or personal trauma(s), instructors must consider that there is a holistic impact on that student (physical, emotional, mental, and spiritual) when entering the classroom (Linklater, 2014). There is well-documented evidence to suggest that it is this woundedness that can lead counselling students to seek wholeness or self-healing through their work as counsellors (Rawson Foreman, 2005; Ivey & Partington, 2014). The decision to enter a caring profession, such as counselling psychology, can be motivated by a desire to heal from one’s own adverse experiences, childhood trauma, or emotional neglect (Fussell & Bonney, 1990; Grapp, 1993; Vincent, 1996; Dicaccavo, 2002; DeVita, 2014).
Student woundedness can be understood in the context of the wounded healer archetype because archetypes allow us to speak to the universality of human trauma experiences\(^1\). We know this because the wounded healer archetype and his/her journey transcend both time and cultural context (Frank, 2013; Streeter, 2014). Through the experience of being wounded – physically, psychologically, spiritually - and healing from that wound, the individual is considered to hold an enhanced ability or qualification to heal others (Bennett, 2011; Bryant, 2006; Davison, 2013; DeVita, 2014; Ham, 2009; Rawson Foreman, 2005; Watts, 2014). The wounded healer’s journey maps the counselling student’s path. Thus, if “all healing is first spiritual healing” as Linklater (2014, p.82) suggests, the counsellor’s career choice becomes a spiritual journey to find meaning in suffering (Davison, 2013). Lived experience with woundedness has been associated with a deeper connection with clients through enhanced listening, empathy, understanding, intuition, humility, sensitivity, normalizing of wounds, continued learning, belief in recovery, and experiential knowledge (Grapp, 1992; Wolgien & Coady, 1997; Bryant, 2006; Davison, 2013). When harnessed, the experience of woundedness can support a stronger therapeutic relationship. However, the interplay of woundedness among students can also carry risks of triggering when brought to a classroom context and, therefore, requires extra consideration from instructors. Postsecondary classrooms may impact a student whose positionality connects with colonial historical trauma. Consequently, it is important to unpack why supportive learning environments are critical.

\textit{Trauma Impact on Student: Separation from Self}

Trauma has been both a tool and impact of the colonial project to “divide and conquer.”

\(^{1}\) By engaging the universality of human trauma experiences, I am not aiming to detract from the complex traumas experienced by Indigenous Peoples. Rather, I am both calling in and implicating all students who choose counselling psychology as a profession to engage in reflexive practice and take responsibility for their privilege.
Indigenous students may pursue caring professions to seek wholeness through reclaiming identity and engaging in resistance (van Dernoot Lipsky & Burke, 2009; Cote-Meek, 2014). Wholeness on an individual level begins with acknowledging that trauma impacts the emotional, mental, spiritual aspects of the individual and is rooted in the body (physical) (Odgen et al., 2006; van der Kolk, 2014). Historical and intergenerational trauma is also rooted in the physical body. Both counselling education and counselling modalities must facilitate wholeness through reconnection of self and community as part of decolonizing the self.

Healing these aspects of the individual requires reconnecting the physical, emotional, mental, and spiritual dimensions by engaging in holistic, embodied learning. Healing is possible in wholistic learning environment. A continuation of learning in the dominant model of education only reinforces colonialism by prioritizing cognitive development/mental learning through one-sided, white narratives of Canadian history (Cooper, Dobson, & Moore, 2009); it also enables avoidance of trauma itself.

*Trauma Compounded – Racism in Institutions and Classrooms*

Academic institutions and the classroom environment are a crucible that enacts racism, oppression, and colonialism through the dominant mental health discourse underlying counselling psychology curriculum and programs. Predominantly mixed (race) classrooms perpetuate racism, oppression, and colonialism through classroom relationships (Battiste, 2013; Cote-Meek, 2014). Some students are impacted by what they see, hear, and read in the curriculum and the classroom environment (Battiste, 2013; Cote-Meek, 2014).

Indigenous cultural safety education requires students and instructors to unpack difficult topics, carrying several implications for students connected to colonization. Cote-Meek (2014)
points out that for Indigenous postsecondary students, the classroom becomes a “space under siege” (p.64). This presents several challenges for Indigenous students.

First, if the curriculum unpacks colonization in Canada, there may be emotional and/or psychological impact on Indigenous students’ wellbeing. Such a curriculum would constitute difficult knowledge, defined by Britzman (1998) as both representations of social traumas in curriculum and an individual’s experience with them in pedagogy (p.755). When the narrative implicates the individual, it becomes especially challenges to bear witness to such difficult knowledge (Cote-Meek, 2014; DiAngelo, 2018).

Second, colonialism gets reinforced in the classroom and institution through a denial of racism, silencing students, questioning student intelligence, the idea that Indigenous topics are “not academic enough,” calling on students to be the “Native expert” (Battiste, 2013; Cote-Meek, 2014). These experiences force students to defend themselves and their identity, making it unsafe for them to self-identify and express their feelings (Cote-Meek, 2014, p.142). Cote-Meek (2014) asks us to consider how trauma aggravated by racism promotes various emotional responses to postsecondary institutions and classrooms. Emotional reactions, such as sadness, anger, shame, embarrassment, feeling overwhelmed, or under the microscope, create barriers to Indigenous students’ learning experiences (Cote-Meek, 2014). Meanwhile, students also name generative emotions in response to racism, including ‘aha’ moments and feeling validated (Cote-Meek, 2014).

### 2.13 Disparities in Cultural Safety Education for Counsellors

Individual advocacy can help support for cultural safety within professions (HCC, 2012; Darroch et al., 2017), institutional support (Wabano, 2014), and accreditation and certification requirements (Brascoupé & Waters, 2009; Yeung, 2016). The Truth and Reconciliation
Commission (2015) indicates that recruiting/retaining more Indigenous healthcare professionals and valuing/building Indigenous-specific counselling modalities and training programs will support systemic cultural safety (Recommendation 22, Recommendation 23i & ii).

2.14 Summary

Colonization is the root cause of historical and intergenerational trauma among Indigenous communities (Linklater, 2014; Hackett, Feeny & Tompa, 2016). Colonization is the structure that constructs, defines, and reproduces the dominant Western concept of mental illness as individual pathology (Duran & Duran, 1995; Gone, 2013, 2009; Kirmayer et al., 2000; Waldrum, 2009; 2004). Western conceptualizations of mental health do not recognize the relational, multidimensional, and socioecological nature of Indigenous wellness nor the impact of colonization (Richmond et al., 2007; Kirmayer et al., 2011; Vukic et al., 2011; McCubbin, McCubbin, Zhang, Kehl & Strom, 2013; Elder Jim Dumont, 2014). The foundation of the mainstream mental health and education system teaches counsellors this view of mental health and risk pathologizing and individualizing experiences of colonization.

Indigenous cultural safety education teaches students about the historical, political, economic, and social context of Indigenous wellness (Ramsden, 2002; Hack, Degner & Parker, 2005; Thorne et al., 2005; Nguyen, 2008). The College of Registered Psychotherapists of Ontario’s (CRPO, 2017) list of qualifying counselling competencies required for professional certification does not explicitly address Indigenous cultural safety. As the governing body of the counselling profession, the CRPO develops standards and procedures to regulate psychotherapists and counsellors, making it an ideal avenue to introduce Indigenous cultural
safety through certification and accreditation processes.

Fields like nursing, occupational and physical therapy, public health, anthropology, education, pharmacy, medicine, midwifery, and social work have incorporated cultural safety education (Milliken, 2008; Aboriginal Nurses Association of Canada, 2009; Indigenous Physicians Association of Canada, 2009; Baba, 2013; Andrermann, 2016; Guerra & Kurtz, 2017). However, to date, it is unknown if and to what extent counsellors trained at Ontario universities receive Indigenous cultural safety education. Without Indigenous cultural safety education, counsellors risk entering the mental health field with no understanding of how to develop a culturally safe practice.
CHAPTER 3 – RESEARCH APPROACH

The Counselling Psychology field must pay greater attention to providing culturally safe counselling for Indigenous People seeking mainstream support. Indigenous cultural safety education is a promising strategy for building capacity among counsellors who work alongside Indigenous communities. To fully understand how best to improve Indigenous cultural safety practice of counsellors, there is a need to establish what current graduate-level professional training is being delivered for counsellors to become certified and to practice in Ontario and how students are receiving this training.

To identify potential gaps in the cultural safety training of counsellors in Ontario, it is necessary to 1) scan and evaluate current Indigenous cultural safety education in counselling curricula; 2) determine counselling faculty classroom practices (content, structure, and delivery) related to Indigenous cultural safety education; and, to 3) understand how students connect their classroom experiences with their ability to engage in culturally safe practices. This project will help answer the overarching question: How are higher education counselling programs responding to recommendation 23(iii) of the Truth and Reconciliation (2015) report? The specific questions guiding my research are:

1) What forms of Indigenous cultural safety education do Ontario postsecondary institutions currently provide for counsellors?

2) What classroom practices are being used to deliver Indigenous cultural safety education to counselling students in Ontario postsecondary institutions?

3) How are future counsellors connecting their classroom experience with their ability to engage in culturally safe practices with Indigenous clients?
Chapter 3 describes the overarching methodology and methods guiding this project.

Figure 3.1 provides an illustrative overview of my research.

![Diagram of Research Paradigm, Theoretical Perspectives, Curriculum Frameworks, Methodology, and Methods]

**Figure 3.1 – Overview of My Research Overview**

### 3.1 Reflexive Practice

It is important to acknowledge that researchers carry theoretical and epistemological commitments that influence data collection and analysis (Braun & Clarke, 2006; 2019; Wilson, 2008). Given the qualitative nature of this research, my settler-ally positionality, and the Indigenous grounding of this project, it is my responsibility to be reflexive, to re/evaluate my
motives, and to accept discomfort around my privilege and complicity in colonialism (Tuck & Yang, 2012). Reflexive practice requires us to reflect on the impact that our values, experiences, interests, beliefs, and political affiliations have on the research process (Willig, 2001; Lincoln & Guba, 2005). A reflexive practice includes understanding the epistemological foundations of the research, formulation of research questions, study design, and methods (Rix, Barclay, Wilson, 2014).

By practicing multi-layered reflexivity, non-Indigenous researchers can engage with their role in colonialism and moderate the impacts of power, socioeconomic status, and cultural differences on the research process (Chiu, 2006; Finlay, 2008; Wilson, 2008; Nicholls, 2009). Specifically, self-reflexivity includes unpacking personal biases and past experiences (Rix et al., 2014). Interpersonal reflexivity explores researcher collaboration with participants with attention to power differentials within relationships (Rix et al., 2014). System reflection considers how institutional policies/practices adversely impact Indigenous participants in the research (Rix et al., 2014). Through reflexive journaling (see Ahern, 1999) and guidance from Indigenous and non-Indigenous critical friends and committee members, I have continuously reflected on how I communicate, ensure community input in this research, and interrogate my assumptions, worldviews, and beliefs. This approach is consistent with other non-Indigenous researchers engaged in Indigenous health research (Rix et al., 2014; Nilson, 2017). Given the importance of strong reflexive practice, I have woven this throughout my research.

3.2 Epistemology and Research Paradigm

Creswell (2003) outlines that all researchers are guided by philosophical assumptions about the nature of reality (ontology), how they know what is known (epistemology), the inclusion of their values (axiology), and the nature in which their research emerges
(methodology). Creswell, Hanson, Plano Clark, and Morales (2007) emphasize that researchers must make their paradigm explicit when designing, writing, and interpreting qualitative research projects.

Using a case study methodology (Yin, 2018), this project describes whether and how Ontario Counselling Psychology professional programs incorporate Indigenous cultural safety education. It attempts to unpack the counsellor’s educational journey to develop a culturally safe counselling practice through the joint construction and reconstruction of students’ lived experience to enhance institutional and instructor practice (Lincoln, Lunham & Guba, 2018). From a constructivist methodological perspective, research findings are co-constructed by the researcher and participants through dialogue and naturalistic methods to understand the counselling students’ context (Guba, 1990; Angen, 2000).

The fundamental epistemology of a constructivist paradigm is the rejection of the reductionist and essentialist underpinnings of traditional psychological theories. So, there is no single, objective, empirically validated, natural, universal truth to be ‘discovered’ through science. Rather, realities “exist in the form of multiple mental constructions that are socially and experientially based, local and specific and dependent for their form and content on the persons who hold them” (Guba, 1990, p.27). Truth becomes multiple and subjective and reality constructed by individuals through their frame of reference and context (Lincoln et al., 2018).

3.3 Qualitative Design: Case Study Methodology

A case study methodology is appropriate because it helps to understand and describe the contextual conditions that influence the phenomenon under study (Baxter & Jack, 2008; Yin, 2012; 2014; 2018). Since cases connect to different aspects of society (e.g., political, social, historical, personal), it is crucial to examine the chosen case from different perspectives using
multiple data sources (including documents, interviews, artifacts, observations, etc. [Yin, 2003; Baxter & Jack, 2008]). My research is a collective (multi-site) instrumental case study, bound by the type of program (Master’s of Counselling Psychology), geography (Ontario), and time (two years; Creswell, 2007).

3.4 The Cultural Safety Continuum

The Cultural Safety Continuum (NAHO, 2008) depicted in Figure 3.2 illustrates how a culturally competent instructor, coupled with a culturally competent curriculum, can foster a culturally safe learning environment, which in turn, can shape a culturally safe learning process (NAHO, 2008). The student who encounters such an environment will learn cultural safety and become a culturally safe counsellor who can provide culturally safe support (NAHO, 2008).

Figure 3.2 - NAHO (2008) Cultural Safety Continuum
3.5 Guiding Framework for Cultural Safety Development

The integrated framework for cultural safety development depicted in Figure 3.3 serves as the backdrop for this research. A three-pronged approach undergirds the counsellor training outcomes that constitute the essential foundation to support the client in a culturally safe manner (Vicary & Westerman, 2004; Turalle & Miller, 2006; Johnstone & Kanitsaki, 2007; Shahid et al., 2013; Woolley et al., 2013), providing symptom relief and nurturing client strengths (Bourassa, 2016). This framework acknowledges that the successful implementation of a culturally safety education curriculum involves considering course content, structure, and delivery; all are integral to the educational journey of the counsellor (Hughes et al., 2012; Churchill et al., 2017).
Figure 3.3 – Integrated framework for cultural safety development based on Hart-Wasekeesikaw & Gregory (2009) and Department of Health (2015) curriculum frameworks.
The integrated framework encompasses two different curriculum frameworks (Department of Health, 2015; Hart-Wasekeesikaw and Gregory, 2009), underpinned by two theories (Mezirow, 2000; Kowal, Franklin & Paradies, 2013) to present an ideal picture of what cultural safety education should look like in the classroom. The curriculum frameworks account for the university's learning content and context. The Transformative Education Theory (TET; Mezirow, 2000) and Reflexive Antiracism lens (Kowal, Franklin & Paradies, 2013) explain how teaching and learning processes can foster the development of cultural safety competencies in students. To understand how they work together to guide my research, I describe and unpack these frameworks and theories below.

First, the *Cultural Competence and Cultural Safety in Nursing Education* framework by Hart-Wasekeesikaw and Gregory (2009) serve as the backbone of the integrated framework. This framework proposes three domains that create space for curriculum/program, faculty members, and students, describing their roles in or relationship to cultural safety (depicted as three intersecting circles in Figure 3.4). The intersection of the three domains, taken together with adequate supports, is intended to yield six core ‘competencies’ for culturally safe practice (expanded on in Appendix D). Although the list of competencies is incomplete, uses some outdated language (e.g., competencies), and does not provide implementation guidelines, the framework is useful in guiding our understanding of how domains within the university work together to shape a culturally safe counsellor.
The **Aboriginal and Torres Strait Islander Health Curriculum Framework** developed by the Australian Department of Health (2015) offers a more comprehensive list of cultural capabilities that counselling students should aspire to gain. This framework draws on the Transformative Education Theory (TET; Mezirow, 2000) and uses a Reflexive Antiracism lens to guide the process of teaching and learning cultural safety (Kowal, Franklin & Paradies, 2013; Churchill et al., 2017). I chose this curriculum framework because of its TET and Reflexive Antiracism underpinnings, reflected in Wise Practice #3 recommended by Churchill and colleagues (2017). The framework favours the term “cultural capabilities,” which addresses longstanding critiques of competency-based language that imply a fixed set of learning outcomes for a diversity of different cultural contexts (Department of Health, 2015). The framework includes five core cultural capabilities with key descriptors mapped across three levels of learning (novice, intermediate, and entry-to-practice) to track students’ learning development (see Figure 3.5).
The integrated framework (Figure 3.3) amalgamates Hart-Wasekeesikaw and Gregory’s (2009) core cultural competencies with the five cultural capabilities (Department of Health, 2015) to provide a comprehensive list of essential counselling student learning outcomes for developing a culturally safe practice.

### 3.5.1 Reflexive Antiracism

To meaningfully develop critical self-reflection and reflexivity, which are essential culturally safe counsellor practices (Koptie, 2009; Lavallee et al, 2009; HCC, 2012; Wabano, 2014; Bourassa, 2016; Milne et al., 2016; Yeung, 2016; CAPWHN, 2017; Masinde, 2017), Churchill and colleagues (2017) recommend that instructors take up a Reflexive Antiracism when teaching cultural safety. Reflexive Antiracism is an educational paradigm situated within Critical Theory, combining Critical Pedagogy with Critical Race Theory (Blakeney, 2005; Alderman, Perez, Eaves, Klein & Munoz, 2019).
Reflexive Antiracism builds on antiracism teaching, which is informed by Critical Race Theory (CRT), focusing on the analysis of systemic racism, power dynamics, and social justice (Kowal et al., 2013; Kishimoto, 2018). CRT emerged from the Legal Studies field with some of the following tenets: race and racism are a normal part of society, racism exists because some people benefit from it, and race is socially constructed through a process of racialization (Delgado, & Stefancic, 2017). CRT is also antiessentialist by recognizing the diversity of Indigenous people and people of colour (Delgado & Stefancic, 2017).

Critical pedagogy is a response to education that seeks to exclude and assimilate students through the normalization of dominant knowledge and values through a hidden curriculum (Darder, Baltodano & Torres, 2009). Critical pedagogy critiques positivist knowledges that taut a single, objective, and universal truth that ignores the Eurocentric and male privilege that shapes dominant models of education (Darder, Baltodano & Torres, 2009). Critical pedagogy aims instead to transform educational structures for emancipation (Freire, 1970). Indigenous cultural safety education requires a critical approach to reveal the colonial assumptions that underpin counselling education.

According to Kishimoto (2018), antiracism teaching seeks to do this by – 1) challenging assumptions and develop students’ critical thinking, 2) supporting students’ ability to be reflexive about their social position, 3) displacing classroom authority by supporting students to be in charge of their own learning, 4) empowering students and translate theory to practice, and 5) engaging in collaborative learning to foster community in the classroom. Reflexive antiracism responds to critiques of cultural awareness and antiracist training models that essentialize and mismanage negative emotions (Kowal et al., 2013). For example, cultural awareness training models have been critiqued for essentializing people of colour (Racher & Annis, 2007), while
antiracism training risks framing white racial identities as innately racist, unable to be antiracist, or deficient (Miller & Harris, 2005; Downing & Kowal, 2011; Shepard, 2019).

Furthermore, the mismanagement of emotions associated with learning about white privilege can elicit difficult emotions from white people as they unpack their white racial identity (Kowal et al., 2013; DiAngelo, 2018). An accusatory learning environment can compound these emotions and lead students to disengage by avoiding intergroup contact as a result of increased anxiety (Gaertner & Dovidio, 1986), deny their race, or resist learning about race/racism after being repeatedly labelled as an oppressor (Miller & Harris, 2005), or feel overwhelmed or resigned (Miller & Harris, 2005). If we want students to be more culturally safe counsellors, it is important to overcome feelings of guilt and resistance because these feelings put students at risk of defending and identifying more strongly with their privileged position (Stewart et al., 2003; Tatum, 1997).

Racialization is a central component of Reflexive Antiracism (Kowal et al., 2013). Paradies (2005) defines racialization as:

Societal systems through which people are divided into race with power unevenly distributed (or produced) based on these racial classifications. Racialization is embodied through attitudes, beliefs, behaviours, laws, norms, and practices that either reinforce or counteract power asymmetries (p.3).

Racialization frames actions as either capable of reducing or increasing power differentials between racialized groups (Paradies, 2005). It also recognizes that white people and people of colour are capable of both racist and antiracist acts (Sawriker & Katz, 2010). Reflexive Antiracism helps individuals recognize the complexity of the racialized field by understanding that the line between racism and antiracism is often ambiguous and changing (Kowal et al.,
Reflexive Antiracism also aims to help students find a balance between developing a secure white racial identity that continually engages in antiracist practice while recognizing that white people contribute to the oppression of people of colour (Kowal et al., 2013). Kowal and colleagues (2013) draw on Helms’ (1990) White Racial Identity (WRI) model to address students’ identity formation process. Psychologist, Janet Helms (1990) argued that it is only when white people examine their whiteness and its associated privilege that they can move away from assumed superiority and work in solidarity with people of colour.

Therefore, a cultural safety curriculum asks students to examine their identity in relation to healthcare, racism, white privilege, and their emotions. A cultural safety curriculum moves students through the six-dynamic cognitive, emotional, and behavioural stages of Helms’ (1990) White Racial Identity development (known as ego statuses). The two phases that divide these six statuses include – 1) rejection of racism and 2) the development of a positive white racial identity (Helms, 1990). Phase 1 statuses include contact, disintegration, and reintegration. Phase 2 statuses are pseudo-independence, immersion-emersion, and autonomy (Helms, 1990). These statuses are constantly in flux, so students may identify with some aspects of different statuses, hold several statuses at once, or progress/regress between phases (Helms, 1990). For more detailed descriptions of each of these statuses, see Table 3.7

Reflexive Antiracism prepares students to acknowledge and act against inequality, centring Indigenous experiences and challenging the role of racism in structures, practices, and discourses of educational and other institutions (Blakeney, 2005; Alderman et al., 2019). Reflexive Antiracism also helps develop counsellor reflexivity, put Indigenous health inequities in the context of root causes, and stop multiculturalism discourses from silencing Indigenous
students’ experiences (Churchill et al., 2017). Reflexivity helps learners move beyond the assumption that minority identities are ‘good,’ and white people are ‘bad’ (Franklin et al., 2014; DiAngelo, 2018). Within healthcare settings, reflexivity supports active learning in cultural training, greater flexibility in counsellor behaviour (Lillis & Hayes, 2007; Chick et al., 2009), and decreased racial bias (Murray-Garcia et al., 2005). Supporting students to develop Reflexive Antiracism allows them to take a “reflexive stance towards one’s own and others’ attitudes, beliefs, and behaviours while striving towards both equanimity in emotional reactions and a positive white identity” (Kowal et al., 2013, p.326).

### 3.5.2 Transformative Education Theory (TET)

Churchill and colleagues (2017) recommend that counselling program developers use Transformative Education Theory (TET) to develop and implement cultural safety education in their programs. Transformative Education Theory was developed by Mezirow (1978) based on a national study conducted on behalf of the US Department of Education to understand why so many women were returning to study and the impact those studies had on them. TET set to explain how adult learners make meaning of their experiences, how social and other structures impact how they interpret that experience, and how learners shift away from old assumptions (Mezirow, 1991). TET argues that individuals have a specific worldview based on paradigmatic assumptions rooted in their upbringing, life experience, culture, and/or education (Mezirow, 2000). Mezirow (2000) claimed these worldviews are often ingrained and difficult to shift because they become unconscious frames for reference created from habits of mind (habitual ways of thinking, feeling, and acting). He argued powerful catalysts known as a “disorienting dilemma could shift these worldviews (Mezirow, 2000). For example, discussing charged topics
like racism and colonization creates the disruption and discomfort necessary to allow transformative learning to occur (Czyzewski, 2011; Mezirow, 2000).

Transformative learning is defined by Hoggan (2016) as “processes that result in significant and irreversible changes in the way a person experiences, conceptualizes and interacts with the world” (p.77). To achieve a transformative learning experience, Mezirow (2000) proposed the following iterative process:

- A disorienting dilemma
- Self-reflection with feelings of fear, anger, guilt, or shame
- Critical evaluation of personal assumptions
- Acknowledgment that discontent and the transformational process are shared
- Exploration of new roles, relationships, and actions
- Preparing a course of action
- Gaining knowledge/skills for effecting course of action
- Tentatively trying new roles
- Developing competence and self-confidence in new roles and relationships
- Reintegration into a life based on conditions created by a new perspective

For Mezirow (2000), critical dialogue and self-reflection facilitate this shift as students move “iteratively between discourse, reflection and ‘trying new roles’ as they integrate new perspectives in their daily lives and relationships” (p.22).
TET is compatible with cultural safety and Reflexive Antiracism because it emphasizes that “the justification for much of what we know and believe, our values and feelings depend on context – biographical, historical and cultural – in which they are embedded” (Mezirow, 2000, p.3). TET has been effective in explaining the meaning-making process of adult learners, specifically the learning process involved in paradigmatic shifts (Taylor, 2007, p.174). TET and cultural safety share the mutual goal of evoking paradigm shift through “identify[ing] conscious or unconscious attitudes that exist towards cultural differences and…transform[ing] attitudes by tracing their origins and illuminating their effects on practice through reflection and action” (Ramsden, 2002, p. 121). Likewise, both transformational learning and cultural safety aim for similar outcomes by shaping more socially responsible, critical individuals who rely less on outdated, harmful assumptions (Kiely, 2005). Transformative learning is necessary to build strong relationships between Indigenous and non-Indigenous Peoples and facilitate meaningful reconciliation (Carnes, 2015). Appendix E includes an overview of Hoggan’s (2016) transformative learning outcomes.

It is important to note that the main critiques of TET create some tensions with Reflexive Antiracism. For example, Mezirow’s theory fails to recognize the influence of context on transformative learning (Clark & Wilson, 1991; Tennant, 1993; Taylor, 1997). The importance of considering context becomes the first point of tension between TET and Reflexive Antiracism because Reflexive Antiracism recognizes and accounts for the process of teaching about race (Kowal et al., 2013; Department of Health, 2015; Kishimoto, 2018). Unlike TET, Reflexive Antiracism (like cultural safety) recognizes that learning is socially constructed and relational (Kowal et al., 2013; Department of Health, 2015; Kishimoto, 2018). Kishimoto (2018) views the learning process as an exchange by pointing out the race/class/gender identity of instructors and
students, course content, and the way the course is delivered impacts the learning process. In the context of Indigenous cultural safety, Reflexive Antiracism recognizes the instructor, their capabilities, and teaching practices as essential to teaching cultural safety by modelling it (Milner, 2007; Department of Health, 2015; Kishimoto, 2018).

TET also relies too heavily on rationality or cognition and failing to account for other ways of knowing such as affective, somatic, intuitive, and spiritual ways of learning and being (Taylor, 1997). Mezirow’s reliance on cognition in the transformative learning process reflects TET’s Eurocentric roots (Brookfield, 1995). This indicates that TET is at risk of marginalizing Indigenous knowledges by neglecting to recognize other ways of knowing in the teaching and learning process. Therefore, unlike TET, Reflexive Antiracism challenges the Eurocentric curriculum and its apolitical and ahistorical approach to education, discipline, and course materials (Kishimoto, 2018). For Reflexive Antiracism, context is critical to learning and developing a culturally safe practice because it unpacks when, how, and why racism exists (Kowal et a., 2013; Kishimoto, 2018).

The failure to frame learning as a whole person experience is another point of tension between Reflexive Antiracism and TET. For example, Reflexive Antiracism recognizes that emotions inherently accompany the process of becoming aware of subconscious feelings, thoughts, and behaviours associated with racist norms (Kowal et al., 2013; Kishimoto, 2018). From a Reflexive Antiracism standpoint, emotions alert students and instructors to important learning opportunities (Kowal et al., 2013; Kishimoto, 2018). The effectiveness of a reflexive antiracism teaching approach depends on how instructors manage emotions (or other ways of knowing) in the learning environment (Kowal et al., 2013; Kishimoto, 2018; Magee, 2019). Instructors can unpack and normalize emotions as a temporary state in the learning process,
avoiding the divisive approach, which can lead students to disengage from learning about cultural safety (Kowal et al., 2013; Kishimoto, 2018; Shepard, 2019).

3.5.3 How these frameworks fit together – Developing Cultural Safety in the Classroom

TET and Reflexive Antiracism can work together to develop the cultural capabilities necessary to transform or shift dimensions of the individual student’s personhood as described by Hoggan (2016). According to the Department of Health (2015), these cultural capabilities include the necessary attitudes, values, skills, and knowledge to shape a culturally safe counsellor. Ideally, a cultural safety counselling course would shift the worldview, self, epistemology, ontology, behaviour, and capacity of each counselling student enough to embody a culturally safe counselling practice (Hoggan, 2016). The learning impact must have depth, breadth, and stability to sustain a transformative learning experience (Hoggan, 2016). The Department of Health (2015) Aboriginal and Torres Strait Islander Health Curriculum Framework moves the student from novice (ability to describe/articulate) to intermediate (ability to demonstrate/analyze) to entry-to-practice (ability to design solutions).

3.5.3.1 The Process of Teaching Indigenous Cultural Safety

To develop a culturally safe counselling practice, the process of teaching Indigenous cultural safety is equally as important as course content (Department of Health, 2015). Table 3.1 summarizes the components that work together to shape the process of teaching Indigenous cultural safety.

Table 3.1 – Components of Teaching Indigenous Cultural Safety

<table>
<thead>
<tr>
<th>Components of Teaching Indigenous Cultural safety</th>
<th>Elements of Each Component</th>
</tr>
</thead>
</table>
| INSTRUCTOR CAPABILITIES | - Acknowledge/understand FNIM content-specific knowledge  
- Self-reflexivity for self and classroom practice  
- Facilitating discussion of challenging content  
- Cultural safety and self-care for instructors  
- Role modelling through partnerships, collaboration, and engagement |
|-------------------------|--------------------------------------------------------------------------------------------------|
| INSTRUCTORS TEACHING PRACTICES IN THE CLASSROOM | - Privileging Indigenous voices  
- Cultural interface and critical thinking  
- Yunkaporta’s eight ways of learning  
- Yarning  
- White privilege  
- Discomfort as a transformative teaching and learning strategy  
- Strengths-based learning  
- Teaching and learning for social change  
- Creating a safe, relationship orientated learning space |
| LEARNING THROUGH EXPERIENCE | - Simulation  
- Clinical Placements  
- Community immersion and engagement |

The three components of teaching Indigenous cultural safety include instructors’ capabilities, teaching practices in the classroom, and learning through experience. Instructors’ capabilities are essential because the best way to teach Indigenous cultural safety is for students to be in a learning environment where instructors model these cultural capabilities (Goerke & Kickett, 2013; Department of Health, 2015). To model cultural safety, instructors must have discipline-specific knowledge and FNIM content-specific knowledge together with specialized skills to facilitate students through a challenging, emotive, and unsettling terrain. For example, when facilitating discussion of challenging content, instructors can approach difficult topics from different angles (e.g., critical thoughts, facts/figures, emotions, creativity) to enhance a nuanced understanding (De Bono, 2008).

Instructors’ Teaching Practices in the Classroom addresses how instructors can work in
partnership with local Indigenous communities to put Indigenous teaching approaches into practice. For example, Yarning draws on Indigenous oral traditions, supporting a more conversational, interactive, and mutual learning environment that replaces didactic teaching methods with a more relationship-oriented space (Bessarab & Ng’andu, 2010). Finally, by offering learning through experience, instructors can draw on experiential and observational aspects of teaching and learning. Experiential and observational approaches can include simulation, clinical placements, and community immersion and engagement.

INSTRUCTOR’S CAPABILITIES

Acknowledge/understand FNIM content-specific knowledge

To teach cultural safety, instructors must develop specialized knowledge of the context of Indigenous mental health (Department of Health, 2015; Churchill et al., 2017). Since instructors tend to be predominantly non-Indigenous, it is crucial to consider – 1) who is teaching Indigenous cultural safety and 2) course structure, content, and delivery (Dept of Health, 2015; Churchill et al., 2017). Ideally, instructors would consult with local Indigenous advisors (e.g., Indigenous curriculum coordinator, friendship centres, community representatives) for guidance on what instructors should teach, how the curriculum should be taught, and by whom (Dept of Health, 2015)

Course content would cover Indigenous identity, history, and context (Wabano, 2014). A strong critical social theoretical foundation would inform course content. These theories situate Indigenous health in the context of social, political, and economic impacts of colonialism on people’s experiences (Ramsden, 2002; Wabano, 2014; Hole et al., 2015; Pauly et al., 2015; Baskin, 2016; Bourassa, 2016; Browne et al., 2016; Yeung, 2016; Masinde, 2017). Therefore, a cultural safety educational framework should emphasize history together with the political,
social, economic, and environmental context of Indigenous Peoples (Brascoupé & Waters, 2009; Darroch et al., 2016). Specifically, counselling curriculum should develop knowledge of residential schools, the Sixties Scoop, social determinants of health (including ecological/environmental health), the Indian Act, colonial policy, and church involvement (NAHO, 2008; Wabano, 2014; Bourassa, 2016). These particular topics are critical because both Indigenous and non-Indigenous students enter postsecondary classrooms without basic knowledge and information about Indigenous Peoples (LaRocque, 2002; Department of Health, 2015).

Furthermore, instructors must deconstruct existing narratives and misinformation about Indigenous Peoples (LaRocque, 2002). By discussing this history, instructors help students connect contemporary Indigenous health experiences with issues of power, privilege, equity, settler colonialism, race and racism, and other structural factors (Churchill et al., 2017).

Self-reflexivity for self and classroom practice

Self-reflexivity is critical to teaching Indigenous cultural safety both in facilitating classroom discussion and in monitoring internal responses in teaching and learning of Indigenous mental health (Koptie, 2009; Lavallee et al., 2009; HCC, 2012; Wabano, 2014; Dept of Health, 2015; Bourassa, 2016; Milne et al., 2016; Yeung, 2016; CAPWHN, 2017; Masinde, 2017). To be self-reflexive in their teaching, each instructor must consider the quality and amount of engagement with Indigenous content formally and informally over their lifetime, their social and familial history (Department of Health, 2015). The instructor’s positionality and experience with Indigenous communities will impact how they teach Indigenous cultural safety. The self-reflexive process will be different for instructors of different racial and cultural identities. For example, settler guilt associated with a white identity may lead the reflexive white instructor to
explore the subconscious silencing of their own voice in the classroom (Kowal et al., 2011; Department of Health, 2015). In contrast, for Indigenous instructors, a self-reflexive practice may include – 1) understanding how difficult student responses to course content may trigger personal traumas, and 2) how these triggers may unintentionally express themselves in their teaching (Department of Health, 2015).

The individual and group classroom experience can be a complex web of invisible triggers enacted through unresolved trauma(s), implicit bias(es), and difficult, polarizing topics. These challenges are unique to teaching Indigenous content in mixed classrooms where there are various educational, socioeconomic, racial differences, and deeply opposing political experiences (Cote-Meek, 2014). Navigating this difficult terrain can be challenging for the instructor. Self-reflexivity can support the instructor’s ability to recognize their own triggers and how these triggers can be blind spots that impact students. Like any other human being, instructors hold their life experiences in their body (van der Kolk, 2014; Ogden, 2015). So, triggers can be transmitted non-verbally through their posture, gaze, tone of voice, and respiration to be received and processed by students (Meares, 2005).

For some Indigenous students, Joseph and Joseph (2019) connect the legacy of residential schools with difficulties with authority figures. Depending on how the instructors present themselves (e.g., authoritative attitude, brusque manner, speaking/moving too quickly implicit bias), they can inadvertently create discord with certain students by triggering a trauma memory (Joseph & Joseph, 2019). For many non-Indigenous students, an Indigenous cultural safety curriculum may challenge previously unexamined beliefs, values, and ideas about Indigenous Peoples, leading to resistance (Zembylas, 2008; Cote-Meek, 2014; DiAngelo, 2018). For both non-Indigenous and Indigenous students, this can be a challenging experience. The reflexive
instructor’s role is to act as a mirror for students’ unexplored behaviours, attitudes, and values (Virgin, 2011). To effectively facilitate the self-reflexivity of their students, instructors must understand their own self-reflexive journey (Department of Health, 2015).

To guide the process of engaging with and teaching self-reflexivity, the Department of Health (2015) recommends instructors use Singleton and Linton’s (2006) Racial Autobiography exercise to guide unpacking the life experiences that shape an individual’s racial consciousness. Instructors (whether Indigenous or non-Indigenous) must undertake and understand their process of becoming self-reflexive to better support students’ ability to develop their reflexivity (Department of Health, 2015).

Facilitating discussion of challenging content

To effectively facilitate discussion of challenging content, instructors must, 1) balance the emotional toll of bearing witness to/being implicated in and processing colonial experiences, 2) engage/confront racism, and 3) deal with their internal reaction to students' responses. The interplay of different students’ responses to the content presented through an Indigenous cultural safety course (e.g., racism, white privilege, systemic inequities, critical self-reflexivity) can make the classroom a difficult space to navigate. Instructors must have the capacity to work through any discord that arises between themselves and/or students by collaborating with students to “delve into what is taking place between them and mutually negotiate [that discord], allowing the meaning between them to be discovered through their interaction” (Ogden, 2015). When left unaddressed, this discord can contribute to a culturally unsafe learning environment through stagnant, unproductive, unmanageable, or harmful discussion (Department of Health, 2015).

To create an allied, intercultural space within the classroom, instructors will need to evoke different perspectives and decentralize attitudes that facilitate dialogue (Bryam & Nichols,
Singleton and Linton (2006) suggest that Courageous Conversations about Race require instructors to - 1) keep the spotlight on race, 2) connect through your story, 3) make complexity your friend, and 4) understand white privilege. Instructors must also set and have students agree to the following parameters - 1) remain connected, 2) honesty is the best policy, 3) discomfort is okay, and 4) it is a marathon, not a sprint (Singleton & Linton, 2006). This foundation allows instructors to move beyond simple, essentialized definitions of Indigenous culture and build students’ capacity to engage with more nuanced, complex understandings of Indigeneity (Boler, 1999; Nakata et al., 2012). Introducing complexity also creates a more inclusive, nuanced classroom environment, where the course content and student responses or identities are neither “right nor wrong” nor “good or bad” (Franklin et al., 2014; DiAngelo, 2018).

Resistance may arise in response to teaching a topic through a singular lens (Department of Health, 2015). To facilitate exploration of a topic through multiple perspectives, instructors may use De Bono’s (2008) Six Thinking Hats approach as shown in Table 3.2.

Table 3.2 - De Bono’s Six Thinking Hats

<table>
<thead>
<tr>
<th>Hat Colour</th>
<th>Thinking Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>Facts, figures, objective information</td>
</tr>
<tr>
<td>Red</td>
<td>Emotions and feelings</td>
</tr>
<tr>
<td>Black</td>
<td>Logical, critical thoughts</td>
</tr>
<tr>
<td>Yellow</td>
<td>Positive, constructive thoughts</td>
</tr>
<tr>
<td>Green</td>
<td>Creativity and new ideas</td>
</tr>
<tr>
<td>Blue</td>
<td>Overview – summary</td>
</tr>
</tbody>
</table>

*Cultural safety and self-care for instructors*
As Indigenous cultural safety challenges students’ worldviews, their relationships with peers and/or the instructor may become confrontational, leading to a difficult classroom dynamic. Managing the classroom environment can create additional emotional work for the instructor (Isenbarger & Zemblayas, 2006). Mindfulness may support the inner work necessary to reduce burnout, promote resilience, support instructor’s ability to model social/emotional competence, and ability to respond appropriately to challenging student behaviour (Jennings & Greenberg, 2009; Magee, 2019).

Indigenous instructors face different institutional barriers and burdens, leading to different self-care and professional and personal support requirements. Mohamed and Beagan (2019) found that these institutional barriers include – 1) a lack of representation, leading to tokenism, 2) the culture of academia, forcing professors to relinquish elements of their culture to fit into white, academic, cultural norms, 3) lack of belonging, 4) delegitimization of Indigenous research/work, 5) overt racism from students and other faculty, 6) feeling overburdened with additional work (e.g., mentoring/supporting Indigenous/racialized students, community work, participating in multiple committees, guest lectures, research studies that give an “Indigenous perspective” (Louie, 2019)). Additional burdens include being called on to be the “Native expert” as the “Cultural Indian” who unilaterally represents the views of all Indigenous Nations (Battiste, 2013; Cote-Meek, 2014) or being re-traumatized through sharing personal stories related to content. Instructors must be aware of personal boundaries, and their self-care needs to successfully balance and navigate these barriers, along with their community and familial obligations. A culturally safe institutional culture supports instructors in navigating and maintaining their boundaries and self-care needs.

According to the Department of Health (2015), a cultural safety curriculum supports self-
care by:

- Developing a self-care module for instructors
- Establishing communities of practice, allowing instructors to regularly meet to debrief, share strategies, and support one another (Cote-Meek, 2014; Mohamed & Beagan, 2019)
- Providing mentoring and collegial support for all instructors
- Supporting all institutional staff to develop cultural capabilities that support a culturally safe workplace.

*Role modelling through partnerships, collaboration, and engagement*

Instructors teach cultural safety by modelling cultural safety capabilities and empathy through listening, facilitating student input/dialogue, and providing contextual information on the topic of discussion (Dobson, Cooper & Moore, 2009; Baskin, 2016). Those who effectively role model cultural safety likely collaborate with FNIM communities, providing learning opportunities for students, and ensuring Indigenous community engagement informs their teaching practice.

**INSTRUCTORS’ TEACHING PRACTICES IN THE CLASSROOM**

*Privileging Indigenous voices*

The historical oppression of Indigenous voices in knowledge construction has given rise to several Indigenous research methodologies that privilege those voices (Tuhiwai-Smith, 2013). The First Nations Information Governance Centre (FNIGC) maintains that any Indigenous health
research is guided by the OCAP principles (Ownership, Control Access, and Possession) to ensure that FNIM communities have sovereignty over their own data and knowledge (FNIGC, n.d.). Rigney (1999) outlines how research that has silenced Indigenous voices and lived experience of colonization has caused problematic knowledge production and translation practices that harm Indigenous wellness (much like Waldram [2004] described). Instead, Rigney (1999) proposes research incorporate three fundamental principles - 1) resistance as the emancipatory imperative, 2) political integrity, and 3) privileging Indigenous voices. These key principles also provide a foundation for incorporating Indigenous teaching approaches and privileging Indigenous voices in the classroom.

To ethically incorporate Indigenous teaching approaches and knowledge, instructors must build relationships and campus-community partnerships with local Indigenous communities and organizations (Sherwood, 2010). Rigney (1999) and Sherwood (2010) suggest that Indigenous voices and perspectives are crucial to teaching and learning Indigenous cultural safety. The suggestions offered below outline ways that Indigenous voices can be privileged in the classroom:

- Present direct perspective of FNIM peoples in every class whether through guest lecturers, podcasts, videos, peer-reviewed or grey literature (etc.)
- Seek local FNIM peoples’ direct input into curriculum content and design
- Appropriately apply FNIM teaching and learning approaches
- Holding up Indigenous students’ perspectives in the classroom. The goal is to interrupt racism in the classroom, support Indigenous learners’ voices, and develop non-Indigenous student capacity to take responsibility for the colonial status quo. Critical
dialogue about racism, colonialism, power, and privilege should not be more palatable for non-Indigenous students by simply focusing on culture because this ignores the connection between racism and wholistic wellbeing (Churchill et al., 2017).

Cultural interface and critical thinking

Indigenous cultural safety calls on instructors to move away from positioning Indigenous content in binary opposition to Western knowledge and views (e.g., collectivist versus individualist; nuclear families versus extended families; wholistic versus scientific) (Nakata et al., 2012). Such simplified concepts of culture serve to essentialize Indigenous cultures, reinforcing existing stereotypes (Waldrum, 2004; Racher & Anis, 2007; IPAC-RCSPC, 2009; Baskin, 2016). Instead, instructors must help build students’ capacity to handle complexity and nuance by moving into an ‘intercultural space’ and building critical thinking (Carnes, 2014; Nakata et al., 2012). Critical thinking allows students to move into the intercultural interface by posing questions, critiquing knowledge presented, and processing the complexity of Indigenous content (Nakata et al., 2012). To facilitate the process of critical thinking, instructors may use the following strategies:

- Encourage students to ‘suspend’ presuppositions or foregone conclusions.
- Encourage students to take a position, explore their thoughts, and to articulate complex perspectives.
- Foster students’ capacity to sit with discomfort by understanding that many complex topics do not have quick, simple answers.

Yunkaporta’s Eight Ways of Learning
Developed by Yunkaporta (2009), the ‘Eight Ways of Learning Model’ offers instructors a framework to guide dialogue with Indigenous Peoples about the curriculum and shape the teaching and learning process. The Department of Health (2015) recommends this framework because of its effectiveness in supporting instructor engagement with local Indigenous contexts to teach through Indigenous processes and protocols, as shown in Table 3.3. (Yunkaporta, 2009; Tose & Quinan, 2019).

Table 3.3 - Yunkaporta’s Eight Ways of Learning Model and Description for Yarning Practice

<table>
<thead>
<tr>
<th>8 Ways of Learning</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Story sharing</td>
<td>Learning through narrative</td>
</tr>
<tr>
<td>Learning maps</td>
<td>Planning and visualizing explicit processes</td>
</tr>
<tr>
<td>Non-verbal</td>
<td>Working non-verbally with self-reflective, hands-on methods</td>
</tr>
<tr>
<td>Symbols and images</td>
<td>Learning through images, symbols, and metaphors</td>
</tr>
<tr>
<td>Land links</td>
<td>Learning through place-responsive, environmental practice</td>
</tr>
<tr>
<td>Non-linear</td>
<td>Using indirect, innovative, and interdisciplinary approaches</td>
</tr>
<tr>
<td>Deconstruct/reconstruct</td>
<td>Modelling/scaffolding by working from wholes to parts</td>
</tr>
<tr>
<td>Community links</td>
<td>Connecting learning to local values, needs and knowledge.</td>
</tr>
</tbody>
</table>

Yarning draws on Indigenous oral traditions for knowledge exchange and relationship building. In the classroom, yarning supports a conversational, interactive, and mutual learning environment that replaces didactic teaching methods with a more relationship-oriented space. Bessarab and Ng’andu (2010) describe yarning as an Indigenous teaching and learning approach whereby knowledge exchange occurs in an informal and unstructured way through storytelling.
As opposed to having a defined beginning, middle, and end, yarning entails a weaving through content (Bessarab & Ng’andu, 2010). A critical element of yarning also includes locating content in the storyteller’s life. Yarning within the classroom allows students to develop the ability to be more comfortable with this style of communication, allowing them to work with Indigenous clients in a more culturally safe way.

White privilege

As mentioned previously, Indigenous cultural safety locates Indigenous health experiences in the historical and contemporary colonial context. Instructors must address the inequitable power relations through curriculum content, structure, and delivery by actively shifting social relations within the classroom. It is crucial to engage/confront racism in the classroom to support Indigenous student healing, non-Indigenous transformative learning, and promote relationship-building across racial lines. This section will focus on the work required of non-Indigenous instructors and students to emphasize that the instructor accepts their responsibility and supports students’ responsibility for mediating racism.

‘White privilege’ is a way to discuss how race benefits white people (DiAngelo, 2018). In the classroom, instructors support students to critique the discourses that uphold social structures and power differentials assumed to be normal (DiAngelo, 2018). Deconstructing white privilege helps students build skills to actively reflect on power and privilege in society (Nicols, 2004). Exploring white privilege through curriculum also helps create space for social action in the classroom (Hook, 2012).

To effectively engage in Courageous Conversation about Race, Fiahlo (2013) discusses using the following strategies:
• Offer alternative narratives/viewpoints to the dominant white version of history and knowledge.

• Help/encourage/challenge students to be curious about their racial biases with their peers. What are students subconsciously thinking about each other without realizing it?

• Help/encourage/challenge students to explore their subconscious privilege through their own experiences of course content and delivery. How is white privilege shaping learning rights?

• The instructor may reflect on/share how they subconsciously differentially treat certain students based on stereotypes they hold about students’ behaviour, beliefs, and responses.

• Confront/investigate classroom dynamics related to the question, “Why is there a specialized course on Indigenous cultural safety?” ‘Question assumptions about the outcomes of positive discrimination.’”

• Provide concrete strategies to question/shift biases (Baskin, 2016; Churchill et al., 2017). Confidence/capacity-building provides the knowledge, skills, and abilities to empower students to unlearn oppression and advocate for social justice (Czyzewski, 2011). For example, critical self-reflection and reflexivity are teachable skills that are key to interrogate counsellor privilege, power differentials, and unpack experiences, thoughts, prejudices, and biases to understand how they impact counsellor practice (NAHO, 2008; Koptie, 2009; Lavallee et al., 2009; HCC, 2012; Wabano, 2014; Allan & Smylie, 2015; Bourassa, 2016; Browne et al., 2016; IWG, 2016; Milne et al., 2016; Masinde, 2017).
• Provide resources within and beyond the classroom (Churchill et al., 2017). Resources may include Indigenous authored readings (both scholarly and grey literature published through Indigenous-led organizations), webinars, Indigenous community websites (Joseph & Joseph, 2019). Appropriate resources are critical to ensuring that settlers take responsibility for educating themselves rather than relying on Indigenous People to shoulder the responsibility of risking invalidation and retaliation as they share their experiences of racism (Cote-Meek, 2014; DiAngelo, 2018; Joseph & Joseph, 2019).

Discomfort as a transformative teaching and learning strategy

Difficult knowledge must be disruptive enough to evoke the discomfort necessary to break students’ desensitization, provoke self-doubt (i.e., a period of disorientation according to Mezirow [2000] and Apte [2009]), and then move students to explore ways to work in solidarity with Indigenous communities (Britzman & Dippo, 2000). Instructors must strike a careful balance between acknowledging negative emotional responses from non-Indigenous students enough to avoid them disengaging from course content without shifting focus to processing settler emotions (Churchill et al., 2017). Confronting racism in the classroom means challenging resistance from non-Indigenous students while also supporting them to work through their discomfort (Czyzewski, 2011; Churchill et al., 2017). Resistance comes up when instructors disrupt - 1) white solidarity by breaking the silence around the privileges that white people enjoy, and 2) white innocence by acknowledging that white is also a race (DiAngelo, 2018).

Resistance may also reflect a period of disorientation or a retreat to previously held assumptions, a sign of a transformative learning process (Apte, 2009). Once instructors connect that white is a race that affords certain privileges, they must be prepared to manage resistance from non-Indigenous students, expressed through denial (of trauma and/or personal
responsibility), defensiveness, resentment, and desensitization (Zembylas, 2008; Cote-Meek, 2014). DiAngelo (2018) attributes these reactions to white fragility or a limited tolerance for racial stress that triggers a range of emotions (such as anger, fear, guilt) and behaviours (including argumentation, silence, and avoidance of the stressful situation). Instructors should account for the potential for these types of reactions in their teaching practice. Instructors must also be prepared to handle the risks of breaking white solidarity, such as being blamed for being politically correct, being perceived as angry, humourless, confrontational, or “too political” for career promotion (DiAngelo, 2018).

Discomfort is an opportunity for transformative teaching and learning (Boler, 1999; Mezirow, 2000). The instructor’s role is to acknowledge the discomfort, help students process that discomfort through critical dialogue, and mobilize students to collective action. Moving students through their discomfort requires developing confidence/capacity and cultural safety to confront racism and foster positive relationships between students. According to Boler (1999), the following strategies channel discomfort:

- Support students to see the ‘self’ in context
- Help students understand that discomfort offers individual and collective learning opportunities
- Differentiate between witnessing history and current uncomfortable truths
- Avoid falling into binary traps of teaching and learning (e.g., innocence/guilt, right/wrong)
- Support students to learn to tolerate ambiguity
- Acknowledge stereotypes/biases are normal (Churchill et al., 2017). Contextualizing
stereotypes/biases resulting from Canada’s narrative about Indigenous Peoples can help students understand where false beliefs originate. Instructors may also discuss how the process of transformative learning is iterative, so there will be times where students may retreat to previously held beliefs (Apte, 2009).

- Situate ourselves both as privileged and oppressed (Curry-Stevens, 2007). This unites all students by sharing common experiences of injustice, affirms that this is a human experience, and builds a foundation of empathy for others (Curry-Stevens, 2007). From here, instructors can take a nuanced approach to social identities to understand how “no one is off the hook since we can all claim to stand as an oppressor and oppressed in relation to someone else” (Razack, 1998, p.47). Sinclair (2009) and Czyzewski (2011) add nuance to the non-Indigenous student group by implicating newcomers and established settlers in acknowledging that all are complicit in colonialism because they are benefitting from land and resources removed from Indigenous Peoples.

- Reframe discomfort and cognitive dissonance as a normal and necessary process of unlearning (Mezirow 2000; Czyzewski, 2011; Fernando & Bennett, 2019). It might also be important to remind students that these feelings are temporary as you move along your learning journey.

*Strengths-based learning*

Incorporating a strengths-/resilience-based focus in learning is critical to Indigenous cultural safety. A strengths-based focus presents a counternarrative to the oversaturated, deficit-based narratives of Indigenous health, which are inherently disempowering. Strengths-based teaching and learning approaches recognize – 1) individual abilities, knowledge, and capacities, 2) available community resources, 3) the human capacity to learn, grow, and change and 4) the
importance of holding positive expectations of students (Australian Government, 2013; Dunleavy, 2013). It also recognizes the role of the individual’s environment in shaping their experience and values their resilience (Saint-Jacques, Turcotte & Pouloït, 2009; Grant & Cadell, 2009). Though it is important to provide evidence-based knowledge of health disparities impacting FNIM individuals and communities, comparing Indigenous to non-Indigenous health statistics fails to provide solutions or positive future-oriented conversations (Brascoupe & Waters, 2009). A strengths-focused orientation can be achieved by:

- Discussing pre-contact health of FNIM peoples
- Focusing on strengths/resilience of FNIM peoples by providing both historical and current examples of successful community-based health interventions, positive strengths, and healing
- Identifying the wealth of resources available within FNIM communities
- Explicitly linking Indigenous self-determination and self-governance to positive health and social outcomes
- Asking students to critically reflect on their responses to applying a strengths-based approach to their counselling practice
- Presenting effective strengths-based approaches for positive health and social outcomes
- Developing the ability to focus on strengths in the Indigenous counselling context

**Teaching and learning for social change**

An effective, culturally safe system requires leaders who support and advocate for trauma-informed, culturally safe practice (Poole et al., 2016). Leadership has a direct
relationship and impact on the mental health system and institutional or organizational culture. This means that through teaching and demonstrating advocacy, instructors impart those leadership skills to counselling students who eventually enter the counselling field.

The *Teaching for Change: Engaging in Transformative Education* project offers instructors practical resources and strategies to incorporate Indigenous content and pedagogies in the curriculum. This project originally emerged from the PEARL project, which sought to overcome problem-based learning (Boler, 2004) by cultivating transformative teaching and learning environments that support the potential for change. Table 3.4 provides a framework for developing learning spaces that facilitates an educational process aimed to effect social change (Department of Health, 2015).

Table 3.4 - PEARL is an acronym for transformative educational practice

<table>
<thead>
<tr>
<th>What</th>
<th>How</th>
</tr>
</thead>
</table>
| P – Performative, Political, Process, Place-based | - Bringing experiences, knowledge and practice into the classroom  
- Reflecting and responding to the ‘agency’ in the classroom  
- Instructors who embody learning outcomes and acknowledge the political nature of the process of learning |
| E – Embodied, Experiential, Explorative, Engaged, Emotion, Empathy, Experience | - Holistic and collaborative exploration of material that engages mind, body, and emotion in empathetic dialogue |
| A – Active, Anti-racist, Anti-colonial | - Theoretical importance placed on anti-racist, anti-colonial discourses with a focus on shifting students from reflection to action through agency and awareness |
**R – Relational, Reflective, Reflexive**

- Reflection on specific structured learning activities to transform student experiences into knowledge and deeper wisdom, which they apply to their personal and professional lives.

**L – Lifelong learning**

- Learning for life, for change, for empowerment, for hope, for knowledge, to lead, to let go of assumptions, to emancipate.

**Creating a safe, relationship orientated learning space**

A culturally safe learning environment allows all students to “feel their unique cultural background is respected and they are free to be themselves without being judged, put on the spot or asked to speak for all members of their group. Unequal power relations are openly discussed and challenged in a manner that does not make learners feel that they (or groups they belong to) are being put down” (Antoine, Mason, Mason, Palahicky, Rodriguez de France, 2018). Asmar (2012) identified the importance of and strategies for developing safe, relational teaching and learning spaces, as presented in Table 3.5. I have adapted Table 3.5 from the Department of Health (2015).
Table 3.5 – Strategies for Developing Safe, Relational Teaching and Learning Spaces (Asmar, 2012)

<table>
<thead>
<tr>
<th>Goal</th>
<th>Description</th>
<th>Practical Strategies</th>
</tr>
</thead>
</table>
| - Build trust and respect  
- Understand, anticipate, and allay fears | Several students experience fear entering learning spaces where they feel uneducated or out of place. Given the colonial context in Canada, this is a common experience. Resistance to these topics is also common, as are negative assumptions and stereotypical attitudes. | - Create an environment where students feel safe to speak – all perspectives and experiences provide relevant starting points for reflection and discussion.  
- Create an environment that both addresses and demonstrates physical and emotional spaces that feel familiar and allow students to feel welcomed, warm and comfortable (HCC, 2012; Wabano, 2014; Pauly et al., 2015; Browne et al., 2016).  
- Invite questions  
- Use humour  
- Discuss the silencing felt as a result of a climate of political correctness and explore freedom to make mistakes  
- Shift chair and table layouts from rows to circles (Weenie 1998; Cote-Meek, 2014)  
- Avoid hierarchical teaching approaches (Health Council of Canada [HCC], 2012; Wabano, 2014; Cote-Meek, 2014; Pauly et al., 2015)  
- Favour yarning and conversational approaches, rather than didactic approaches.  
- Develop terms of reference for respectful engagement from the outset of the course. |
| Build inclusive learning | A major barrier to building relationships in the classroom is polarizing that can occur if the course presents content in a binary way. | - First, focus on similarities across cultures before exploring differences.  
- Discuss outcomes of binary thinking by asking students to reflect on ‘exceptions to the norm’ in their own cultural contexts (present some |
| Negotiate emotional reactions and maintain relationships | Emotional reactions and responses are common and normal as students engage with Indigenous cultural safety content. For example, emotions may include anger, guilt, sadness, or disenchantment. Emotions are part of the learning journey, and how instructors handle their expression in the classroom may be critical to instructors developing and maintaining safe, relational learning environments. | - Normalize emotional discomfort and frame it as a positive part of the learning journey  
- Allow for diversity – understand that knowledge is not going be consumed the same way by different students, given their context and background  
- Establish a network of colleagues to debrief in so instructors can return to the classroom following expression of intense emotions without internalizing them  
- Acknowledge all views as legitimate with empathy (e.g., “I can see where you are coming from”) and bring contentious views back to the whole classroom to think about rather than being the only one that needs to respond. |
| Utilize personal experiences- both instructors and students | Personal backgrounds of both instructors and educators provide both powerful teachable moments and opportunities to build relationships | - Share personal stories of learning, challenge, inexperience because they provide points of connection  
- Provide opportunities for students to share their own personal stories – both directly and relatively to the field and those that offer parallels (e.g., migrant experiences). |
| Demonstrate to student’s openness to reflecting, learning, and changing as an educator | Developing reflexive abilities in students is a crucial learning outcome. It is also critical for instructors to model and be open to learning and change in their own roles. | - Suspend judgment – there is always a story that motivates the students’ behaviour and words.  
- Volunteer personal learning experiences that have led to change.  
- Ask students to share their own learning experiences with each other. |
Learning through Experience

The importance of experiential and observational aspects of teaching and learning has been acknowledged and incorporated in other healthcare professional education programs (e.g., see Innulitsivik [Yeung, 2016]). Experiential/observational learning approaches may include simulation, clinical placements, and community immersion and engagement. Such learning opportunities are consistent with the TET framework, emphasizing that the most powerful learning opportunity is interacting and developing relationships with FNIM peoples (Department of Health, 2015).
3.5.3.2 The Process of Learning Indigenous Cultural Safety

To learn and practice cultural safety, students must attain the five cultural capabilities outlined in Table 3.6. Each cultural capability requires students to progress through three stages of learning (Novice, Intermediate, and Entry-to-practice). The topics within each stage are critical because both Indigenous and non-Indigenous students enter postsecondary classrooms without basic knowledge and information about Indigenous Peoples and topics (LaRocque, 2002; Department of Health, 2015). The following provides a detailed explanation of each cultural capability and its corresponding key descriptors. By engaging with these topics, instructors invite students to connect contemporary Indigenous health experiences with issues of power, privilege, equity, settler colonialism, race and racism, and other structural factors (Churchill et al., 2017).

Table 3.6 - Summary Table of Cultural Capabilities for Indigenous Cultural Safety

<table>
<thead>
<tr>
<th>Cultural Capabilities</th>
<th>Key Descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Respect</td>
<td>- Historical Context</td>
</tr>
<tr>
<td></td>
<td>- Cultural Knowledge</td>
</tr>
<tr>
<td></td>
<td>- Diversity</td>
</tr>
<tr>
<td></td>
<td>- Humility/Lifelong learning</td>
</tr>
<tr>
<td>2 – Communication</td>
<td>- Culturally Safe Communication</td>
</tr>
<tr>
<td></td>
<td>- Partnerships</td>
</tr>
<tr>
<td>3 - Safety/Quality</td>
<td>- Clinical presentation</td>
</tr>
<tr>
<td></td>
<td>- Population Health</td>
</tr>
</tbody>
</table>
To cultivate a culturally safe practice, students must graduate from their programs with the ability to show respect, communicate, recognize safety/quality, practice reflection/reflexivity, and engage in advocacy (Hart-Wasekeesikaw & Gregory, 2009; Department of Health, 2015). Respect requires that students understand historical context, cultural knowledge, diversity, and engage in humility/lifelong learning (Hart-Wasekeesikaw & Gregory, 2009; Department of Health, 2015). Communication requires that students engage in culturally safe communication and build partnerships (Hart-Wasekeesikaw & Gregory, 2009; Department of Health, 2015). Safety and quality allow students to recognize culturally relevant best practices in clinical presentation together with FNIM demographic and health statistics (Hart-Wasekeesikaw & Gregory, 2009; Department of Health, 2015). Reflection and reflexivity require students to understand themselves as a cultural being in the context of racism and white privilege (Hart-Wasekeesikaw & Gregory, 2009; Department of Health, 2015). It also requires that students cultivate the social and emotional capacity to shift and process difficult emotions that arise from raising critical consciousness (DiAngelo, 2018; Magee, 2019). Advocacy builds students’ ability to promote equitable support while also demonstrating leadership in social change (Hart-Wasekeesikaw & Gregory, 2009; Department of Health, 2015).
STUDENT LEARNING

*Cultural Capability 1 - Respect*

Respect is a core tenet of cultural safety, calling for students to - i) recognize Indigenous ways of knowing, being, and doing in the context of history, culture, and diversity and ii) to value, affirm and protect these factors through ongoing learning in counselling practice (Department of Health, 2015). Students demonstrate respect by understanding the historical context of Indigenous mental health, having cultural knowledge, recognizing the diversity of Indigenous Nations, and demonstrating humility and lifelong learning.

**Knowledge of Historical Context**

To learn and practice cultural safety, students must develop their contextual knowledge of Indigenous mental health. Building contextual, historical knowledge shifts students’ worldview, epistemology, and cognitive capacity through a deeper, more critical understanding of the impact of history and colonization on Indigenous mental health (Department of Health, 2015). This portion of the curriculum would develop cultural awareness by covering Indigenous identity, history, and context (Wabano, 2014). A strong critical social theoretical foundation would inform what the course content covers. A critical social theoretical foundation situates Indigenous health in the context of social, political, and economic impacts of colonialism on people’s experiences (Ramsden, 2002; Wabano, 2014; Hole et al., 2015; Pauly et al., 2015; Baskin, 2016; Bourassa, 2016; Browne et al., 2016; Yeung, 2016; Masinde, 2017). Therefore, a cultural safety educational framework should emphasize history together with the political, social, economic, and
environmental context of Indigenous Peoples (Brascoupé & Waters, 2009; Darroch et al., 2016). A cultural safety curriculum allows students to progress through the following stages to achieve knowledge of context.

<table>
<thead>
<tr>
<th>Novice</th>
<th>Intermediate</th>
<th>Entry-to-practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Describe the health of FNIM people pre-colonization and identify key events since colonization that has impacted contemporary health experiences.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Develop knowledge of residential schools, the Sixties Scoop, social determinants of health (including ecological/environmental health), the Indian Act, colonial policy, and church involvement (NAHO, 2008; Wabano, 2014; Bourassa, 2016).</td>
<td>Analyze the impact of historical events on FNIM health and support access and understand the implications of these events on building trust and relationships with individuals, families, and communities in counselling practice.</td>
<td>Students develop strategies for providing the support that builds trust and relationships with FNIM individuals, families, and communities (Department of Health, 2015).</td>
</tr>
</tbody>
</table>

These topics are critical because both Indigenous and non-Indigenous students enter postsecondary classrooms without basic knowledge and information about Indigenous Peoples and issues (LaRoque, 2002). By discussing this history, students connect contemporary Indigenous health experiences with issues of power, privilege, equity, settler colonialism, race and racism, and other structural factors (Churchill et al., 2017).
Cultural Knowledge

The classroom presents an opportunity for students to encounter other ways of knowing, shifting their worldview, sense of self, and epistemology. Counselling students must have knowledge of Indigenous history, culture, values, and social practices and respect for how these aspects may influence health practice (Department of Health, 2015). Counselling students must describe, acknowledge, and value FNIM ontologies, epistemologies, and explanatory models as they relate to the health and healing of FNIM clients, families, and communities (Hart-Wasekeesikaw & Gregory, 2009). The efficacy of Indigenous healing modalities requires attention given their widely documented efficacy in a variety of health contexts (i.e., land-based healing [e.g., Dobson & Brazzoni, 2016], language restoration, [e.g., Taff, Chee, Hall, Hall, Martin, & Johnston, 2018], [etc.]). Counsellors must be attentive to cultural orientation and act as a bridge between traditional, non-traditional healing practices and Western counselling approaches, as appropriate. A cultural safety curriculum would progress students’ cultural knowledge through the following stages.

<table>
<thead>
<tr>
<th>Novice</th>
<th>Intermediate</th>
<th>Entry-to-practice</th>
</tr>
</thead>
</table>
| Describe FNIM culture from pre-colonization to present | - Examine FNIM key concepts of health and wellbeing including the influence of culture, family, and connection to land in health practice  
- Learn to identify a variety of healing and wellness practices, traditional and non-traditional present in local FNIM communities and how they relate to Indigenous concepts of wellbeing (Hart-Wasekeesikaw & Gregory, 2009). | Design strategies to incorporate knowledge of Indigenous culture and concepts of health and wellbeing into counselling practice to enhance cultural safety. |
Diversity

To counteract the colonial narratives that homogenize Indigenous Peoples, students must recognize that FNIM nations and communities are culturally, linguistically, and historically diverse. Community, familial, and client lived experiences reflect this diversity, and their health knowledge and practices (Hart-Wasekeesikaw & Gregory, 2009). A cultural safety curriculum would move students through the following stages of learning about diversity.

<table>
<thead>
<tr>
<th>Novice</th>
<th>Intermediate</th>
<th>Entry-to-practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be able to describe the diversity of Indigenous cultures and languages through examples</td>
<td>Examine key elements attributed to cultural beliefs and practices within the local context (e.g., kinship, reciprocity)</td>
<td>Design strategies for delivering culturally safe health care with respect to individual cultural and linguistic diversity. This may include identifying specific clients who may require trained interpreters (Hart-Wasekeesikaw &amp; Gregory, 2009).</td>
</tr>
</tbody>
</table>

Humility and Lifelong Learning

Culturally safe practice includes cultural humility, which positions oneself as a learner when trying to understand another person’s experience, requiring an acknowledgment of a lifelong learning process and willingness to be self-reflexive (Tervalon & Murray-Garcia, 1998; Foronda et al., 2016). Humility is critical to shifting power dynamics in the therapeutic relationship, allowing counsellors to recognize clients as the expert of their own lived experience. Students use lifelong learning skills to develop cultural
capabilities and acknowledge their limitations to meaningfully understand FNIM cultures and lived experiences (Hart-Wasekeesikaw & Gregory, 2009; Department of Health, 2015). The following stages of learning develop humility, and lifelong learning.

| Novice                                    | Intermediate                                      | Entry-to-practice
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Articulate the concept of cultural humility as a lifelong learning process.</td>
<td>Demonstrate cultural humility through behaviours and values required to engage in lifelong learning.</td>
<td>Design professional strategies that facilitate continuous learning and development of cultural capabilities in counselling practice.</td>
</tr>
</tbody>
</table>

**Cultural Capability 2 - Communication**

The Communication portion of the curriculum shifts the students’ ontological experience by shifting behaviour through professional practices and skills and building students’ capacity. Students learn to engage in culturally relevant, safe, and sensitive communication that facilitates trust and builds respectful relationships with FNIM communities (Department of Health, 2015).

**Culturally Safe Communication**

To engage in culturally safe communication, students must recognize the role of language and appropriate verbal and non-verbal cues, strengths-based communication, and applied knowledge of culturally safe support (Department of Health, 2015). The
cultural safety curriculum develops and applies the skills to create positive interactions. The focus then becomes developing quality of action in part by fostering sustainable trusting relationships (Wabano, 2014). Given the widespread mistrust of non-Indigenous professionals, systems, institutions, and government, building trust becomes an integral part of culturally safe care (Brascoupe & Waters, 2009; HCC, 2012; Wabano, 2014; Pauly et al., 2015; Browne et al., 2016). This calls for violence and trauma-informed care (Wabano, 2014; Allan & Smylie, 2015; Pauly et al., 2015; Browne et al., 2016; IWG, 2016). Therefore, this portion of the curriculum would teach how to work with fear and mistrust to promote empathy, growth, understanding, and support (NAHO, 2008; Koptie, 2009; Lavallee et al., 2009; HCC, 2012; Wabano, 2014; Allan & Smylie, 2015; Bourassa, 2016; Browne et al., 2016; IWG, 2016; Milne et al., 2016; Masinde, 2017). Since communication skills are key, the curriculum would optimize verbal/non-verbal cues, so counsellors understand when to speak, listen, use silence, and ask open-ended questions (Lavallee et al., 2009; Wabano, 2014; Bourassa, 206). Language is an important part of communication both in terms of providing support in the client’s preferred language (Hart-Wasekeesikaw & Gregory, 2009; HCC, 2012; Wilson, 2013; Wabano, 2014; Browne et al., 2016) and in using non-stigmatizing language (Lavallee et al., 2009; Koptie, 2009; HCC, 2012; Pauly et al., 2015; Browne et al., 2016; Darroch et al., 2017). The following stages would develop students’ culturally safe communication skills.

<table>
<thead>
<tr>
<th>Novice</th>
<th>Intermediate</th>
<th>Entry-to-practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the impact of effective verbal/nonverbal communication and</td>
<td>Analyze differences between own verbal/non-verbal communication styles and</td>
<td>Incorporate knowledge and skills of culturally safe communication when</td>
</tr>
<tr>
<td>miscommunication and how this connects with health outcomes.</td>
<td>FNIM clients and implications for support.</td>
<td>interacting with FNIM people and families.</td>
</tr>
<tr>
<td>Identify key terms and definitions in a counselling context.</td>
<td>Analyze the strengths and limitations of key terms and definitions in counselling context.</td>
<td>Propose examples for applying key terms and definitions in the counselling context.</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Describe the concept of strengths-based knowledge and communication and how strengths-based knowledge balances deficit-based perspectives of FNIM peoples.</td>
<td>Analyze how strengths-based communication includes knowledge of improvements in FNIM mortality/morbidity.</td>
<td>Formulate strategies for incorporating a strengths-based communication approach into support with FNIM clients.</td>
</tr>
<tr>
<td>Describe the diversity of FNIM cultures and languages.</td>
<td>Examine key elements attributed to cultural beliefs and practices within the local context (e.g., kinship, reciprocity).</td>
<td>Design strategies to deliver culturally safe support with respect to individual, cultural and linguistic diversity.</td>
</tr>
</tbody>
</table>

**Partnerships**

Culturally safe communication facilitates relationship building. This portion of the curriculum requires that counsellors recognize the importance of relationships by building partnerships with and between FNIM counsellors, organizations, and communities. Having access to a network of partnerships is crucial for counsellors to be able to bridge support that extends beyond the reach of their knowledge (as mentioned in Humility). A cultural safety curriculum would provide students with resources to build partnerships, transform relationships, build coalitions between immigrant and Indigenous Peoples, support appropriate referrals and offer support to counsellors (Thobani, 2007; Czyzyewsi, 2011; Wabano, 2014). The curriculum develops knowledge of partnerships
and relationship-building through the following stages.

<table>
<thead>
<tr>
<th>Novice</th>
<th>Intermediate</th>
<th>Entry-to-practice</th>
</tr>
</thead>
</table>
| Describe historical FNIM health sector initiatives, including community-controlled health services, and the role of FNIM counsellors. | Analyze the contemporary role of FNIM counsellors, organizations, and communities in providing culturally safe support to FNIM clients. | - Establish strategies to work in partnership with FNIM contacts (e.g., healers or traditional medicine people), counsellors, organizations, and communities  
- Develop a plan for how to respectfully acquire cultural information (Hart-Wasekeesikaw & Gregory, 2009; Department of Health, 2015). |

*Cultural Capability 3 - Safety and Quality*

Chapter 2 unpacks the foundation of the Western counselling paradigm, which rests on Western anthropological conceptualizations of Indigenous cultures, and a Western biomedical definition of health, reinforcing colonial oppression through diagnosis and treatment processes. Population health data collection, management, and analysis are similarly problematic, calling into question their relevance to Indigenous communities (Smylie et al., 2012). For this reason, Hart-Wasekeesikaw and Gregory (2009) and the Department of Health (2015) emphasize the importance of developing students’ ability to evaluate and apply evidence and strengths-based best practices and knowledge to FNIM counselling support. The cultural safety curriculum helps students to develop knowledge and application of clinical presentation and population health information to ensure safe and quality counselling support.
Understanding Clinical Presentation

Students apply knowledge of culturally relevant best practices in clinical presentation for FNIM people in a counselling context. The cultural safety curriculum would progress students’ learning through the following phases.

<table>
<thead>
<tr>
<th>Novice</th>
<th>Intermediate</th>
<th>Entry-to-practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify issues in diagnosing, treating, and preventing mental illness in FNIM clients.</td>
<td>Research prevalent mental health conditions in the community and analyze implications for FNIM client support.</td>
<td>- Applying local population health data in diagnostic thinking and develop strategies for community-wide approaches to prevention and harm reduction. - Practice culturally relevant counselling that complies with local priorities (Anderson et al., 2006)</td>
</tr>
</tbody>
</table>

Population Health

Knowledge of population health includes applying knowledge of FNIM demographic and health statistics, features of effective policies and strategies relevant to FNIM people in counselling context (Department of Health, 2015). Current measures of FNIM demographic and health statistics are problematic because they – 1) are based on deficit-based, a Western biomedical definition of health, which means mainstream measures of health indicators are not meaningful to Indigenous conceptualizations of wellness (Richmond et al., 2007), 2) serve to compare Indigenous communities with non-Indigenous wellness without providing social actions to address health disparities (Department of Health, 2015), and 3) fail to represent local priorities or culturally relevant indicators of wellness in Indigenous communities (Anderson et al., 2006). As the first national health survey carried by and for First Nations and
Inuit people, the First Nations Regional Health Survey (FNRHS) may be one starting point for First Nations and Inuit demographic and health information. However, it is important to remember to keep in mind that there are gaps in this information (First Nations Information Governance Centre [FNIGC], 2018). For a better understanding of population health information, the curriculum would progress students’ learning through the following phases.

<table>
<thead>
<tr>
<th>Novice</th>
<th>Intermediate</th>
<th>Entry-to-practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Identify current demographic health indicators and statistical trends for FNIM People over time (Dept of Health, 2015).</td>
<td>Analyze the strengths and limitations of data used as key indicators of FNIM health and key policies and strategies designed to improve counselling support for FNIM peoples. (e.g., national health surveys exclude First Nations living on reserve and in Northern communities (Anderson et al., 2006; FNIGC, 2018).</td>
<td>- Establish key features of successful FNIM health surveillance and health policies and strategies for improving counselling support for FNIM peoples (Department of Health, 2015).</td>
</tr>
<tr>
<td>- Understand that comparison between Indigenous and non-Indigenous wellbeing is not meaningful given the differences in worldviews, cultures, and experiences (Richmond et al., 2007)</td>
<td>- Establish key features of successful FNIM health surveillance and health policies and strategies for improving counselling support for FNIM peoples (Department of Health, 2015).</td>
<td>- Engage in effective strategies to respectfully share and promote health information with FNIM clients, families, and communities. (Hart-Wasekeesikaw &amp; Gregory, 2009).</td>
</tr>
<tr>
<td>- Identify a localized understanding of wellness based on history, resources, culture, experience of the community engaged.</td>
<td>- Engage in effective strategies to respectfully share and promote health information with FNIM clients, families, and communities. (Hart-Wasekeesikaw &amp; Gregory, 2009).</td>
<td></td>
</tr>
</tbody>
</table>

*Cultural Capability 4 - Reflection and Reflexivity*

Reflexive Antiracism recognizes the counsellor as a cultural being, requiring students to examine their own experience of race
and develop their racial identity through knowledge of cross-cultural interactions (Gushue & Carter, 2000). Students must examine and reflect on how their own culture and dominant cultural paradigms influence perceptions of and interactions with FNIM people (Department of Health, 2015). This learning process can evoke many emotions that must be acknowledged and processed as part of the reflexive process (Hart-Wasekeesikaw & Gregory 2009; DiAngelo, 2018).

Reflection is an individualistic process of thinking (Parsons, 2013; Tanaka, Nicholson, & Farish, 2013). Meanwhile, reflexivity is a more dynamic and continuing self-awareness that is inherently relational, embodied, and emotional (Parsons, 2016; Burkitt, 2012; Tanaka et al., 2013). I have added Reflexivity to Cultural Capability 4 because reflexivity addresses – 1) the potential for negative emotions and essentialism often evoked in most iterations of diversity, antiracism training models (Kowal et al., 2013), and 2) implicates the counsellor’s identity in the therapeutic encounter (Koptie, 2009; Lavallee et al., 2009; HCC, 2012; Wabano, 2014; Bourassa, 2016; Milne et al., 2016; Yeung, 2016; CAPWHN, 2017; Masinde, 2017). This cultural capability addresses students’ identity formation process, asking students to examine their identity in relation to healthcare, racism, white privilege, and their emotions. A cultural safety curriculum moves students through the six-dynamic cognitive, emotional, and behavioural stages of Helms’ (1990) White Racial Identity development (known as ego statuses). The two phases that divide these six statuses include – 1) rejection of racism and 2) the development of a positive white racial identity (Helms, 1990). Phase 1 statuses include contact, disintegration, and reintegration. Phase 2 statuses are pseudo-independence, immersion-emersion, and autonomy (Helms, 1990). These statuses are constantly in flux, so students may identify with some aspects of different statuses, hold several statuses at once, or progress/regress between phases (Helms, 1990). For more detailed descriptions of each of these statuses, see Table 3.7.
Understanding Cultural Self in the Healthcare System

This portion of the curriculum recognizes the influence of the students’ own cultural identity and the culture of the Canadian mental health system on perceptions of FNIM peoples (Department of Health, 2015). The cultural safety curriculum develops students learning through the following phases.

<table>
<thead>
<tr>
<th>Novice</th>
<th>Intermediate</th>
<th>Entry-to-practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examine their own worldview and values and describing the implications for their counselling practice.</td>
<td>Analyze the limitations of their own perspectives and reflect on the implications of their own worldview for providing culturally safe support to FNIM clients.</td>
<td>Design practical strategies to facilitate ongoing self-reflexive practice in a professional context (Department of Health, 2015).</td>
</tr>
<tr>
<td>Discuss Canada’s dominant Western cultural paradigm and how this shapes the contemporary mental health system.</td>
<td>Examine the culture of the counselling profession and analyzing the impacts of this professional culture and the broader mental health system on FNIM experiences in the system.</td>
<td>Develop strategies to mitigate the potential challenges of different cultural values and behaviours between FNIM clients and mainstream healthcare practice (Department of Health, 2015).</td>
</tr>
</tbody>
</table>

Racism

Students learn to evaluate different forms of racism and associated stereotypes that impact FNIM wellness and demonstrate practice free from racism (Department of Health, 2015). A cultural safety curriculum encourages students to progress through the
following stages.

<table>
<thead>
<tr>
<th>Novice</th>
<th>Intermediate</th>
<th>Entry-to-practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify different forms of racism and prevailing stereotypes about FNIM peoples, how they impact access to counselling services, and outcomes of FNIM wellness. (Hart-Wasekeesikaw &amp; Gregory, 2009; Department of Health, 2015)</td>
<td>Develop intrapersonal strategies to examine and monitor personal responses to cultural and social differences (Department of Health, 2015).</td>
<td>Generate strategies for incorporating anti-racist and affirmative action approaches to counselling practice (Department of Health, 2015).</td>
</tr>
</tbody>
</table>

**White Privilege**

Students must critique the privileges and advantages afforded to white Canadian society and understand the role of power relations in the inequitable distribution of privileges (Department of Health, 2015).

<table>
<thead>
<tr>
<th>Novice</th>
<th>Intermediate</th>
<th>Entry-to-practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss the concept of white privilege and other social privileges and how their affect the healthcare and health outcomes for FNIM clients.</td>
<td>Examine student’s own positioning with respect of white privilege and other social privileges.</td>
<td>Discuss the implications of white privilege and other social privileges on providing equitable counselling support to FNIM clients (Department of Health, 2015).</td>
</tr>
</tbody>
</table>
Processing Emotions

The process of unpacking racism and white privilege and understanding the self as a cultural being challenges students’ way of being through their affective experience of life. For this reason, I am building on Hart-Wasekeesikaw and Gregory (2009) and the Department of Health (2015) ‘Reflection’ cultural capability to include the capacity to process personal emotions (DiAngelo, 2018; Magee, 2019). From an emotional standpoint, the discomfort (TET) arising from discussions around racism and white privilege (Reflexive Antiracism) trigger transformative learning. In transformative learning, difficult knowledge must be disruptive enough to evoke the discomfort necessary to break students’ desensitization, provoke self-doubt (i.e., period of disorientation according to Mezirow (2000) and Apte (2009)) and then move students to explore ways to work in solidarity with Indigenous communities (Britzman & Dippo, 2000). The process of passing through Helms’ (1990) White Racial Identity Ego Statuses can evoke several accompanying emotions (see Table 3.7).
Table 3.7 - White Racial Identity Ego Status and Accompanying Emotions

<table>
<thead>
<tr>
<th>White Racial Identity Ego Status (Helms, 1990)</th>
<th>Description of Status</th>
<th>Accompanying Emotions (Siegal &amp; Carter, 2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase 1</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Contact                                     | - Limited awareness of racism (Kowal et al., 2013)  
- Denies impact of race to self, others, and the existence of racism (Siegel & Carter, 2014). Denial may mean denial of trauma and/or personal responsibility (Zemblays, 2008; Cote-Meek, 2014) | - Shyness over interracial contact  
- Naïve happiness over possible relationships with people of colour  
- Feeling of surprise resulting from beginning to acknowledge racism                                                                                                                                                                  |
| Disintegration                               | - Psychologically conflicted about personal beliefs of equality and reality of racism (Helms, 1990; Siegel & Carter, 2014)                                                                                                                          | - Unsettled, uncertain about racial position  
- Guilt over contradictory beliefs about being racist or not.  
- Feeling less confident about racial situations.                                                                                                                                                                                      |
| Reintegration                                | - Places responsibility of racism on people of colour (Kowal et al., 2013)  
- White people believe they are entitled to their place in society and that people of colour have earned their position based on their supposed ‘inferiorities’ (Helms 1990; Zembylas, 2008; Cote-Meek, 2014; Siegel & Carter, 2014). | - Anger and fear  
- Happiness and lack of sadness over struggles of people of colour.                                                                                                                                                                                                                         |
| **Phase 2**                                  |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                             |
| Pseudo-independence | - Tries to ‘help’ people of colour become more like white people (Kowal et al., 2013)  
- White people solely develop cognitive awareness of how racism is harmful to Whites and people of colour (Helms 1990; Siegel & Carter, 2014). | - Frustrated over trying to fit in with white and racialized people  
- Disappointed and unassured when neither group accepts them. |
|---------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Immersion-Emersion  | - Questions/understands what it means to be white and searches for a positive model of whiteness (Helms, 1990; Kowal et al., 2013; Siegel & Carter, 2014). | - Attentive and feel happy about learning from like-minded white people interested in divestment from racism  
- Guilt over own lingering racism  
- Sadness over witnessing racism |
| Autonomy            | - Pluralistic, flexible interpretation of racial information and definition of self as a racial being that does not depend on perceived superiority of one racial group over another (Helms, 1990; Kowal et al., 2013; Siegel & Carter, 2014) | - Satisfaction over realizing a resolute positive understanding of being white  
- Comfort, less fear, shyness, surprise over interracial contact  
- Anger over witnessing racism.  
- Begin to consider when and how to express emotions. Being present, supportive, compassionate can mean we shed quiet tears, take up less space and do not accept comfort (self-soothe) (DiAngelo, 2018). |
I draw on the works of several scholars to trace possible emotional responses that accompany Helms’ (1990) different ego statuses (DiAngelo, 2018; Barnett, 2017; Siegel & Carter, 2014; Carter, 1995; Helms, 1984, 1990, 1995; Helms & Cook, 1999; Thomspn & Carter, 1997). A cultural safety curriculum would meet students’ whatever stage they are at and support them in developing the capacity to process their emotional responses to racialized information about FNIM peoples.

<table>
<thead>
<tr>
<th>Novice</th>
<th>Intermediate</th>
<th>Entry-to-practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify, recognize, describe common emotional responses to racialized information about FNIM peoples.</td>
<td>Whiteness and analyze own emotional responses to racialized information about FNIM peoples</td>
<td>Develop personal strategies and resources to express and process emotional responses to racialized information about FNIM peoples with equanimity (self-care).</td>
</tr>
</tbody>
</table>

**Cultural Capability 5 - Advocacy**

As part of taking responsibility for cultural safety, students will learn to engage in advocacy. Students will learn to recognize that the whole mental health system is responsible for supporting FNIM wellbeing (Department of Health, 2015). They will also learn to advocate for equitable outcomes and social justice for FNIM people and actively contribute to social change (Department of Health, 2015).
**Equity and Human Rights**

Students must learn to promote equitable support services and acknowledge the principles of the United Nations Declaration on the Rights of Indigenous (UNDRIP) Peoples, Truth and Reconciliation Commission’s (TRC) recommendations, and other human rights instruments to support FNIM peoples to achieve equitable health outcomes (Department of Health, 2015). Students learn to act on their understanding of how colonization has adversely impacted basic human rights (e.g., adequate housing, employment, [Hart-Wasekeesikaw & Gregory, 2009]). A cultural safety curriculum helps students progress through the following learning stages.

<table>
<thead>
<tr>
<th>Novice</th>
<th>Intermediate</th>
<th>Entry-to-practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify factors that impact FNIM individuals, families, and communities having equal access to support services in the context of UNDRIP, TRC, or other human rights instruments.</td>
<td>Analyze the strengths and limitations in healthcare regarding UNDRIP, TRC, or other human rights instruments in terms of equity for FNIM peoples.</td>
<td>Develop strategies for mitigating inequity in support services for FNIM peoples, families, and communities.</td>
</tr>
<tr>
<td>Discuss the concepts of social determinants of health (SDOH) and impact on FNIM health and wellbeing.</td>
<td>Determine the strengths and challenges in providing support with respect to SDOH.</td>
<td>Create strategies for supporting FNIM clients from a SDOH perspective (Hart-Wasekeesikaw &amp; Gregory, 2009; Department of Health, 2015)</td>
</tr>
</tbody>
</table>

**Showing Leadership**

An effective trauma-informed, culturally safe system requires leaders who support and advocate for trauma-informed practice (Poole et al., 2016). Leadership has a direct relationship and impact on the mental health system and organizational culture. This
means that through teaching and demonstrating advocacy, instructors are imparting those leadership skills to counselling students who eventually enter the mental health field. By incorporating education at the system, agency, and team level, the organizational culture can change their recruitment/hiring practices and establish a collective decision-making model to increase Indigenous representation and reflect different experiences and ways of knowing (Poole et al., 2016). Likewise, building a trauma-informed lens into the system allows for more compassionate, strengths-based organizations that support capacity building in counsellors, clients, their families, and communities (Poole et al., 2016). The ability to advocate for equitable health outcomes and culturally safe support for FNIM clients characterizes leadership. It also requires resilience to manage resistance to change from others (Department of Health, 2015). A cultural safety curriculum helps students develop leadership by progressing their learning through the following stages.

<table>
<thead>
<tr>
<th>Novice</th>
<th>Intermediate</th>
<th>Entry-to-practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the role of individual leadership in effecting positive change within the health system and identifying key leadership capabilities.</td>
<td>Illustrate strategies to develop personal and professional leadership qualities, including resilience to work with possible health system challenges in delivering culturally safe support</td>
<td>Advocate for equitable support for FNIM clients (Department of Health, 2015).</td>
</tr>
</tbody>
</table>
3.6 Reflexive Journal and Field Notes

Ahern (1999) suggests beginning a reflexive journal at the conceptualization stage of any research project. My reflexive journal was structured to follow her prompts (Appendix F). I used reflexive journaling throughout this project to document my thinking process at the research conceptualization stage, during data collection, and during data analysis. As I occupy the intersection between counsellor and researcher, I value the importance of practicing self-awareness. For example, during data collection, I reflected on my own questions, thoughts, insights, emotions, and physical sensations that arose during “on and off the record” encounters with interviewees, students, faculty, and university staff. Self-monitoring was integral to understanding how my identity impacts my way of being and communicating, and, by extension, how I interpreted the stories interviewees shared with me (the data). For example, my learning process, experience as a counsellor, and a cis-gender woman led me to listen and code for the emotional content of interviewees’ stories. This is because I felt discomfort, shame, and guilt around my own learning process about colonization. The following is an excerpt from my reflexive journal,

I have never had to think about what colonization is or what it means because it has not impacted my life in a covert way. I remember being in grade 7 history class, staring at a picture of settlers in my textbook. My teacher told us that these settlers were pioneers of the “new world.” My teachers taught Canadian history in a sanitized and dry way with no stories about who these settlers were, why they were there, and how they acquired the land and resources. There was no conversation or stories about or from the original inhabitants of the land we now call Canada. I feel shame and guilt for not knowing the true history.
By privately acknowledging my feelings, I have slowly shifted and become more aware of my own beliefs, values, and assumptions, how these have guided my own behaviour and research. This reflexive practice has allowed me to maintain equanimity when corrected by an Indigenous colleague, my humility by continuing to learn and approach interviewees with curiosity.

3.6.1 Study Sample

The sample included all Ontario postsecondary institutions offering professional counselling psychology programs. Eligible institutions included those whose graduates are qualified to apply for either the ‘Canadian Certified Counsellor’ designation through the Canadian Counselling and Psychotherapy Association (CCPA) or the ‘Registered Psychotherapist’ designation through the College of Registered Psychotherapists in Ontario (CRPO). These qualifications recognize graduates as having met the minimum professional standards to practice independently as a counsellor in Ontario (CRPO, 2017; CCPA, 2017). The six qualifying Ontario institutions listed as accredited on the CCPA website include Saint Paul’s University, University of Western Ontario, University of Guelph, University of Ottawa, University of Toronto, and Wilfred Laurier University.

3.6.2 Ethics

As per regulations around multi-site research (TCPS-2 Chapter 8), this research was reviewed and approved by Queen’s University General Research Ethics Board. Once I obtained ethics’ clearance at Queen’s, I submitted separate research applications to each university before also being approved by the University of Guelph, the University of Ottawa, the University of Western Ontario, Saint Paul’s University, Wilfrid Laurier University, and the University of Toronto research ethics boards. These research applications varied in their
formatting and level of detail, meaning I had to tailor each application to each specific institution. The University of Guelph and Wilfrid Laurier University require the appointment of a university-affiliated Principal Investigator as a research lead. With the support of Dr. Lévesque, I was able to contact a faculty member at each site to seek their support in submitting my research applications. Appendix G contains a copy of letters issued by the ethics boards at each of the six universities.

3.7 Setting the Scene – Giving the Context for Each University

This project involved six universities located in southern Ontario. I chose to focus on Ontario because it has the second-highest proportion of accredited Master’s in Counselling Psychology programs in Canada (CCPA, 2020); as a lifelong Ontario resident, I have a deep connection with the Ontario education system from elementary to graduate level; and, it allowed for a convenient and more manageable sample, requiring fewer resources for site visits. Figure 3.6 maps the University of Ottawa, Saint Paul University, the University of Toronto, Wilfrid Laurier University, the University of Guelph, and the University of Western Ontario.

The following section provides the demographic and contextual information for each university and its corresponding city. For contextual information about each university, I used the most recent Common University Data Ontario (CUDO, 2017; 2018), which provides standardized, basic demographic information about each university, including rates of enrollment based on gender and immigration status. I have supplemented CUDO with information garnered from university websites about Indigenous students and supports. The variation in information available reflects the lack of data about on-campus Indigenous presence and/or years of data available.
To understand how culturally diverse each city is, I draw on the most recent census data from Statistics Canada (2016). I was specifically interested in the proportion of the population that self-identify as Aboriginal or as a visible minority. Please note that the census deliberately uses ‘Aboriginal’ as defined by the Constitution Action, 1982, section 35 (2). Also, note that census data on ‘Aboriginal’ identity does not reflect those who choose not to report, are transient, homeless, in collective residences, or institutionalized (Statistics Canada, 2016; Indigenous Affairs Office, 2020).

**City of Ottawa**

The city of Ottawa rests on the traditional territory of the Algonquin people. Ottawa has a
total population of 934 243, with 38 115 people self-identifying as Aboriginal (4.1%) and 22% identifying as a visible minority (Statistics Canada, 2016). The University of Ottawa and Saint Paul’s University are both located in Ottawa.

*University of Ottawa* – The University of Ottawa is fully bilingual, with ten faculties, and a total student population of over 40 000 (University of Ottawa, n.d.). According to available CUDO (2017), male enrollment in Master’s of Education programs was 61 (full-time) and 61 (part-time) while female enrollment was 212 (full-time) and 198 (part-time) in 2015. 1039 Master’s students studied with a Student Visa, suggesting that in 2015, 43.4% of graduate students were international (University of Ottawa, 2016).

The University of Ottawa has an on-site Indigenous Resource Centre (IRC) that provides support and resources to students and professors such as academic counselling, peer support, mentoring opportunities, social/cultural events, employment services, legal support, access to study stations, and Elder support (University of Ottawa, n.d.). The four people who staff the IRC include the Director of Indigenous Affairs, Academic Delegate for Indigenous Engagement and Director of the Institute of Indigenous Research and Studies, Coordinator, and Indigenous Community Engagement Officer (University of Ottawa, n.d.). Between 2007 and 2014, 98 self-identified Indigenous graduate students have collectively studied at the faculties of Arts, Social Sciences, Education, Health Sciences, and Law (University of Ottawa, n.d.). Though nine Indigenous professors teach in four different faculties, none of them teach at the Faculty of Education, where the Master’s of Counselling Psychology is offered (University of Ottawa, n.d.).

*Saint Paul’s University* – Saint Paul’s University is a small, Catholic university with a total population of 1070 (Saint Paul University [SPU], 2015). It has four faculties with the Master’s of Counselling, Psychotherapy, and Spirituality located in the Faculty of Human Sciences (SPU,
According to the most recent available demographic information (SPU, 2017), male Master’s level enrollment in the Humanities was 27 (full-time) and 17 (part-time; SPU, 2017). Female enrollment in Master’s level Humanities programs was 48 (full-time) and 26 (part-time) in 2018 (SPU, 2017). Total international enrollment in Master’s programs across all faculties included 72 (full-time) and 15 (part-time), with graduate students with students’ visas making up about 39% of Master’s students in 2018 (SPU, 2017). No quantitative racial, cultural, or ethnic information was available on the Saint Paul’s website, so I could not ascertain what proportion of the university population self-identifies as Indigenous.

In terms of support for Indigenous students, I did not come across any specific support during data collection for this project. However, I have since become aware of a few emerging initiatives, including the Centre for Indigenous Learners, Indigenous Learners’ Bursary Fund, the Indigenous Pastoral Leadership Formation Program, and the Mino-Bimaadiziwin National Program to train Indigenous counsellors and psychotherapists in partnership with the Nishnawbe Aski Nation (SPU, n.d.). Also, Saint Paul’s recently made Indigenous Initiatives Service available to the Saint Paul’s community (though it is unclear when Saint Paul’s established this; SPU, n.d.).

City of Toronto

The city of Toronto rests on the traditional lands of the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee, and the Wendat peoples (Indigenous Affairs Office, 2020). Statistics Canada (2016) indicates that 46 315 Aboriginal People live in Toronto. With the total population of Toronto at 2.93 million, Aboriginal People account for 1.6% of the population, while 54.2% identified as a visible minority (Statistics Canada, 2016; Indigenous Affairs Office, 2020).
University of Toronto – The University of Toronto has three campuses, and a total student population of 93 081, 20296 of whom are graduate students (4019 of those graduate students are international; University of Toronto, 2020). The Ontario Institute for Studies in Education (OISE) is home to Master’s of Counselling Psychology program. According to the University of Toronto CUDO (2018), male enrollment in Master’s of Education programs was 269 (full-time) and 162 (part-time), while female enrollment was 1245 (full-time) and 463 (part-time). While no Indigenous demographic data were available, the University of Toronto offers a variety of supports including First Nations House, Indigenous Waves radio show, Indigenous Education Network (IEN), Infinite Reach: Métis Student Solidarity Network, Native Students Association (NSA; University of Toronto, n.d.).

City of Kitchener-Waterloo

The Kitchener-Waterloo area rests on the Haldimand Tract, promised to the Haudenosaunee of the Six Nations of the Grand River and within the territory of the Neutral, Anishinaabe, and Haudenosaunee peoples (Wilfrid Laurier University [WLU], 2020). Statistics Canada (2016) indicates that the total population of this region was 535 154, with 8885 self-identifying as Aboriginal (1.7%) and 19% identifying as a visible minority.

Wilfrid Laurier University – Martin Luther University College on the Waterloo campus is home to the Master’s of Arts Theology in Spiritual Care and Psychotherapy. WLU also has a campus at Brantford, Faculty of Social Work located in Kitchener, and a weekend MBA program in Toronto (WLU, 2020). The total student population is 20 638; 2170 are graduate students (92 of whom were International students; WLU, 2016). Specifically, in 2016, enrollment in full-time, Masters in Theology programs included eight males and 43 female students (WLU, 2016). Though I could find no demographic data on Indigenous students, there are several Indigenous
supports available. The Waterloo and Brantford Indigenous Student Centres offer services such as academic/personal counselling, funding assistance, community outreach, research support, cultural programming, weekly soup lunches, access to traditional medicines, admissions support, Indigenous Academic Success Program, Indigenous alumni networking, and medicine gardens (WLU, 2020). Both centres also offer education to the broader Laurier community despite being staffed by four people (Director, two Indigenous Student Support Coordinators, and an Indigenous Events Support Coordinator; WLU, 2020).

**City of Guelph**

Guelph rests on the traditional territories of the Mississaugas of the Credit First Nation (City of Guelph, 2020). Statistics Canada (2016) suggests that the total population in Guelph is 131,794, with 1905 (1.4%) identifying as Aboriginal and 18.8% identifying as a visible minority.

*University of Guelph* – The Department of Family Relations and Applied Nutrition at the University of Guelph is home to the Master’s of Science in Couples and Family Therapy program (University of Guelph, n.d.). In 2016, the total student population was 29,507, with nine male and 39 female students enrolled full-time in health profession-oriented Master’s programs (University of Guelph, n.d.; University of Guelph, 2017). Of the total Masters’ student population, 1614 were domestic, while 231 were international (University of Guelph, 2017). While I could find no demographic information on Indigenous students at the University of Guelph, there are supports available to Indigenous students. The Indigenous Student Centre offers advising, counselling, financial supports, programming, a resource library, and the Indigenous Student Society (University of Guelph, n.d.). Four people staff the Indigenous Student Centre (Indigenous Programs Coordinator, Indigenous Liaison, Special Advisor to the Provost on Indigenous Initiatives, Indigenous Student Advisor (University of Guelph, n.d.).
City of London

London rests on the traditional lands of the Anishinaabek, Haudenosaunee, Lūnaapéewak and Attawandaron peoples (University of Western Ontario, 2020). Statistics Canada (2016) indicates London has a total population of 494,069 with 11,145 self-identifying as Aboriginal (2.5%) and 19.8% identifying as a visible minority.

*University of Western Ontario* – In 2018-2019, the total student population was 30,235, with 3,946 enrolled as graduate students (1,675 of whom were international, UWO, 2019). The Faculty of Education is home to the Master’s of Counselling Psychology program. Full-time male enrollment in Master’s of Education programs was 64, while female enrollment was 410 (UWO, 2017). As of 2020, enrollment included over 500 Indigenous students at the university (UWO, 2020). Approximately 11 faculty members self-identify as Indigenous, four of whom teach in the Faculty of Education (UWO, 2020). The Office of Indigenous Initiatives offers support to Indigenous students, faculty and staff by championing strategic planning and implementation, communications and reporting, community engagement, policy development and practice, space planning and management, curriculum, and training development, student affairs, access and recruitment strategies, faculty and staff recruitment and retention strategies and research and scholarship strategies (Office of Indigenous Initiatives, 2020). The Indigenous Student Centre is also available to offer Indigenous cultural enrichment, Indigenous student academic and career support, Indigenous youth and community outreach, Indigenous orientation and transition, and Indigenization of the student experience (UWO, 2020).
3.8 Study 1 - Zooming into the Counselling Program/Curriculum Domain (Fig. 3.3)

3.8.1 Environmental Scan Methodology

From 2017 to 2019, I conducted an environmental scan to answer my first research question, *What forms of Indigenous cultural safety education do Ontario postsecondary institutions currently provide for counsellors?*

Environmental scans are an effective method for identifying healthcare service delivery gaps (Graham et al., 2008). I drew on Choo’s (2001) framework for environmental scanning by using ‘conditional viewing’ to collect existing knowledge from well-established sources such as university websites. In cases where information was not readily available, I incorporated ‘searching’ elements, and I actively contacted instructors to gather this information.

I reviewed cultural safety-related course descriptions and syllabi along with counselling psychology program requirements at each university. Course descriptions and syllabi allowed me to determine the course goals and learning outcomes and to identify guest speakers and required/recommended readings. Since program requirements outline what students are required to complete before they graduate, I was able to distinguish between mandatory and elective courses. For brevity, I will refer to these data sources collectively as ‘counselling curricula’ throughout this dissertation. The methodology for data collection included the four features of environmental scans laid out by American Society of Association Executives (ASAE), 1) identify the issue, 2) gather information from a variety of sources, 3) consult with key stakeholders, and 4) examine trends in data (Blankin & Liff, 1999).
3.8.2 Data Collection and Analysis

Identify the Issue

The purpose of the environmental scan is to determine whether and to what extent universities in Ontario provide Indigenous cultural safety education/training for counselling psychologists.

Gather Information from a Variety of Sources

I have chosen to analyze counselling curricula for several reasons. First, when viewed through a constructivist lens, counselling curricula use language that reflects larger power structures and dominant discourses about the role of culture in counselling practices (Mehrotra, Hudson, & Self, 2017). These discourses shape, restrict, and ultimately reflect the counselling profession’s current position on culture and counselling (Mehrotra, Hudson, & Self, 2017). Second, counselling curricula are key to understanding how courses are conceptualized, framed, and applied because they are frequently the most institutionalized, standardized element of courses (Gorski, 2009). According to Gorski (2009), this content provides a lens into the theoretical and philosophical underpinnings of course development. Third, counselling curricula are a feasible, accessible way to explore how counselling education incorporates culture into its curricula (Griffith, Rodriguez & Anderson, 2014). Given that dialogue about Indigenous health can often be embedded in trans-, cross-, and multicultural (or other variation) counselling courses, I have used ‘cultural counselling’ as a catch-all to indicate that I am interested in courses that address counselling in an Indigenous context.
I gathered data for the environmental scan directly from university and professional association websites (e.g., CCPA). Search strategies involved gathering and organizing the counselling curricula from approved university websites. I limited search results to counselling curricula published between 2017-2019 to align with the cohort of counselling students I interviewed in study 3. Other inclusion criteria included English language, geographic location (Ontario-wide), and availability for primary review. I examined 26 courses across all eligible universities. These courses relate to the context of Indigenous mental health, culture/diversity (related to race, spirituality, etc.), power, and/or developing self-reflection/reflexivity (etc.).

The boundaries of this case study include program (Master’s of Counselling Psychology), time (two years), and geography (Ontario), yielding one case (Creswell, 2003).

Consultation with Key Informants

Most counselling curricula documents were readily available online. Consultations were conducted with instructors when I required extra contextual information about the course or program of interest. I restricted my consultation efforts to instructors who had consented for me to interview them for study 2.

Study Trends in the Data

Counselling curricula were compiled, reviewed, and grouped according to university to determine the prevalence and quality of cultural safety education in Ontario universities. To study trends in the data, I used the cultural capabilities and key descriptors outlined in Table 3.6 as a detailed set of criteria required for culturally safe practice. These criteria constituted a codebook to determine what cultural capabilities were present in or absent from the counselling psychology curricula and program (Creswell, 2013).
Environmental Scan Coding and Qualitative Content Analysis

According to Hatch and Pearson (1998), when analyzing documents in an educational context, it is important to use either narrative or content analysis. Therefore, to complete this last step, I was guided by Elo and Kyngas’ (2008) procedural framework for qualitative content analysis. Qualitative content analysis can be a method of analyzing documents “through the systematic classification process of coding and identifying themes” (Hsieh & Shannon, 2005, p.1278; Elo & Kyngas, 2008). For example, some researchers have used qualitative content analysis to analyze curriculum materials related to social work (Mehrotra, Hudson & Self, 2017), social justice (Hockaday, 2017), psychology ethics (Griffith, Rodriguez & Anderson, 2014), and teacher education (Gorski, 2009). In this context, the goal of content analysis is to achieve a concise, comprehensive description of the phenomenon through concepts or categories describing the phenomenon (Elo & Kyngas, 2008).

Using the Hart-Waseesikaw and Gregory (2009) and Australian Department of Health (2015) list of student cultural capabilities and corresponding key descriptors as a criterion and codebook (Table 3.6), this analysis occurred in two phases beginning with deductive, followed by inductive analysis (see Appendix H). The deductive phase involved comparing the counselling curricula from 26 courses with the codebook developed from the cultural capabilities and key descriptors outlined in Table 3.6. The process of examining cultural safety education included checking both what instructors are teaching and how they are teaching it as positioned in counselling curricula.

Next, I used the cultural capabilities and key descriptors outlined in Table 3.6 to construct the structured categorization matrix to extract the data from source documents. A categorization matrix is a table that guides the qualitative content analysis process. Table 3.8 presents an
example categorization matrix for the deductive phase of the qualitative content analysis. The top row lists the cultural capabilities laid out by the Australian Department of Health (2015), which Table 3.6 summarizes. Section 3.5.3.2 contains detailed information about the criteria for each cultural capability. Each cultural capability category in Table 3.8 reflects a key descriptor, which becomes an identified category; data are reviewed and coded based on agreement/existence of the cultural capability/key descriptor in a particular curriculum of each relevant course at an institution (Elo & Kyngas, 2008). I used these data in the deductive phase of the analysis.

Table 3.8 – Example Categorization Matrix for Deductive Phase of Qualitative Content Analysis

<table>
<thead>
<tr>
<th>Cultural Capability Category</th>
<th>Respect</th>
<th>Communication</th>
<th>Safety/Quality</th>
<th>Reflection/Reflexivity</th>
<th>Advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institution</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| University of Western Ontario – Course A | • Knowledge of Historical Context  
• Cultural Knowledge  
• Humility / Lifelong Learning | • Culturally Safe Communication  
• Partnerships | • Clinical Presentation  
• Population Health | • Cultural Self and Healthcare  
• Racism  
• White Privilege  
• Processing Emotions | • Equity and Human Rights  
• Leadership |

The deductive phase involved immersing myself in the data by getting a global reading of all of the compiled counselling curricula documents from each university. Using the categorization matrix to structure the analysis, I engaged in a close line-by-line reading of each document in the counselling curricula. I extracted words, sentences, or phrases to determine agreement with any of the categories in the matrix and to mark the key descriptors present or absent. I then substantiated the analysis with evidence extracted from the counselling curricula.
From a Western qualitative research standpoint, this is key to achieving greater trustworthiness (McAlister et al., 2017).

I then used an unconstrained matrix in the inductive phase of curricula analysis; here, I create a new category code for any data that did not fit within the pre-determined categories/capabilities (Elo & Kyngas, 2008). I then organized these new categories and to build a complete picture of how counselling psychology is currently educating students about Indigenous communities and other cultural groups.

3.9 Study 2 - Zooming into the Counselling Faculty Member/Instructor Domain (Fig. 3.3)

To answer the question, *What classroom practices are being used to deliver Indigenous cultural safety education to counselling students in Ontario post-secondary institutions?* I interviewed Ontario counselling psychology faculty members and course instructors from each of the six participating universities.

3.9.1 Participant Description

Using purposeful sampling techniques (Morrow, 2005; Smith et al., 2009), I aimed to recruit 10-15 instructors. I chose this sample size based on the notion that I would reach the saturation of information with this number (Denzin, 1989; Smith et al., 2009). To be eligible for this study, participants could be of any gender identity and any cultural background, be an adjunct professor or hold a faculty position in Counselling Psychology program in Ontario, and teach a counselling course related to working with culture, Indigenous Peoples, and/or communities. I used purposeful sampling for the identification and selection of information-rich participants (i.e., course instructors; Patton, 2002) related to the phenomenon of interest (i.e.,
teaching Indigenous cultural safety). Where possible, I used snowball sampling in addition to drawing on personal contacts and university websites for recruitment.

3.9.2 Recruitment

First, I contacted potential participants via publicly available email to help identify relevant courses and gauge their interest in participating. Personalized email invitations included a brief introduction to the study and a letter of informed consent (Appendix I). Where appropriate, follow-up emails were sent one to two weeks after the initial invitation to encourage participation. However, I made no greater than three contact attempts for interviewees. Appendix J includes a copy of the follow-up email.

I distributed a total of 36 Letters of Informed Consent via email across all six institutions. One instructor responded with the contact information of a colleague who was currently teaching the course of interest in the 2018-2019 school year. Of the remaining 35 invitees, 24 did not respond, four declined participation, and seven agreed to participate. An additional three participants were identified and recruited via snowball sampling techniques, two of whom agreed to participate. The final sample included nine participants from all six institutions with the final distribution ranging from one to three instructors from each university.

3.9.3 Protocol

For course instructors who agreed to participate, we scheduled in-person interviews at their institution or private office space (n=5). In-person interviews allowed me to build a relationship with interviewees, on-campus friendship centers, and departmental staff. Due to scheduling conflicts, however, there were a few exceptions; interviews were conducted remotely by phone or Skype with four participants. At the beginning of the interview, participants orally
completed a few demographic questions (e.g., gender, professional title, the course title, number of years teaching/teaching this course, ethnicity, or cultural affiliation). Table 3.9 reports participant demographic information.

Table 3.9 – Participants Demographic Information

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Gender</th>
<th>Professional title</th>
<th>Number of years teaching</th>
<th>Ethnicity or cultural affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taylor</td>
<td>Gender-queer</td>
<td>Associate Professor &amp; Academic program director</td>
<td>6 years</td>
<td>White settler (American)</td>
</tr>
<tr>
<td>Gerard</td>
<td>Female</td>
<td>Director of Clinical Training</td>
<td>9 years</td>
<td>French-Canadian/Indigenous, Egyptian – does not identify with the Indigenous culture</td>
</tr>
<tr>
<td>Finn</td>
<td>Female</td>
<td>Assistant professor</td>
<td>1 year</td>
<td>White – European ancestry Mennonite</td>
</tr>
<tr>
<td>Scout</td>
<td>Female</td>
<td>Clinical Rehabilitation Psychologist</td>
<td>3.5 years</td>
<td>Russian-Canadian</td>
</tr>
<tr>
<td>Lenny</td>
<td>Male</td>
<td>Adjunct Professor (newly retired)</td>
<td>19 years</td>
<td>Settler - Anglo-Saxon (Irish, English, Francophone)</td>
</tr>
<tr>
<td>Jordan</td>
<td>Female</td>
<td>Clinical Adjunct professor</td>
<td>4 years</td>
<td>Canadian or European descent</td>
</tr>
<tr>
<td>George</td>
<td>Male</td>
<td>Assistant Professor</td>
<td>23 years</td>
<td>White (Swiss, German ancestry)</td>
</tr>
<tr>
<td>Remi</td>
<td>Male</td>
<td>Assistant Dean</td>
<td>14 years</td>
<td>Canadian with German and Norwegian background</td>
</tr>
<tr>
<td>Rory</td>
<td>Female</td>
<td>Indigenous Curriculum Coordinator</td>
<td>1.5 years</td>
<td>Indigenous</td>
</tr>
</tbody>
</table>
I conducted semi-structured interviews because they allow for a conversational, flexible approach, where participants have the space to express and elaborate on the information they choose to share (Creswell, 2007; Gill et al., 2008). In-person interviews allowed me to facilitate meaningful conversations while allowing me the opportunity to attend to both verbal and non-verbal cues (Creswell, 2007). In-person encounters also allowed me to accommodate and respect cultural protocols, which included relationship building with the on-campus friendship centres, where relevant. Interviews lasted from 30 to 66 minutes. I reached saturation from a non-Indigenous instructor perspective. However, to reach saturation from an Indigenous instructor perspective, more Indigenous voices would need to be included.

I designed interview questions to understand the instructor’s approach to teaching counselling courses related to working with Indigenous clients/communities. First, to gain contextual information from each participant, background questions were asked to understand whether, how, and to what extent participants engaged with First Nations, Inuit, and Métis (FNIM) communities. The remaining interview questions were derived from Churchill and colleagues’ (2017) recommendations to incorporate a TET and Reflexive Antiracism approach to cultural safety education/curricula. Specifically, Apte’s (2009) reflective questions were distilled and used to guide discussion on course structure/delivery. I used Carnes’ (2014) reflective questions to structure the teaching portion of the interview. I used follow-up and probing questions as necessary. Appendix K includes a copy of the complete interview guide. All interviews were digitally recorded on two devices, transcribed and de-identified (to the extent possible) for data analysis. In addition, I invited all interviewees to engage in the process of transcript review. Of the nine interviewees, five chose to review their transcript. Transcript
review allowed interviewees to check for a resonance of meaning, provide clarification, and add or remove parts of the interview (Hagins, Debrow, & Chafe, 2009).

### 3.9.4 Thematic Analysis Procedure

**Critical Friends**

Given my non-Indigenous positionality, I hoped that I would get guidance from an Indigenous scholar who could draw on their positionality and lens to help with data analysis. While an Indigenous second coder would have been ideal, this was not feasible for two reasons. First, I was very conscious of the existing overburdening of Indigenous People within universities (Mohamed & Beagan, 2019). Second, I was aware that I did not have access to financial resources to compensate this person for their time and work.

Instead of engaging a second coder, I regularly engaged with critical friends who “fulfilled [and continue to fulfill] the role of a trusted person who asks provocative questions, clarifies ideas, advocates for the success of the work, and offers a critique of a person’s work” (Costa & Kallik, 1993; Foulger, 2010; Appleton, 2011). We set rough parameters so that critical friends could ask me questions to understand this research and the context around it, provide feedback, raise questions, and offer critiques of the research to allow me to see this project from different perspectives. As the learner, my responsibility was to describe my project, my role/positionality, and request feedback, set desired outcomes from each conversation, and reflect and write about the conversations (Costa & Kallik, 1993; Foulger, 2010; Appleton, 2011). Critical friends included both informal, unstructured conversations during the thesis proposal development and data analysis stages of this project. I approached each conversation with a beginner’s mind, taking the critical friend’s lead and knowing I still have much to learn. These conversations deepened my reflexive process and informed the data analysis process.
I met five times with the first critical friend during project conceptualization to discuss theoretical frameworks underpinning the cultural safety curriculum and its implementation in classroom settings. This first critical friend sits with the Bear Clan, works extensively in the field of cultural safety education, and is an instructor at Queen’s University.

The second critical friend worked with me before project conceptualization and agreed to sit on my comprehensive exam and proposal committees before offering guidance through the data collection and analysis phases. This critical friend is Anishinabeg/Haudenaunee, a member of Kitigan Zibi Anishinabeg First Nation and adjunct professor and scholar in the field of cultural safety. Through four meetings, I shared tensions in the data collection process, preliminary/finalized findings, and reflected on my positionality as a settler-researcher. In return, this critical friend took an appreciative inquiry approach, asking critical questions about my approach to data collection, the data itself, and my reflexive practice.

I also met once with a third critical friend who shared some of their professional experiences of the colonial academic context. This discussion confirmed the pervasiveness of systemic racism across different disciplines, affirming the importance of Indigenous cultural safety education as one avenue in a multipronged approach to build greater awareness of Indigenous history. This critical friend identified as a member of Wahta Mohawk territory.

Finally, a fourth critical friend has worked with me through the project conceptualization, data collection, and data analysis process. As a settler and psychotherapist with over a decade of frontline experience, our dialogue centred around the practicalities of the dominant counselling context and knowledge of and experience with Indigenous cultural safety education. Through dialogue, this individual helped deepen my reflexive practice by asking critical questions.

Data Analysis
According to Braun and Clarke (2006), “thematic analysis is a method for identifying, analyzing, and reporting patterns (themes) in data” (p.6). The flexibility of this method has allowed me to first offer both social and psychological interpretations of data, which are crucial to understanding individual, interpersonal, and systemic contexts and how they interact with one another. Second, it has allowed me to generate results that will be accessible to the public and can, therefore, and support advocacy. Third, thematic analysis can offer a thick description of the data, which is crucial to answering the research question despite the paucity of data on cultural safety education evaluation (Clifford et al., 2015; Gallagher et al., 2015; Guerra & Kurtz, 2017; Horvat et al., 2014; Truong et al., 2014; Lie et al., 2010). Finally, the inductive analysis allowed me to capture unexpected insights, allowing for the identification of future research directions.

**Phase 1: Familiarizing myself with my data**

Interviews were transcribed verbatim and then given a secondary review, cross-referencing the transcripts against the original digital recording (Braun and Clarke, 2006; 2019). This allowed me to immerse myself in the data, develop some initial coding ideas and catch any transcription errors (Riessman, 1993; Braun & Clarke, 2006; 2019). To the extent possible, transcripts represented a verbatim account that reflected any non-verbal interjections (e.g., laughs).

**Phase 2: Generating initial codes**

Interview transcripts were then inductively analyzed and organized using NVivo 12 software. So, the codes and themes share a strong connection with the data itself (Braun & Clarke, 2006; 2019). Codes are understood by Boyatzis (1998) as “the most basic segment or element of the raw data or information that can be assessed in a meaningful way regarding the phenomenon” (p.63). In practice, codes were generated by a careful line-by-line reading of each
transcript while assigning meaning (codes) to sections of the data. I generated 293 initial codes from the entire data set. Prior to proceeding to Phase 3, I reviewed all codes and their associated data extracts to ensure they aligned with the assigned code name.

**Phase 3: Searching for themes**

I then reviewed the code list and began grouping codes together into different themes to consider the relationship between classroom experience and culturally safe counselling practice. Themes are “patterns of shared meaning underpinned or united by a core concept” (Braun & Clarke, 2019, p.593). Searching for themes is a recursive process, driven by understanding the story each theme tells and how that story fits within the broader narrative the data are telling. For this study, I revisited this phase three times, keeping analysis in the context of the original research question.

**Phase 4: Reviewing themes**

Reviewing initial themes and subthemes was a two-part process. First, I reviewed at the level of coded data extracts to ensure they formed a coherent pattern (Braun & Clarke, 2006). I made some adjustments, including collapsing or rearranging codes and/or subthemes. I only moved onto the next step when I was satisfied that the existing themes and subthemes generated meaningfully represented the data. Second, I holistically reviewed the data to ensure the constructed themes represented the meanings evident in the data set (Braun & Clarke, 2006; 2019).

**Phase 5: Defining and naming themes**

Once I constructed an initial theme map, I carefully considered the central concept binding each theme together and named each theme accordingly.
Phase 6: Producing the report

Once I reached a set of fully worked-out themes, I set about weaving together the narrative that the data was telling. Themes were unpacked together with data extracts to support the prevalence of the themes.

3.10 Study 3 - Zooming into the Counselling Student Domain (Fig. 3.3)

To answer the question, *How are future counsellors connecting their classroom experience with their ability to engage in culturally safe practices with Indigenous clients?* I interviewed Ontario counselling psychology students from each of the six participating universities.

3.10.1 Recruitment

I sought to recruit a purposeful sample (Morrow, 2005; Smith et al., 2009) of 10-15 graduate students with the hope of achieving saturation of data (Denzin, 1989; Smith et al., 2009). To be eligible for this study, participants needed to be of any gender identity and any cultural background, be striving for ‘Canadian Certified Counsellor’ or ‘Registered Psychotherapist’ designation, have completed their counselling course related to working with Indigenous peoples and/or communities, and be completing their internship at the time of participation (2nd year or above). I used purposeful sampling was used for the identification and selection of information-rich participants (i.e., counselling students; Patton, 2002) related to the phenomenon of interest (i.e., learning about cultural safety). I also used snowball sampling.

Where possible, I conducted recruitment through personal contacts, a recruitment email through faculty listservs (Appendix L), social media (Appendix M), posters (Appendix N), and an in-person ‘pitch’ (Appendix O) at each university. I screened potential participants
based on the above eligibility criteria. From January to April 2019, I recruited the intended sample from all six participating Ontario postsecondary institutions.

The recruitment strategy/-ies varied from institution to institution, depending on permitted access. Where possible, I would request permission to distribute a recruitment email via the department listserv, post on social media, and/or send posters, one to two weeks in advance of my visit to that site. I coordinated my initial contact with each site with receipt of localized ethical clearance. Potential participants expressed interest via email, at which time I would send them a Letter of Informed Consent and answer any additional questions (Appendix P). I tailored all recruitment materials to reflect the local context, including relevant, targeted courses, and support resources.

3.10.2 Participant Description

A total of 16 participants across all six Ontario institutions agreed to participate. Gender representation ranged from twelve female-identified, three male-identified, and one self-identified transgender individual. Though ethnicity and cultural affiliation were quite varied, only one participant self-identified as Indigenous. Demographics inform the social identities through which each student engages with Indigenous mental health as a topic and paradigm (according to the social identities of each interviewee, what is their worldview, and what impact does that have on how they understand Indigenous mental health?). Table 3.9 summarizes participant demographic information.

I asked students to describe the level and nature of their lived or work experience in or with Indigenous communities. Responses ranged from having some lived/work experience to having no lived or work experience with First Nations, Inuit, or Métis communities. Table 3.10 provides a breakdown of how participants characterized their level of experience. It was
important to understand how students characterized their experience because it indicates whether or not the source of knowledge about Indigenous Peoples/communities is grounded in direct experience. Given that intergroup contact encourages positive attitudes by shifting stereotypes and prejudice, it is important to understand whether students’ knowledge about Indigenous Peoples/communities came from direct experience (Pettigrew & Tropp, 2006; Zhou, Page-Gould, Aron, Moyer & Hewstone, 2019).

Table 3.10- Participants Demographic Information

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Gender</th>
<th>Ethnicity or cultural affiliation</th>
<th>Level of lived or work experience with FNIM clients and/or communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sam</td>
<td>Female</td>
<td>White- Canadian</td>
<td>“No Indigenous client experience”</td>
</tr>
<tr>
<td>Billie</td>
<td>Male</td>
<td>White-passing (Egyptian - Coptic culture)</td>
<td>“No Indigenous client experience”</td>
</tr>
<tr>
<td>Alex</td>
<td>Female</td>
<td>Hispanic</td>
<td>“Some experience with Indigenous clients”</td>
</tr>
<tr>
<td>Morgan</td>
<td>Trans (him/he) &amp; 2-Spirited</td>
<td>Indigenous</td>
<td>“Yes, I have lived or work experience in or with FNIM communities”</td>
</tr>
<tr>
<td>Blake</td>
<td>Female</td>
<td>French Canadian</td>
<td>“Some experience with Indigenous clients” “Yes, I have lived or work experience in or with FNIM communities”</td>
</tr>
<tr>
<td>Jamie</td>
<td>Female</td>
<td>Caucasian – mixed European, Jewish, Algerian, Turkish ancestry</td>
<td>“I have had some interactions with community”</td>
</tr>
<tr>
<td>Drew</td>
<td>Female</td>
<td>Caucasian and Canadian</td>
<td>“Some experience with Indigenous clients”</td>
</tr>
<tr>
<td>Parker</td>
<td>Female</td>
<td>White European (born in Canada(+))</td>
<td>“Some experience with Indigenous clients”</td>
</tr>
<tr>
<td>Name</td>
<td>Gender</td>
<td>Ethnicity</td>
<td>Experience</td>
</tr>
<tr>
<td>---------</td>
<td>--------</td>
<td>----------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Cam</td>
<td>Female</td>
<td>South Asian</td>
<td>“No Indigenous client experience” “No lived experience in or with FNIM communities.”</td>
</tr>
<tr>
<td>Logan</td>
<td>Female</td>
<td>Trinidadian</td>
<td>“No lived experience in or with FNIM communities.”</td>
</tr>
<tr>
<td>Charlie</td>
<td>Female</td>
<td>Caucasian</td>
<td>“No Indigenous client experience”</td>
</tr>
<tr>
<td>Emerson</td>
<td>Male</td>
<td>White -Czech Republic/Germany (born)</td>
<td>“No lived experience in or with FNIM communities.” “Some experience with Indigenous clients”</td>
</tr>
<tr>
<td>Ryan</td>
<td>Male</td>
<td>White-Jewish</td>
<td>“I have had some interactions with community”</td>
</tr>
<tr>
<td>Austin</td>
<td>Female</td>
<td>Korean</td>
<td>“I have had some interactions with community”</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>Female</td>
<td>Canadian-Italian</td>
<td>“Some experience with Indigenous clients” “Yes, I have lived or work experience in or with FNIM communities”</td>
</tr>
<tr>
<td>Kennedy</td>
<td>Female</td>
<td>Persian</td>
<td>“I have had some interactions with community” “No Indigenous client experience”</td>
</tr>
</tbody>
</table>

### 3.10.3 Protocol

I conducted semi-structured interviews to understand the impact of counselling courses on counselling students’ ability to engage with culturally safe practice. I chose semi-structured interviews because they adopt a conversational, flexible approach, allowing participants the space to express and elaborate on the information they choose to share (Creswell, 2007; Gill et
al., 2008). In-person interviews were considered important for facilitating meaningful conversations and viewing both verbal and non-verbal cues (Creswell, 2007); additionally, in-person discussions gave me the opportunity to accommodate and respect any cultural protocols, including relationship building with the interviewee and on-campus friendship centres.

For those who agreed to participate, I scheduled interviews at the individual’s convenience. When possible, I conducted in-person interviews (n=5) in public, on-campus spaces. However, when scheduling conflicts arose, interviews were conducted either by phone or Skype, depending on the participant’s preference; I conducted 11 interviews remotely. I reached saturation from a non-Indigenous perspective. However, I would need to include more Indigenous voices to reach saturation from Indigenous students’ perspectives.

The interview guide was structured to gain some background information from the students, including demographics (e.g., the course title, ethnicity or cultural affiliation, and gender) and the extent to which participants had lived/work experience in or with First Nations, Inuit, and/or Métis community. The remaining interview questions reflected Churchill and colleagues’ (2017) recommendations to incorporate a TET and Reflexive Antiracism lens to cultural safety education/curricula. Specifically, Apte’s (2009) and Carnes’ (2014) questions were adapted to allow participants to reflect on the impact of their learning experience on their counselling practice. I asked students to reflect on whether their learning included TET and Reflexive Antiracism, and how that has influenced their practice. I used follow-up and probing questions were used as necessary. Appendix Q contains a complete copy of the interview guide. Interviews lasted from 22 to 82 minutes. I digitally recorded all interviews on two devices (Voice Recorder app on iPad and voice recorder on PC) and de-identified (to the extent possible) for analysis. An undergraduate student and I completed transcription (who signed a confidentiality
agreement). In addition, I invited all interviewees to engage in the process of transcript review. Of the 16 interviewees, eight chose to review their transcript. Transcript review allowed interviewees to check for a resonance of meaning, provide clarification, and add or remove parts of the interview (Hagins, Debrow, & Chafe, 2009).

3.10.4 Thematic Analysis Procedure

The procedure for thematic analysis followed the same sequence as that described in 3.9.4 with the exception that Phase 2, which required me to review 335 initial codes and their associated data extracts to ensure they aligned with the assigned code name.
CHAPTER 4 – RESULTS AND DISCUSSION

Chapter 4 builds a comprehensive picture of how Counselling Psychology programs in Ontario universities are responding to recommendation 23(iii) of the Truth and Reconciliation Commission (2015) to “provide cultural competency training to all healthcare professionals.” An environmental scan of available counselling curricula provides a basic, foundational understanding of whether, how, and to what extent Indigenous cultural safety is being taught in counselling psychology programs. Interviews with counselling instructors and students bring greater depth and context to the process of teaching and learning about cultural safety within these programs.

4.1 Study 1 Results – Environmental Scan

I conducted an environmental scan to answer the question - *What forms of Indigenous cultural safety education do Ontario postsecondary institutions currently provide for counsellors?* Environmental scan results indicate that of the six Ontario universities included in this study, the University of Toronto is the only institution offering an elective Indigenous cultural safety course specifically designed for counselling students. The other universities include some cultural safety content within some of their courses for counselling students, but do not offer a designated course. These results suggest that Ontario universities take a patchwork approach to what, how, and who is teaching counselling students about cultural safety.

To offer a more in-depth analysis and nuanced understanding of what each program offers, I examined the content of courses that appeared most closely align with the cultural capabilities outlined in Section 3.5.3.2. This approach allowed me to determine what elements
of Indigenous cultural safety exist in counselling programs within the six institutions. Adopting a more in-depth, strengths-based analysis of counselling courses allowed me to avoid approaching each course with a ‘checklist’ mentality while highlighting that each university has a foundation from which to build and fill gaps. I intended to avoid labelling any course as either good/bad or right/wrong. Instead, I hope that my findings will serve to “call in” or invite these universities to consider areas for improvement.

Appendix R contains a detailed and comprehensive presentation of the environmental scan findings. Results presented are tabulated and organized for each university according to the cultural capabilities outlined in Section 3.5.3.2.

**University of Guelph** – The Master’s of Science in Couples and Family Therapy program is part of the Department of Family Relations and Applied Nutrition. This program is accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) and recognized by the CCPA. Course work develops students’ counselling capabilities to prepare graduates for certification with the American Association for Marriage and Family Therapy (AAMFT) and the CRPO. Students are required to accumulate 500 direct client contact hours, 250 of which must be with either couples or families, by completing five practica (four on-campus and one externship).

For this environmental scan, I selected courses of interest, based on Educational Goals and Expected Student Learning outcomes outlined in the MSc CFT Student Handbook (University of Guelph, 2017). Specifically, the description of Educational Goal (4), which includes eight courses and focuses on social context and multiculturalism, is as follows:
• “Students will critically analyze how their social location, values, and beliefs shape their professional identity.

• Students will develop abilities to critically and reflexively analyze power relations of a given situation and/or embedded in the construction of knowledge, including attention to one’s own participation in these processes

• Students will demonstrate awareness of and sensitivity to multi-dimensional aspects of diversity in the everyday lives of clients, including an ability to explore and articulate with clients the pertinence of potential social location issues on their experience of current concerns for therapy

• Students will learn strategies to explore and address the potentially embedded multidimensional cultural influences in the client’s life experiences and the presenting concerns in therapy.”

For a comprehensive list of all eight courses that develop Educational Goal (4), refer to Appendix R. Given that no Indigenous cultural safety courses exist in the MSc CFT program, I reviewed the content of courses that most closely align with the cultural capabilities outlined in Section 3.5.3.2. Results indicate that some elements of cultural safety were present across these courses, including a general sense of diversity, humility, culturally safe communication, clinical presentation, population health, cultural self and healthcare, privilege, and processing emotions. However, it is important to note that none of these courses explicitly addressed any of these capabilities in the context of Indigenous mental health, as would be required for it to me to classify it as Indigenous cultural safety. Specifically, this program omitted Indigenous knowledges or the historical, political, social context of Indigenous communities. Instead, these
courses broadly developed students’ understandings of:

1) **Respect** - by recognizing “multi-dimensional aspects in the everyday lives of clients” and demonstrating lifelong learning through “on-going professional development with respect to new developments in the field and engaging in career-long learning.” Course 6080 explicitly stated that they had a social constructivist understanding of culture. Course 6095 included a video about Indigenous health in Ontario. Course 6130 included two readings about Indigenous mental health.

2) **Communication** - by generally being attuned to “promoting resiliency and recovery” among clients.

3) **Safety/Quality** - by understanding common mental health diagnoses in human beings and understanding the health care delivery system and its associated barriers.

4) **Reflection/reflexivity** - by understanding privilege, self-care, and unpacking students’ social identities. Some course outlines explicitly addressed the type of learning environment instructors aimed to foster by laying out expectations for challenging ideas or sharing personal responses to difficult course material.

5) **Advocacy** – Courses 6100 and 6095 included readings about the social determinants of health to raise students’ awareness of equity and human rights.

**University of Western Ontario** – The Master’s in Counselling Psychology program at the University of Western Ontario is in the Faculty of Education. Students must complete 14 courses and an 8-month internship with a minimum of 550 supervised hours on-site. For a
comprehensive list of selected courses and environmental scan results, see Appendix R.

Once again, no Indigenous cultural safety course was available for Counselling Psychology students at the University of Western Ontario. Therefore, the courses I reviewed within this environmental scan were selected to align with the cultural capabilities outlined in Section 3.5.3.2. Two courses were deemed relevant; both courses only broadly addressed elements of cultural safety, meaning that the courses were not specific to Indigenous mental health. Rather, over 13 weeks, course 9553 included one Indigenous reading, an Indigenous guest speaker, and students were required to attend/reflect on one Indigenous community event.

1) **Respect** – by generally recognizing the diversity of all clients through the lens of social identities (“variations in age, gender, culture and ethnicity, race, religious preference, socioeconomic status, lifestyle and family patterns”).

2) **Communication** – a “combination of presentations, discussions, site visits, experiential and service-learning activities with community partners” support students to practice their communication skills.

3) **Safety/Quality** – by addressing trauma as it relates to various communities.

4) **Reflection and reflexivity** - by supporting self-awareness through “vicarious trauma, distress tolerance, boundaries,” unpacking privilege and incorporating grounding and awareness activities through teaching practice.

5) **Advocacy** – neither course explicitly address any aspect of advocacy in their syllabi.

**Saint Paul’s University** – The Master’s of Arts in Counselling and Spirituality is in the School of Counselling, Psychotherapy, and Spirituality. With this degree, there are three
specializations, including individual counselling, couple and family counselling, and spiritual care, and all three include a “knowledge acquisition, research project or thesis and professional practice” component. Students must complete 39 credits (non-thesis option) or 45 credits (thesis option), 15 credits of which are internal clinical practicum courses. It was unclear how many direct client contact hours students required to graduate from this program. For a comprehensive list of selected courses and environmental scan results, see Appendix R.

It was clear that there was no Indigenous cultural safety course available to students enrolled in the Counselling and Spirituality program at Saint Paul’s University. Seven courses had content that loosely aligned with the cultural capability criteria outlined in Section 3.5.3.2. Please note that my analysis was conducted on publicly available course descriptions due to instructors’ reticence to share their syllabi. In addition, according to an instructor I spoke with, there is an internal policy stating that syllabi must mention cultural diversity as one of the course topics. Both of these points will have impacted my analysis. Environmental scan results indicate that this institution takes a broad approach to teach about diversity. However, it is unclear whether course discussions explicitly include Indigenous content.

1) **Respect** – recognizing “diverse and multicultural populations” in courses 6136, 6139, and 6141 though it is unclear how.

2) **Communication** – by reflecting, using open questions, paraphrasing through their practicum, the description of course 6140 mentions that the instructors’ teaching practice includes role-playing and various audiovisual materials, suggesting that students are being engaged by different modes of learning as recommended by Yunkaporta (2008).

3) **Safety/Quality** – by engaging with topics like suicide, trauma, and posttraumatic
stress disorder.

4) **Reflection/Reflexivity** – by engaging with topics like personal safe and effective use of self as mentioned in the description of courses 6135, 6138, 6140, and 6141; courses did not explicitly mention racism, white privilege, and emotional processing.

5) **Advocacy** – no course descriptions explicitly mention any aspect of advocacy.

**University of Ottawa** – The Master’s of Education in Counselling Psychology is in the Faculty of Education. Students are required to complete nine compulsory courses, one elective, and a major research paper. Students also complete two practicum courses to gain a minimum of 400 direct client contact hours. For a comprehensive list of selected courses and environmental scan results, see Appendix R.

Results indicate that no Indigenous cultural safety course is available to students in the Counselling Psychology program at the University of Ottawa. As an alumnus of this program, I drew on direct experience and online screening of courses that align with the cultural capabilities outlined in Section 3.5.3.2. Results indicate that some elements of cultural safety were present in course 6470, including diversity, communication, clinical presentation, reflection/reflexivity, and equity and human rights.

1) **Respect** – by focusing on one specific cultural subgroup each week, including Indigenous Peoples, and including one reading about Indigenous health.

2) **Communication** – by offering a “mixture of theoretical, experiential and practical” modes of learning and “a range of conversational practices that invite rich accounts of cultural experience and embody cultural sensitivity.”
3) **Safety/Quality** – by discussing counselling and mental health, such as trauma, in relation to each subgroup.

4) **Reflection/Reflexivity** – by assigning McIntosh (1989), and discussing white privilege, power, politics, and racism. By requiring that students explore the layers of their cultural identity through a reflection paper.

5) **Advocacy** – one week in the course covered social justice, and instructors assigned one reading on social determinants of health.

**University of Toronto** – The Master’s of Education in Counselling Psychology is in the Ontario Institute for Studies in Education (OISE). Students have the option of specializing in Counselling and Psychotherapy or Guidance and Counselling. Students are required to complete ten half-courses, a written comprehensive examination, and a minimum of a 250-hour practicum. For a comprehensive list of selected courses and environmental scan results, see Appendix R.

According to the Counselling Psychology handbook, this program is “renowned for its integration of diversity, equity and critical practice issues within the field of counselling psychology. This is reflected in our courses, which include a significant focus on issues of diversity and ethical multicultural practice.” The environmental scan results reflect this claim. Results indicate that Indigenous cultural safety is being offered in course **APD1290 – Indigenous Healing in Counselling and Psychotherapy** (an elective course). Some elements of cultural safety are also woven into course **APD 1214 – Critical Multicultural Practice: Diversity Issues in Counselling** (compulsory). Specifically, APD 1214 included a general sense of diversity, humility and lifelong learning, communication, clinical presentation, and
reflection/reflexivity.

1) **Respect** – by learning about working with “women, Aboriginal, ethnic minorities, lesbian, gay men and disabled clients.” In this course, diversity is “multicultural, multiethnic, multi-faith, multi-racial, multi-gendered and multi-abled.” Likewise, mental health is defined and located in “social and political contexts.”

2) **Communication** – by engaging in “discussions, seminar presentations and experiential learning,” which allow students to generally develop “appropriate counselling skills and competencies to practice in a clinical anti-oppressive way.”

3) **Safety/Quality** – by discussing clinical issues related to working with diverse cultural subgroups.

4) **Reflection/Reflexivity** – by using an layered approach to unpack client and counsellor identities.

5) **Advocacy** – this course did not explicitly address advocacy.

**Wilfrid Laurier University** – The Master’s of Arts in Theology: Spiritual Care and Psychotherapy is at the Martin Luther University College. Students must complete five Scripture/Theology courses, ten clinical counselling courses, including a two-term clinical placement. Students are required to complete at least 160 hours of clinical work with a minimum of 24 hours of supervision. For a comprehensive list of selected courses and environmental scan results, see Appendix R.

The Spiritual Care and Psychotherapy stream does not offer an Indigenous cultural safety course. I included these courses based on their possible alignment with the cultural capabilities outlined in section 3.5.3.2. While the selected courses did cover some elements of cultural
safety, they did not explicitly mention Indigenous cultural safety.

1) **Respect** – by including a land acknowledgment in the syllabus of each of the six courses reviewed. Respect was also evidenced by including readings by Indigenous authors in two courses, *TH530A* and *TH530B*, and an Indigenous guest speaker in course *TH663N*, suggesting some exposure to Indigenous perspectives. Humility and lifelong learning were encouraged in *TH530A*, *TH530B*, and *TH663* (which explicitly took a TET approach).

2) **Communication** – this was covered by outlining a classroom ethos that laid out ground rules for classroom dialogue and engagement. Course *TH664T* also mentioned using effective listening skills, seemingly applied broadly to all client groups.

3) **Safety/Quality** – this was covered by addressing the mental health of different cultural subgroups in course *TH663N* and addressing trauma - generalized to diverse client groups- in course, *TH664T*.

4) **Reflection/Reflexivity** – by assigning readings about white privilege and racism in course *TH530A*.

5) **Advocacy** – Courses *TH530A* and *TH530B* both mention “justice and peace,” while *TH664T* includes advocacy as part of its course.

In summary, the six counselling programs did include some elements of Respect, Communication, Safety/ Quality, Reflection/ Reflexivity, and/or Advocacy. However, except for one course at the University of Toronto, none of the counselling programs in Ontario offered an Indigenous cultural safety course (or mentioned specific considerations for
developing the listed capabilities in an Indigenous context). I found that these elements of
cultural safety in some courses were generalized to working with any cultural, ethnic, or racial
client group. The following is a high-level breakdown of the findings across the six
universities.

1) Respect
   - One of six counselling programs covered some Indigenous historical context and
cultural knowledge (University of Toronto).
   - All six counselling programs recognized the general diversity of cultures and
languages across all client groups. Only one course specifically acknowledged the
diversity of Indigenous cultures and languages (University of Toronto).
   - Three of six counselling programs explicitly exposed students to the general idea
of humility and lifelong learning throughout one’s career and life (University of
University of Guelph, University of Toronto, and Wilfrid Laurier University).
However, none used the language of cultural humility in the context of Indigenous
mental health.

2) Communication
   - All six counselling programs developed students’ communication skills through
generalized discussion (and/or practice) of verbal/non-verbal communication, key
counselling terms, or strengths-based communication.
   - Two of six counselling programs demonstrated some engagement in community
or campus partnerships (Wilfrid Laurier University and University of Toronto). In
part, this was demonstrated by providing localized, general support information in
syllabi. However, again this was not specific to Indigenous health sector initiatives.

3) **Safety/Quality**

- All six counselling programs broadly covered prevalent mental health conditions impacting different client groups. Again, apart from the University of Toronto, none covered this specifically in the context of Indigenous mental health.

- Three of six counselling programs broadly addressed population health for different cultural groups (the University of Guelph, University of Western Ontario, and University of Toronto). Only the University of Toronto covered population health in an Indigenous context.

4) **Reflection/Reflexivity**

- Five of six counselling programs broadly covered the cultural self and the healthcare system (all but the University of Western Ontario). This implies that courses facilitate students’ ability to understand their worldview and its impact on their counselling practice. Again, this was not in the context of Indigenous mental health.

- Three of six counselling programs mention racism (University of Ottawa, University of Toronto, and Wilfrid Laurier University).

- Four of six counselling programs attempt to unpack white privilege (Wilfrid Laurier University, University of Toronto, University of Ottawa, and University of Guelph). Though only one specifically addresses white privilege in the context of Indigenous mental health (University of Toronto).
Four of six counselling programs (Wilfrid Laurier University, University of Toronto, University of Western Ontario, and the University of Guelph) included a blurb about self-care or acknowledged that emotional triggers might be present in class discussions, for example. This content, however, was not specific to Indigenous mental health.

5) Advocacy

Four of six counselling programs explicitly addressed equity and human rights through the University of Guelph, University of Ottawa, and Wilfrid Laurier University addressed this more broadly through discussions of social determinants of health, or social justice, and advocacy.

One of six counselling programs covered leadership in an Indigenous cultural safety context.

4.2 Study 2 Results - Zooming into the Counselling Faculty Member/Instructor Domain

This section reports on my conversations with nine counselling instructors (n=1 Indigenous-identifying counsellor) from six Ontario universities. I sought out counselling instructors’ perspectives to answer the question, *What classroom practices are being used to deliver Indigenous cultural safety education to counselling students in Ontario post-secondary institutions?* This section will begin with a description of instructors’ self-location and experience with Indigenous communities and cultural safety training. This background information will help provide context for instructors’ stories. Three main themes emerged from the data to describe how counselling instructors are currently teaching and engaging with Indigenous cultural safety in their program. Figure 4.2.1 provides an overview of the themes
and subthemes identified. It is important to point out the nuance I noticed in these themes. That is, although only one course explicitly addressed Indigenous cultural safety was only explicitly addressed, some instructors’ stories covered several elements of Indigenous cultural safety. Some of the elements of Indigenous cultural safety that instructors discussed aligned with the recommended pillars of cultural safety (Sections 3.5.3.1 and 3.5.3.2; Hart-Wasekeesikaw & Gregory, 2009; Department of Health, 2015; Churchill et al., 2017).

**Demographic Description of Sample**

Since the Truth and Reconciliation Commission’s (2015) calls to action, Canadian universities have felt pressured to ‘indigenize’ their institutions (Gaudry & Lorenz, 2018). As the bridge between students, the curriculum, and the learning environment, the course instructor is poised to play an important role in the indigenization process and, by extension, shaping a new generation of culturally safe healthcare professionals (NAHO, 2008). For this reason, I, along with my committee, decided it was crucial to understanding who these instructors were. The following section explored participants’ self-location, relationships with First Nations, Inuit, and Métis communities, and lived or work experience and cultural safety training.

**Self-Location**

Indigenous scholars recognize self-location as crucial to ethical research by moving the researcher beyond reflexivity to action (Kovach, 2008; Wilson, 2008). When locating ourselves in relation to Indigenous communities, “we identify ourselves in relation to a lineage, a people and a place” (Restoule, Archibald, Lester-Smith, Parent & Smilie, 2010, p.3). To facilitate this process, McCracken (2016) suggests that we ask ourselves, “Where did you come from? How and why did you come to this place? What is your relationship to this place? How do you define community in relationship to this place?”
To gain a deeper understanding of whom I was talking to, I asked participants: “How do you self-locate with FNIM clients, students, and/or communities?” Interestingly, this question was often interpreted as and conflated with ethnicity and cultural affiliation. Eight of nine participants identified as being of mixed ancestry with European roots and all participants were light-skinned. There was considerable pause given after I posed this question as five of nine participants explicitly asked me to clarify the question. Depending on the participant’s comfort level, they answered by briefly tracing their ancestry with little engagement with their own privilege and its impact on the Indigenous community. This is important to consider because if we are asking instructors to be able to actively facilitate unpacking white privilege through the self-reflection and reflexivity process, they must be able to demonstrate how to acknowledge their privilege.

**Spectrum of Relationship with Community and Instructor Lived/Work Experience**

“Nothing about us without us” reflects the necessary shift towards partnership and relational ways of engaging campus and community through Ownership, Control, Access and Possession (OCAP) of knowledge and information. This way of relating includes teaching future counsellors about Indigenous cultural safety. For this reason, I asked two questions designed to determine the extent of the instructor’s relationship with Indigenous communities. First, I asked instructors, “How do you engage with FNIM communities?” The spectrum of relationships with Indigenous communities ranged from attending community events that involve Indigenous ways of knowing (n=5), Indigenous authored reading material (n=3), research relationship (n=2), teaching/supervising Indigenous students (n=3), teaching/supervising students with Indigenous clients (n=2), Indigenous friend or colleague (n=4), through clinical work (n=2), and through
community work (n=2). One participant explicitly mentioned that they had a past relationship with the community through their graduate research.

The second question I asked was “Do you have any lived or work experience in or with FNIM communities?” Three participants responded that they had had some limited clinical experience with Indigenous communities. Another three explicitly said they had no lived or clinical experience with Indigenous communities. Instructors’ lived, or work experience and relationship with the community is important to consider. These experiences (or lack thereof) inform our understanding of who is teaching (i.e. what position this individual is speaking from) and by extension, what is being taught and how they are teaching.

**Cultural Safety Training**

Given the limited scope of experience and relationship, cultural safety training could be one potential way to support instructors in the process of indigenizing their curriculum. However, the data suggest that cultural safety education is either not being offered or not being accessed by course instructors. Seven participants reported they had not received cultural safety training, but rather had participated in other forms of training characterized as anti-oppression training, cultural sensitivity, or cultural diversity. Specific types of training taken were webinars, graduate course work, and/or as self-selected professional development. It is clear these training modules did not specifically address Indigenous cultural safety. Rather, one participant even suggested the cultural education they received in their graduate program “would probably be filed under cultural stereotypes.” The two exceptions include the one self-identified Indigenous instructor who provides foundational knowledge to faculty, staff, and students about Indigenous topics. The other instructor mentioned that their department partners from the diversity and equity office at their university provide teach-ins. However, it was
unclear from our interview whether these teach-ins would fall under the scope of Indigenous cultural safety.
Figure 4.2.1 - Overview of Study 2 Themes
4.2 Theme 1 – Instructor’s Way of Being

The first theme, Instructor’s Way of Being, relates to the personal attributes, awareness of, and experience with Indigenous communities. This theme is what the instructor brings to the classroom through their way of being. This way of being includes practicing reflexivity, being open, and instructor connection with the community.

4.2.1 Practicing Reflection/Reflexivity

Throughout our dialogue, instructors either described or demonstrated their own reflective and/or reflexive practice, an awareness of their own limitations, and beginning to ‘walking the talk.’ A reflective teaching practice means that instructors engaged in an ongoing process of reflecting on their teaching. For example, through our dialogue, GEORGE mused, “I’m glad you said something because we’ll probably bring in more of the Indigenous trauma this time.” This practice includes reflecting on how their teaching process has changed over time and being open to continually revising course material to stay relevant to Indigenous mental health. A few instructors also articulated the importance of being aware of how their own theoretical orientation and language use can shape their interactions with a person. LENNY offers an example of how a narrative therapy orientation allows them to put “a lot of emphasis on curiosity, not knowing, de-centred practice, client is the expert, all those sorts of things.”

Practicing reflection/reflexivity means having an awareness of one’s own limitations. Instructors felt challenged to teach Indigenous cultural safety because they felt incompetent about Indigenous experiences of mental health. FINN articulates this best:

I just really want to be respectful, and I guess I’m a little bit afraid of, […] not being
respectful, and I think because of that it leaves me in a place where I’m sometimes a bit more timid about talking openly about culture than I would like to be. […] That comes from me being not…and identifying and not having the background […] of being a minority and not having, and really being just very op…like it like visibly […] European.

Yet, instructors struggled to balance the external, institutional pressures to ‘Indigenize’ their curriculum with the need for support to do it in a good way. A lack of institutional support and personal knowledge led instructors to witness and/or experience a fear of making mistakes. This fear stems from the mentality that “I’m not good at it, so I’m not going to try” (TAYLOR), a privilege afforded to white instructors. A beginner’s mind requires a willingness to be vulnerable and take risks. It also challenges instructors to overcome their preconceptions about the cultural ‘other’ and build relationships across racial lines. RORY describes how after witnessing the counselling department make multiple efforts to build relationships and respond to the 94 calls, they felt they needed to “put some energy into them [members of the counselling department] because they’re trying their damnedest to turn the ship a little bit.”

Practicing reflection/reflexivity also meant that instructors recognized the importance of beginning to ‘walk the talk’ (as articulated by Baskin, 2016, p.215) by turning knowledge into practice. Walking the talk meant instructors understood the importance of listening, educating themselves, pushing back when necessary, and Indigenizing in a good way. Instructors like JORDAN were beginning to walk the talk by understanding the importance of supporting Indigenous self-determination:

They’re discussions that if as a white person I’m part of, I need to be listening and as an ally and not a decisionmaker[…] I think there needs to be more decision-making power
in the hands of the community that’s being treated.

These instructors demonstrated humility by initiating their own educational process through privileging Indigenous perspectives to shift their own worldview and begin to meaningfully advocate for Indigenous cultural safety in their programs (Department of Health, 2015). Taken together, these instructors are beginning to voice commitment to humility/lifelong learning and privileging Indigenous voices (Department of Health, 2015).

Part of walking the talk includes also having a personal interest in Indigenous mental health and engaging with one’s personal identity in everyday life. The process of engaging one’s identity in everyday life may look different depending on the instructor’s positionality. For settlers invested in the process of Indigenizing in a good way, this means navigating how to be a settler-ally instructor by creating space for and leading from Indigenous voices in society, the institution, and the classroom. JORDAN recognizes the importance of centering Indigenous voices by playing a supportive role and asking, “how can I help?”

For Indigenous instructors, negotiating their Indigeneity means constantly having “one moccasin in both worlds” (RORY). This work is personal because when working within your culture, you cannot just opt out of the difficult conversations, as a non-Indigenous instructor has the privilege of doing. ‘Walking the talk’ in this context also means recognizing the collective effort of previous Indigenous generations who have been creating and holding space for Indigenous inclusion within academic institutions.

4.2.2 Being Open

Instructors discussed certain personal attributes that were key to their teaching. Primary attributes include humility, humour, and vulnerability. Instructors showed humility by being
reflexive, by understanding when their own knowledge/experience is helpful and when they need to hold space for other experiences. REMI articulated a good example of how they understood humility in their teaching:

But I think if you’re an instructor […], there’s such a delicate place because there needs to be some level of self-confidence, […] you have to own your skills, right? […] When you’re in a classroom […] you’ve developed a set of skills, a worldview, some nuances that really do contribute to the conversation in an important way. But you also have the responsibility to get out of the way, right? So, getting out of the way, I think is one way in which you can demonstrate some degree of humility to your students. I really think that […] to be humble, people have to see humility. So, they have to see it, and so the instructor would be one, but the instructor’s not the only place where they can see humility.

Humour was another attribute discussed and/or demonstrated by a few instructors. Given how contentious racism can be, appropriate humour can be a way to break up the tension in the classroom (Asmar, 2012). Likewise, vulnerability was an important way of publicly acknowledging mistakes, incidences of not knowing something, holding problematic assumptions, or appropriate self-disclosure. Acknowledging vulnerability was also an important way instructors humanized themselves and minimized power differentials with their students. JORDAN discussed how they start their class by sharing their own past mistakes:

I start from the first class by sharing some of my downfalls and […] how I’ve […] found myself holding beliefs or biases that I didn’t even know I was holding […] and we all do that, and it’s okay. I want this to be a safe place to talk about those kinds of things.
Monitoring one’s own emotions is a way to practice openness towards students. How one experiences, monitors, and expresses their emotions depends on the positionality of the instructor. For example, TAYLOR described being aware of and dealing with their own personal guilt and defensiveness related to their privilege while trying to find a balance between acknowledging those emotions and not seeking reassurance:

I think the first thing for me as the instructor is to be really carefully monitoring my own feelings of defensiveness or the types of guilt that tries to get reassurance from people whose job is not to reassure me.

Working as an instructor within one’s culture as a self-identified Indigenous person is inherently emotional work. Emotions can arise when discussing a colonial history that continues to devastate your communities and kin (Mohmed & Beagan, 2019). For example, one instructor had to negotiate the emotional weight of discussing residential schools alone (i.e., “awful”) while simultaneously being cognizant of the implications of openly expressing grief in the classroom (i.e., “losing power and authority”). Particularly poignant was how this instructor recognized that emotional expressions could be a form of modelling that encourages students to “be their whole self” (RORY).

4.2.3 Being in Relationship with Indigenous Community

This subtheme speaks to the nature and level of connection instructors had with Indigenous People and communities at the time of this study. Responses ranged from an explicit acknowledgment that instructors and universities could do more meaningful relationship building to instructors’ active efforts to engage in meaningful relationships. However, when asked about the nature of their connection with Indigenous communities, only two instructors, REMI and RORY, had engaged in ongoing community work. Each instructor
must consider the quality and amount of engagement with Indigenous content formally and informally over their lifetime, their social and familial history (Department of Health, 2015). Since most instructors had not engaged significantly with Indigenous communities, it is not surprising that they felt too inexperienced in teaching Indigenous mental health.

4.3  **Theme 2 – Engaging through Teaching**

The second theme, Engaging through Teaching, reflects fragmented engagement with Indigenous teaching approaches, efforts to incorporate holistic teaching approaches, and efforts to foster students’ engagement in necessary inner work. Engaging through Teaching includes instructors’ awareness of teaching support resources, fragmented engagement with the context of Indigenous mental health, and connecting students to learning opportunities outside of the classroom.

4.3.1 **Fragmented Engagement with Indigenous Teaching Approaches**

Most instructors described efforts to incorporate some Indigenous perspectives in their course work through reading material that addresses the Indigenous context. Some instructors (FINN, REMI, and SCOUT) are particularly mindful of including diverse and/or Indigenous voices in assigned course readings or teaching material. For example, SCOUT shared how they “bring in academic and non-academic writing written by members of First Nations, Inuit, and Métis communities” in their course. Indigenous voices also came through storytelling from guest speakers who could speak from their lived experience. LENNY shared how deeply storytelling resonated with their students.

I set out for students to have a fairly vivid experience of folks who inhabit various cultural subgroups that they [students] may not themselves inhabit, so bringing guests in
is a big one, and I found every time that that was the thing that students responded most to. It’s kind of funny. It’s not very flattering, but that’s okay, you know, you do all this stuff as the instructor, but the thing the students like the most is the person who got brought in, you know? But that was often the most powerful, and because you know, these are people who live the stuff and are very close to the ground, and when they’re good presenters they tell a lot of vivid stories [...], so you get away from more cultural generalities and didactic, esoteric commentary and more like the grittiness of it. [S]o that was, that was pretty central, I think.

Recall that both yarning and story sharing are ways of encouraging students to learn through narrative (Yunkaporta, 2009; Department of Health, 2015). Three instructors described how pivotal it was to invite Indigenous voices into the room because storytelling is a powerful teaching/learning experience. Lived experience brings more depth to the learning experience and allows students the opportunity to debrief and ask questions. Indigenous voices help bring a strength and resilience-focused discussion to help students understand “Indigenous People are more than their history” (REMI).

4.3.2 Incorporating Holistic Teaching Approaches

Instructors were mindful that the learning experience is a holistic process, moving beyond the cognitive to include the emotional, sensory, or other aspects of students’ being and learning. Holistic teaching is critical in teaching for social change and developing safe/relational teaching and learning spaces (Boler, 2004; Asmar, 2012). While instructors did not comprehensively incorporate all aspects of the Department of Health (2015) approaches for teaching Indigenous cultural safety, it was encouraging to see that some elements were present. Specifically, instructors considered the physical learning environment, facilitated difficult
dialogue, and/or incorporated diverse teaching approaches.

One instructor explicitly considered the impact of the physical environment on learning and, by extension, therapy. This knowledge meant that they were mindful that the physical environment could support diverse representations by finding ways to ensure students can see themselves reflected on campus through art or prayer spaces, for example. TAYLOR described the measures taken by the university to accommodate a more inclusive physical, academic environment:

[W]e have a designated prayer space in there as well which has the same rapid air exchange facilities in it. So, we’re trying to take structure into account […] we’re looking at mural space and also outside art. We’re trying to really carefully balance um representation with not like, tokenizing a situation we can’t follow through on. So […] we’re trying to up our game so that we can kind of earn the right to do that without being fake. […] So I think those structural things are also opportunities for different processes, um different topics, different ways of doing things because it’ll feel like the structure and the context is a little bit more open to start with. That’s the goal anyway.

This instructor also discussed fostering students’ connections with nature, whether through metaphor or by encouraging students to walk with clients outside of the building. Attending to the structural environment means adopting a more flexible teaching practice. For example, if student counsellors and their clients mutually agree to have their session outside, the instructor would balance the safety of counsellors and/or clients with the authenticity of the relationship. Similar flexibility was incorporated into the classroom by this instructor, who was cognizant of the comfort and configuration of student seating arrangements by having “more of a circular” formation (TAYLOR). This teaching strategy reflects teaching strategies laid out by
Asmar (2012) for building trust and respect and understanding, anticipating, and allaying fears.

A second aspect of incorporating holistic teaching approaches includes facilitating difficult dialogue by using strategies to foster relationship building in the classroom and to navigate emotions. For instructors, this loosely means creating a learning environment where they together work with students to actively unpack and explore stereotypes, old assumptions, opposing ideas (etc.). GERARD describes the unpacking process:

[F]or me, it’s “okay you have this opinion, let’s explore that. Where does it come from?” And then you explore the group as well and so the student in relation to the group starts to position themselves already…you know isn’t that interesting, that I have a different opinion and, and then we start to explore where well do you think that comes from?

Facilitating dialogue also means encouraging feedback from and being available for students. For example, REMI describes “reminding people that I’m available to talk to them after or outside of the classroom about feelings that they might have that are problematic.” Establishing a relational dynamic between instructor and students can shift the instructor’s role away from “expert” and open the potential for more reciprocal learning experiences. For example, on occasion, students called out their instructors, which nurtured their own self-reflexive learning process. For example, LENNY shared their own experience with “a rebellion” in the classroom:

The rebellion was the students were objecting to the idea that part of the presentation would be to present that general view of… features of this cultural subgroup and they were doing it on the premise that this is stereotyping and it would be presumptuous to try and nail to the ground what this group’s cultural experience is, and the ironic thing
about that was that from my own background in narrative work and feminist work, I did have reservations about that kind of take on things.

While challenging, fostering a reciprocal learning environment can shift the traditional instructor-student power dynamics and concretely demonstrate the instructor’s humility, creating greater cultural safety in the classroom.

Strategies used to encourage collaborative learning include group projects and/or private/group discussions. Many instructors also acknowledged the power of collaboratively learning directly from Indigenous Peoples/communities, whether through other Indigenous students, Indigenous authored readings, or guest speakers. Encountering diverse perspectives was helpful to “build bridges” (JORDAN). Similarly, by engaging the diversity of the student body, instructors were able to facilitate students’ exploration of different frames of reference through the variety of lived experiences in the classroom. For example, GERARD discussed the richness offered by engaging the various frames of references in the learning environment:

I think it’s very different when I was teaching 18-year olds versus what I’m teaching now. Sometimes I can’t get them [the students] to stop talking so that I can actually teach them, you know the material. But I think it’s good. It’s such a richness, and it adds to it, you know? Yeah, LGBTQ we have…it’s[…] incredibly diverse, you know?

While this type of learning does not include a simulation, clinical placement, or community immersion/engagement as outlined by the Department of Health (2015), it could be a first step towards more experiential learning processes.

Safety is fostered by meeting students with curiosity or repairing relational ruptures that may arise from difficult conversations in the classroom. GERARD shares how they create
openness from the outset of their course:

Creating openness, for me it’s about creating safety. So that’s number one… The worst thing you can do is if a student, um expresses an opinion that maybe is on the sidelines is to attack them for that […] because then you just create defensiveness. […] So it’s safe, it’s creating safety, big time.

Creating this environment includes establishing ground rules for the course by ensuring respectful discussion and creating boundaries while also giving space for silent voices to emerge. Respectful discussion means students are prepared through curated readings to give background on the topic and meet new ideas with curiosity. As LENNY suggests:

[A]t the beginning of the course, I would share with students that these conversations can be very powerful and very intense for people and that power relations can play out even within the room and […] that it would be important to meet other people’s points of view with curiosity and openness, rather than debate.

Boundaries provide a container, both for appropriate disclosure of personal experiences and for the addition of nuance and complexity to the conversation. RORY describes the complex process of navigating classroom boundaries:

So especially when dealing with [the department the counselling program is in], you know because of the guise of Christianity, you really have to set up some ground rules. So first, this is not Christian bashing, you know? I’m going to tell you some hardcore truths about what Residential Schools were. But this isn’t me sitting here saying that religion is bad. This is, you know, people who are working under um, ultimate power. This is, you know, nobody was watching, yet we see these things, you know, in the
structure of the Church today. This is not news. This isn’t saying Christianity is bad. Christianity is great. Christianity is a beautiful thing. However, its these people who were working under these headings that were doing these awful things while nobody was looking. Second of all, this is not a “Canada’s bad” conversation because if you go in, you know, talking to people about what this country has done and continues to allow to have happen without saying you know, Canada’s a bad thing, they’re going to automatically shut down right? So, when talking to people about this stuff, I find that going in with a, you know, setting up those…well, first this isn’t a Canada boo. This isn’t a religion boo. […] I’m not going to get mad any questions you may have. I will let you know if it’s not the best way to ask them, but I’m not going to get mad. I’ve heard it all.

You know setting it up, so they feel safe is really important.

The preamble RORY describes prepares students to engage in critical thinking and move away from binary thinking through alternative Indigenous narratives of Canadian history (Boler, 1999; Singleton & Linton, 2006; Nakata et al., 2012; Franklin et al., 2014; DiAngelo, 2018). Though sharing personal experiences of learning, challenge, and inexperience offers a point of connection (Asmar, 2012; Department of Health, 2015), boundaries provide a guideline to ensure that no one person co-opts the learning space. Boundaries are critical to creating space for silence to allow for processing and responses from students who might take longer to share. As LENNY suggested, “[y]ou need to slow it down. You need to be able to sit with silences, you know? Just as you would in a therapy session.”

To facilitate difficult dialogue, instructors reported needing to navigate students’ emotions. When I asked about students’ emotions, instructors shared a range of experiences. Most instructors did not recall encountering strong emotional responses during their teaching.
Through careful moderation of emotionally charged conversations, instructors may have avoided or tempered emotional reactions from students. For example, LENNY shared, “I think analyzing by videotaping every class you’d probably see ways that conversations got tempered to avoid [emotional reactions], you know, tempered by me, and not even necessarily consciously.” On the other hand, it is also possible that students felt unsafe to express themselves honestly or that by nature, counselling students are empathic and more willing to accept responsibility for their white privilege.

Instructors who reported encountering student emotions described these reactions as defensiveness and/or discomfort. For example, RORY suggests, “[T]here has to be a lot of pre-ambling stuff that happens, right? Because if you literally sit down with somebody and start to hammer out all of these things, […], it can be very…I find, and I have found that it can be very sort of…they can feel attacked when you’re doing that.” Such emotions may arise when students retreat to previously held assumptions when challenged by the idea of “therapy as a colonizing force” (TAYLOR). By holding space for processing emotions and using students’ emotions as a learning opportunity, instructors can navigate difficult terrain. For those who did not recall encountering student emotions, holding space might mean instructors would meet students’ emotions with curiosity, acknowledgment, and respect to normalize and explore why they are feeling what they are feeling. JORDAN suggests that “if emotions get triggered certainly validating them […], normalizing them because […] those are very painful topics.” This approach is consistent with strategies outlined by the Department of Health (2015) for using discomfort as a teaching strategy, negotiating emotional reactions, and maintaining relationships (Mezirow, 2000; Czyzewski, 2011; Asmar, 2012; Fernando & Bennett, 2019). On the whole, instructors recognized emotions as an important opportunity for learning. For example, REMI
concretely discussed helping students to move through shame and guilt to mobilize for social action:

So helping people to understand that[…] there’s a difference between[…] shame and guilt for what I’ve done, which I think need to take ownership for and the shame and guilt I experience in recognizing that I’m a benefactor of somebody else’s[…] unjust actions. That shame and guilt, I don’t think is helpful. So I need to lament what’s happened in the history, in the past, but instead of being mired in shame and guilt, I need to resolve to act for justice and equality and[…] a fair place, Truth and Reconciliation. So it’s that shift from recognizing that I’m a beneficiary of somebody else’s unjust actions, and once I’m aware of that, then I have responsibility for that.

Another strategy, described by TAYLOR, is interrupting problematic emotions by ending the conversation and debriefing later:

I mean on the few occasions which have not been specifically about Indigenous content or conversation […] where students have said something really problematic, I have just directly said: “I think there’s a lot to pull apart with this and I think that the things that you’re saying right now are not actually who you want to be so I’m going to end this conversation and change the topic and we’re going to come back to it once we’ve had some time to think about it.” And then I might talk to students individually if they’re open […] to it, like I’ll offer and then usually people will circle around the next class and come back to it in a better place because I don’t just want to kill the conversation, but I also don’t want […] to turn it into a debate when it’s not something that’s up for debate.

As part of incorporating holistic teaching approaches, instructors tried to adopt diverse
teaching methods that were inclusive of students’ personalities and learning styles. Elements of these teaching methods are loosely reminiscent of De Bono’s (2008) Six Thinking Hats and Yunkaporta’s (2009) Eight Ways of Learning Model, which engage the whole student. For instructors, being inclusive usually means accounting for differences in introversion and extroversion. To account for differences in student response times, instructors would sit with silence, include both big and small group discussions, and/or assign reflection papers or journals to tune in with more introverted students. JORDAN describes how journaling can support this process:

My students also do journals at the end of each class that I just witness. I don’t respond to, but that’s a good place for processing outside of class. But we do just acknowledge the normalcy of those feelings, and how we need to be aware of them when we’re doing the work as well, so it’s not taking […] I mean it’s important, but our stuff needs to be dealt with outside of session, right?

Instructors also diversified their teaching through a combined didactic lecture and videos that bring diverse perspectives/ voices. For example, FINN used videos to incorporate different perspectives in their teaching:

I brought in […] various viewpoints just through videos cause there’s just so many awesome programs out there where who would speak about their programs and the aspect of their programs that, at […] work with […] health and mental health from diverse perspectives […] like including Indigenous perspectives and so […] like showing those and […] not just me speaking but to kind of let other voices just through the video.

To a lesser extent, instructors spoke of ‘decolonizing’ in their teaching.
There were a few ways instructors tried to decolonize their classroom to create more space for different ways of thinking and engaging in Indigenous perspectives. REMI discussed art as a powerful teaching tool in teaching and learning:

I think that […] if you engage with both sides of the brain when people are learning that there’s […] a different kind of thing happens in the classroom. I think that really […] opens up possibilities for different ways to see the world, to understand problems, […] to be more appreciative. […] Again, I think it helps people to see their frame of reference.

Instructors may include visual art, fiction, poetry to spark different ways of thinking about a given topic, much like De Bono (2008) suggests. GEORGE offers the following example:

I also have them read a novel. […] I have a whole list of bicultural novels and Indigenous is one and they have to read…and so I had quite a few people reading Wagamese, and I had a few people reading um some of the other ones. I’m trying to think… I have them at home. […]o I have a whole list, and there are about 3 or 4 […] Indigenous and people have, and you know, people have actually chosen those and “oh X, that’s a horrible story!” And I say, “yeah, there it is.”

For another instructor, organizational change to the classroom, like sitting in a circle, “opens up for a lot of things to be different” (TAYLOR). By engaging creativity, instructors are better able to facilitate the exploration of a topic through multiple perspectives, allowing new ideas to emerge (De Bono, 2008).
Experiential learning was also an important and immersive way to engage students in learning about Indigenous communities. GEORGE articulates the importance of experiential learning:

I really would like to see more people have more experiences where they’re just put in a situation where here you are, you’ve got a job to do, but you need to learn how to socialize with people who are all different than you.

Some instructors mentioned incorporating experiential learning through field trips to communities or the on-campus Indigenous student centre by attending community events, or by having in-class discussions/encounters with diverse perspectives. JORDAN offers the following example:

So, my students are required for three of their assignments to go and do different events and do self-reflection on them. So one event they must go to is an unfamiliar religious organization or event to experience that. Another is […] sort of ethnic, cultural event and the third is First Nations, Aboriginal type event […], and their self-reflection has to include their own reactions, any biases that come up and knowledge gained, and how they will use this to inform their clinical practice.

Meanwhile, some instructors recognized the importance of modelling humility and respect to teach humility and respect. Instructors discussed how they tried to model humility by sharing their own identity, learning process, and/or mistakes, or just by simply “getting out of the way” (REMI). Since role modelling is critical to learning cultural safety (Department of Health, 2015), this is a promising finding. However, given the low level of community engagement through partnerships and collaboration, it is questionable how frequently modelling occurs.
4.3.3 Developing Skills to Support Students’ Inner Work

Instructors tried to support students to develop the skills to do their inner work. Part of the work Indigenous cultural safety calls us to do is engage in outward-facing social action. Inner work calls us to “[heal] from our own experiences of racism and [develop] the mental and emotional capacity to handle daily challenges” (Magee, 2019, p.48). I would add that for non-Indigenous, white students, this inner work requires acknowledging, working through, and alchemizing the white privilege we embody in body, mind, and spirit. This work is critical to nurturing a culturally safe counselling practice. Instructors’ primarily built students’ capacity to engage in inner work by fostering student reflection and openness.

Instructors were emphatic about the importance of fostering student reflection and self-awareness. A few instructors like SCOUT observed that by nature, counselling students were open to exploring self-awareness and doing the work:

[T]hey’re critical students. So, the group that I had they were quite sort of aware of the issues, and they were quite willing to examine their own blind spots and open to alternative viewpoints.

Yet, however well-intended, instructors observed that many of these students lack the foundational knowledge about Indigenous history and its connection to Indigenous mental health (LaRocque, 2002; Department of Health, 2015). One instructor (RORY) with specialized expertise in this area observed, “regardless of the level of [the] course I’m in, undergraduate or graduate level, I cannot expect that there’s any sort of, you know foundational knowledge. So, I always have to start at literally the basement.” While students’ openness to learning is encouraging, it is clear Counselling Psychology programs require a greater capacity to teach Indigenous cultural safety in a meaningful way. Given that many instructors confessed the limits
of their own knowledge about Indigenous cultural safety, they did their best to support students in navigating diverse racial and cultural clientele by taking a broader approach to culturally relevant counselling.

In class, students were encouraged to reflect and “confront [their] own biases and assumptions, personally and professionally” (JORDAN). Instructors like GERARD spoke about the importance of exploring and unpacking how one understands and responds to their own and other cultural identities:

Well, I think for […] them it’s also, they have to explore for themselves, […] How do they identify? What is their background? How does that play in terms of their views? And then, the awareness piece is huge clinically because whether you like it or not, it’s going to have an influence and so recognizing that it’s there, you can identify it and work with it. And then you know you can hopefully minimize the potentially negative impact…that if you weren’t aware, it, it could have an impact right on your clinical practice. In terms of the students, they are encouraged to do that personal reflection.

Instructors guided students in unpacking the various social identities they inhabit and how power factors into relationships with clients. SCOUT offers the following example:

We’ll look at intersecting identities and so as an example, we talk about alternative ways of conceptualizing mental health and wellbeing, alternative ways of thinking about what healing is, what it looks like and how do we, when we diagnose, when we treatment plan, when we think about presenting issues, which perspective is it that we are taking?

Instructors described the process of assisting student self-awareness as a facilitated voyage of
self-discovery through encountering different frames of reference, “listening for the unsaid” (TAYLOR), understanding micro-aggressions, and distinguishing racism from discrimination. Specifically, REMI recognized that:

I can choose to be discriminatory. But I can’t choose to be racist. I just am racist. […] I can and should have shame and guilt about my discrimination, but I shouldn’t have shame and guilt about my racism because my racism is […] is how has culture shaped me. But once I know about it, now I have responsibility towards it.”

Instructors often discussed using reflection papers and/or reflective exercises to facilitate private reflection and class dialogue, respectively. Facilitation through class dialogue usually included directive questioning either in response to observing a therapy session, a guest speaker, or to topics raised in that specific class. For example, GEORGE mentioned that once a guest speaker shares their story, they “go around the room and ask each person to say what the person says was most helpful to them.”

Instructors were notably most focused on bolstering students’ cultural and racial self-awareness. However, only a few instructors were explicitly aware of the occupational risks for counsellors and the need for subsequent support. Specifically, some instructors recognized how counsellors “have to look evil in the eye quite a bit” (REMI), so the act of supporting others can aggravate and/or impact students’ own mental health. The fact that this self-care piece was a small sidebar could be because self-care was perceived as separate from, rather than interconnected with Indigenous cultural safety; it might also be that instructors simply did not consider or prioritize it. Instructors recognized that potential counsellors need to be willing and able to engage in self-awareness and reflection, to practice self-care, and to seek support as required.
Fostering students’ openness was another component of developing skills to support students’ inner work. To safely respond to client experiences, instructors encouraged students to cultivate humility, curiosity, and an open mind. Humility means maintaining a non-expert stance by “not to go[ing] in assuming anything” (GERARD) about the client or their experience, not imposing personal and/or cultural ideas of health, and instead always being led by the client. –RORY explains how important it is for counsellors to understand who they are and where they come from, so they are better able to know how they can provide support:

I mean in the context of the [university], these are the things that you need to know when you’re working with Indigenous People, is where the trauma comes from, how it sort of is expressed, […] and the best thing for people like you, working within this context of counselling, is to first of all know […] what you represent, know where they are coming from and then know how best to be an ally to them which is being embedded within Indigenous communities so that you can pull those people in to help this person out.

On a practical level, the question of how to teach humility was only directly addressed by REMI, who brought a nuanced understanding of how different groups of people might interpret a discussion of humility:

This is […] a mark of wisdom is […]to know, […] to be humble but not to be self-effacing, right? […] This is especially a problem. […] I don’t want to be essentializing, but women have been told to self-efface; I mean, this is a cultural thing that women are told to self-efface. So, I’m very anxious about telling women you need to be humble, right? I think there’s a kind of humility that, that actually […] owns the skills, the power you have and uses it in a way that empowers other people so […] I think that’s the kind
of humility we want to engender in people, not a sort of a self-effacement that […]

doesn’t use the powers you have for the benefit of the world.

I chose to highlight this quote because it was a strong and unique example of how instructors can understand that knowledge will not be received the same way by different students, given their diverse contexts and backgrounds. Diversity in the classroom is critical to creating safe relational learning spaces (Asmar, 2012).

Openness also means entering the therapeutic relationship with the spirit of curiosity. Along with humility, curiosity is an important quality to foster because it allows students to shed preconceived cultural assumptions and actively tune into their client’s story. Recall that the danger of cultural training is the tendency to “learn lists of what are issues facing cultural subgroups” ([LENNY]; IPAC-RCSPC, 2009). Curiosity and humility avoid this tendency, instead of supporting the capacity for students to have an open mind and to learn from the clients’ own direct experience and cultural orientation (Waldram, 2004; Baskin, 2016). The counsellor can then authentically listen for “what their culture means to them, what aspects of their culture are important” (JORDAN).

For some instructors, understanding the complexity of social identities helped students navigate the interaction of the various social identities, both client and counsellor inhabit through the therapeutic relationship. SCOUT describes how this approach can support students to see the complexity of clients’ identity:

[W]e look more at sort of intersectionality and much broader so looking yes kind of in the way that people self-identify in terms of their ethnicity, in terms of their race but how that intersects with their gender, with their socioeconomic status, with their sexual orientation, with their religious practice and spirituality. So, it’s really looking at it from their
intersection, looking at the full complexity, that if somebody is working with an Indigenous client that don’t think they can kind of use a cookie-cutter approach, right? That they think about the complexity of that individual’s journey and their life and how the different elements of their identity in a way intersect with one another and then bringing that into the therapy room.

The idea of unpacking social identities helps to frame the reflexive process for students by enabling them to understand what privilege they hold, how power plays into the relationship between counsellor and client and, how to tailor the counselling process to each specific client. Others also reported incorporating a narrative therapy approach, which allows students to support clients to situate their personal narrative in the broader sociocultural context and create space for new stories to emerge by reframing and deconstructing their existing narrative. -

TAYLOR offers the following example of how they address narratives in the classroom:

[S]o we do re-authoring of histories which I think is really important for people who have been forcibly disconnected from the elements of their history […] that can apply to Indigenous clients as well, of course. Also, immigrant clients, refugee clients. […]S]o we talk about that which I think opens up a wealth of different social locations and perspectives and to deconstruct it. Narrative is based around a lot of social justice philosophies of acts of resistance. […]S]o if we don’t have any students in the class calling stuff out and critiquing it, and saying it’s not universally good and we’re not doing a good job with it because we’re supposed to be questioning it.

The process of deconstructing and reconstructing personal and cultural narratives supports students’ capacity to see the client in the broader colonial context (LaRoque, 2002; Yunkaporta, 2009). By contextualizing clients’ life experiences, students become oriented to stories of
survival and resilience, making them better able to listen for clients’ strengths.

Students are encouraged to listen for and explicitly acknowledge client strengths. Keeping “our eyes on [client’s resilience]” (JORDAN) is critical to breaking out of the self-fulfilling prophecy of ill health written by deficits-based research about Indigenous Peoples (McBeath, 2020). Strengths and resilience-based dialogue inherently recognizes the human capacity to learn, grow and change; it honours the individual’s own abilities, knowledges, and capacities and acknowledges the environmental context that shapes an individual’s experiences and their drive to survive. Strengths and resilience-based perspective recognizes the importance of positive expectations and hope and builds on both community resources and community as a resource (Australian Government, 2013; Dunleavy, 2013). A curious, humble, and open mindset supports counsellors’ capacity to listen differently.

4.3.4 Fragmented Engagement with Context of Indigenous Mental Health

While fostering openness was considered to be critical to student development, this needs to be balanced by a foundational knowledge about the context of Indigenous mental health. One instructor notably described trying to strike a tricky balance between “becoming familiar with general issues which […] could be seen to be shared amongst members of a cultural subgroup” and “specificity of each person” (LENNY). The instructor data as a whole roughly mirrors the divide LENNY describes here. Some instructors tried to introduce discussions of the broader sociocultural context impacting certain cultural groups, embedding a ‘multicultural’ perspective that does not speak to any specific cultural or racial subgroup. Their approach is to teach students broad skills like reflecting and asking open-ended questions to be tailored to an individual clients’ life experience.
By contrast, other instructors reported incorporating discussions about the context of specific cultural groups; instructors described dedicating class time to Queer or Muslim or Indigenous issues, for example. In this scenario, instructors often restrict Indigenous mental health to one class within a whole course. An invited Indigenous guest speaker or the non-Indigenous professor (depending on comfort level and/or experience) might teach this class. Indigenous guest instructors, like RORY, were able to speak more comprehensively from their deep knowledge of the “foundational stuff” (RORY), the social, political, legal, and cultural context of Indigenous mental health such as the Indian Act, residential schools, and so on.

Meanwhile, non-Indigenous instructors may provide a preliminary introduction to Indigenous mental health by drawing on their academic or clinical experience; they might dedicate a class to learning about incorporating Indigenous healing approaches or preparing the class for a guest speaker with more expertise. For example, SCOUT offers a “lecture on Aboriginal approaches and traditional healing practices […] drawing on [their] research […] [about] how some Canadian mental health professionals do this kind of work with patients.” Instructors in this camp tried to teach students how to be critical about existing Western therapeutic models and acknowledge the plurality of Indigenous experiences. Critical thinking allows students to tolerate ambiguity, recognize multiple perspectives, critique knowledge presented, and process the complexity of Indigenous content (Nakata et al., 2012).

Some instructors mentioned embedding multiculturalism throughout their course without specifically addressing Indigenous mental health or cultural safety. In such cases, instructors reported a broad-strokes approach to cultural diversity, addressing such issues as, intergenerational trauma and recommending perspective-taking when encountering any racialized client. Class discussions would center on topics that they suggested could apply to
many different cultural groups, including Indigenous Peoples. SCOUT describes how the idea of perspective-taking can be generalized to different client groups.

Well, I think its weaved in throughout the course. The idea of perspective-taking. The idea that the Western take on mental health and diagnosis and treatment is one perspective. It’s one truth. It’s not the truth, and that’s weaved in throughout the course because we do again draw on clinicians and scholars from other parts of the world.

The risk with this approach is that it reinforces the dominant narrative based on multiculturalism and universalism. Such courses reinforce a narrative that positions all cultures in Canada as having an equal claim on government and societal attention, thereby rendering culture and race invisible by ignoring distinct differences between people (Brascoupe & Waters, 2009). Such a position stands in direct opposition to Indigenous cultural safety, which upholds the unique cultural identities, histories of Indigenous Peoples (Ramsden, 2004; Brascoupe & Waters, 2009). It is worth noting that no one course exclusively addressed Indigenous cultural safety, which likely links back to instructors feeling uncomfortable teaching this topic, grappling with their own privilege, and/or lacking meaningful community-campus partnerships.

4.3.5 Awareness of Indigenous Support Resources

Instructors acknowledged and were aware of Indigenous support resources as critical to shifting Counselling Psychology education and support, more broadly. As found during the environmental scan, universities offer a patchwork of different Indigenous resources, depending on their finances and what stage they are at in Indigenizing their curriculum. In general, resources typically include an Elder in residence, local (off-campus) Indigenous organizations, on-campus Indigenous student centers, Truth and Reconciliation resources, and
a few Indigenous faculty/staff. Indigenous People, within both community organizations and
academic institutions, were by far considered by the interviewees to be the most important
resource for supporting Indigenous cultural safety in Counselling Psychology programs. RORY
describes how overburdened the Office of Indigenous Initiatives is trying to support Indigenous
cultural safety on their campus:

[S]ince the onset of […] the Indigenous student centre, the Office of Indigenous
Initiatives. They’ve been pulling double duty, triple duty in a sense because they’ve
been doing their own jobs, plus everybody else’s jobs to make sure that Indigenous
students are okay, and then they are also being asked to help out with content.

On-campus Indigenous student centers and organizations are viewed as critical support
to Indigenous mental health, providing “a sense of home” for students, cultural programming,
educational events, and links to local communities/organizations or ([RORY]). For some
instructors, like GERARD, these resources were for referral purposes for students and clients:

[I]f it goes beyond just that request, and we can’t meet it, then we do have like the [local
Indigenous organization] is one of them, […] we do have a referral list that we refer to
and that we can send clients to if needed…including our students if they […] need
[…]to have supports. […] In terms of externals, our students do externals as well in
some of these places.

At the same time, some instructors were concerned with how their institutions engaged
Indigenous People. That is, instructors were aware that the few Indigenous faculty and staff
were disproportionately shouldering the responsibility of supporting students and advocating
for change. Meanwhile, one instructor mentioned the Elder-in-residence at their institution
would be invited to speak at faculty meetings but was not actively involved in “planning or
admin or anything like that” (FINN). The sentiment here was that the Elder’s presence felt tokenistic, rather than representing a meaningful effort to inform the development of an Indigenous curriculum.

4.3.6 Connecting Students to Learning Opportunities Outside of the Classroom

Many instructors encouraged their students to engage in “lifelong learning” about Indigenous mental health (GERARD, REMI), to understand “where the trauma comes from, how it […] is expressed […] and [to] know what you represent, where you are coming from and how best to be an ally to [Indigenous People]” [RORY]. Instructors emphasized that their course is a starting point to move beyond “ground zero” (JORDAN). To encourage lifelong learning, instructors connect students to learning opportunities outside of the classroom. Such learning opportunities include Indigenous workshops, campus/community events, and/or training that allow instructors to “encourage very strongly students to attend and to take part and to learn” (SCOUT). Some instructors make participation optional while others require students to attend and evaluate students’ reflections about such events. Instructors also provided access to personal or academic resources about Indigenous mental health such as UNDRIP, books, or knowledge holders: -

I think it’s helpful in the classroom to point people towards these [resources]. So I have students read UNDRIP, […] they read They Came for the Children from the TRC. We’ll read some of the calls to action in classes. Those are important, I think (REMI).

Students’ experiences reflected the importance of lifelong learning as they started integrating their classroom experiences with their practice.
4.4 Theme 3 – Advocating within Institutions

The third theme, Advocating within Institutions, demonstrates a collective recognition of the changes needed within academic institutions. Advocacy means that instructors recognize that Indigenous inclusion, collective accountability, and meaningful Indigenization requires more support. Instructors also acknowledged several institutional/structural and sociocultural constraints to teaching and enacting Indigenous cultural safety in Counselling Psychology programs and the Canadian culture, more broadly. However, instructors also recognized the availability of some broader supports for meaningful Indigenization.

4.4.1 Recognizing Indigenous Inclusion in Institution

Instructors recognized that to teach and enact Indigenous cultural safety, counselling programs need to have greater Indigenous leadership, capacity, and student presence. Several instructors like RORY emphasized that the absence of Indigenous People in decision-making and teaching positions is a barrier to creating Indigenous cultural safety, “I would like to see Indigenous people hired to teach Indigenous-specific courses.”

Ensuring that “the right people [are] around” (RORY) is important to teaching and creating Indigenous cultural safety in a good way. This realization means having the appropriate knowledge, expertise, and capacity available to teach Indigenous cultural safety. GERARD reflects these concerns:

Even if we get lots of funding to develop stuff, if we don’t have the people with the proper training… my fear is always to develop something that’s another program that’s developed […] by people really have no idea what they’re, they’re talking about.

The danger of this “not knowing” lies in perpetuating old assumptions and stereotypes
about Indigenous mental health through poorly designed curricula. It was concerning to note that some instructors had witnessed a non-community engaged approach to ‘Indigenizing’: –

Well, yeah […] there’s been issues. […] All of the committees, like the big level committees that I sit on, are prioritizing Indigenizing our curriculum or our spaces or whatever. I don’t know that anybody in the room is actually talking to Indigenous People about what that would mean or if we’re just saying that and not doing anything, but we feel better because we said it (TAYLOR).

Instructors calls for greater Indigenous capacity reflect concerns about how the current overreliance on the few Indigenous People within the university leads to burnout. The reality is that the few Indigenous leaders, instructors, and staff are currently “overworked, over-utilized, underappreciated, and underserviced” (RORY). This reality is consistent with research showing that Indigenous People working within the institution are balancing working with their culture in an inherently colonial institution, supporting Indigenous students, with educating non-Indigenous People (Mohamed & Beagan, 2019)

Indigenous representation is critical to supporting greater Indigenous student presence. A few instructors observed a lack of Indigenous student presence in their classes, suggesting that fewer Indigenous People are entering the counselling field. RORY points out that it is likely that Indigenous students’ do not feel safe openly self-identifying in counselling programs.

I always say that to the instructor […] like do you have any self-identified students? Do you know if you have any Indigenous students in the class? […] they’re usually like “oh no, no I don’t think I have any of those” and sometimes, somebody will, you know, through the course of questions and discussion, they’ll be like “Well you know, my
grandma or my this or my…” and you know, and it’s like “okay you do have Indigenous students in your class. They just have not felt comfortable coming forward and saying that.” For whatever reason. Because we don’t all walk around wearing headdresses […] and buckskin dresses anymore. We look like everybody else, and […] we’re not visible all the time.

RORY’s observation raises a few issues. How do instructors identify Indigenous students? What assumptions underlie how instructors perceive Indigenous students? Why do some Indigenous students feel unsafe self-identifying in counselling classrooms? Cote-Meek (2014) and Battiste (2013) point out some of the risks that accompany being visible as an Indigenous student in the classroom; these include denial of racism, silencing students, calling on students to be the “Native expert.”

Some instructors recognized that ally support and positive leadership is required to ensure meaningful Indigenization and advocacy efforts. However, few could think of positive allies within their institution that “are willing to […] give up themselves and do it in an authentic way and not […] allow the colonial violence to become part of things” (RORY). True allyship is the difference between “embracing the position [of ally]” (RORY) and being paralyzed by “feel[ing] we don’t know what we’re doing so we can’t do it” (TAYLOR). Most positive leadership examples seemed to come from other Indigenous People within a few institutions who were the “driving force” of Indigenization efforts (RORY).

**4.4.2 Need Greater Collective Accountability**

Greater ally support and positive leadership require non-Indigenous People to take responsibility for Indigenous cultural safety collectively. In Counselling Psychology programs, this means creating a community that promotes greater accountability amongst administration,
instructors, and students to build campus-community relationships and participate in on-campus learning opportunities. A visible sign of commitment to Indigenous cultural safety was the presence of instructors, staff, and students and the effort they put in. For example, when Indigenous related events were made available on certain campuses, some instructors observed low attendance at these events, indicating a possible “lack of awareness…or curiosity” (SCOUT). Other instructors like TAYLOR and GERARD observed that without the department cultivating relationships with local Indigenous communities and organizations, Indigenization efforts would not be meaningful:

People don’t know we’re here. People don’t know where to park. We are not […] connecting ourselves with existing […] community groups and […] we would not only have to connect ourselves, we would have to connect ourselves well and respectfully in a mutually beneficial manner, and we aren’t even attempting it at this time (TAYLOR).

4.4.3 Little Institutional Support for Meaningful Indigenization

Greater institutional support is needed for meaningful Indigenization. Several instructors considered their programs to be in the early stages of transitioning to include more Indigenous curricula. Many of these instructors also simultaneously acknowledged that they were experiencing pressure from their departments to include more Indigenous curricula:

I think right now it’s like an exploration of […] how can we do that because there’s a push from the administration […] in terms of[…]serving the clientele a little bit more. On our side, we’re trying to see how do we do that in a way that is both respectful but also culturally, like being culturally competent, so we’re looking at workshops as one avenue for both staff and also how to incorporate it more into our pedagogy (GERARD).
However, few resources, financial or otherwise, seemed to accompany this pressure, leaving instructors feeling “there’s a lot of talk but little action so far” (GERARD. Meaningful Indigenization requires some key resources, including financial support, Indigenous faculty/staffing, and time (RORY, FINN, GERARD, and LENNY). RORY summed up the sentiment well by stating – “institutions show what’s most important to them by how much money they give out.”

4.4.4 Sociocultural Constraints on Indigenous Cultural Safety

Instructors recognized that various contextual factors shape how counselling students perceive and learn about Indigenous mental health. Instructors pointed directly to the colonial narrative about Indigenous People, which has created “very deep-seated…caricatures of what Indigenous People are and who they are […] that the media, stories we heard as children, […] have shaped in our minds what an Indigenous person is, how an Indigenous person thinks, what their interests are” (REMI). This form of representation has created tropes that foster stereotypes and assumptions amongst instructors and students. Some instructors like RORY added that there had been a deliberate effort to withhold the truth about Indigenous experiences of colonization, leading to a lack of foundational knowledge among instructors and students alike: “It’s […] the curriculum that has been kept from most of Canadians at this point. Um, so I usually try to start off with really foundational stuff, you know?“ It also shields the general populace from the reality of systemic racism. The invisibility of these colonial mechanisms, both within individuals and externally, through societal structures, continues to suppress the meaningful dialogue that calls on all Canadians to take responsibility to learn about cultural safety and to be culturally safe. This insight leads back to the sense of “not knowing” RORY discussed why
instructors are so aware of their own limitations, and why students are subsequently untrained in this area.

### 4.4.5 Breaking Down Walls in the Institution

Instructors discussed ways their departments were breaking down walls to create more connections and more meaningful dialogue about Indigenous cultural safety. Existing supports for more meaningful dialogue include creating community in the institution, advocating for departmental inclusivity, holding space for on-campus discussion, and advocating for people to be authentic. Instructors like TAYLOR note that underlying these supports is a broader shift in awareness, allowing people to engage in conversation about Indigenous mental health:

Other times people are just like this [Indigenous cultural safety] is important, and then it’s been said. But I think it is a support that it’s being said [...] [S]o there is this feeling of like urgency about it which is good.

Instructors mentioned witnessing a generalized rise and shift in how universities and how they engage with Indigeneity. The increase in conversation represents a prolonged shift towards a more “systemic cultural view of human experience” (LENNY) by introducing a more holistic and human way of being and of relating to one another within the university. If the best way to learn about Indigenous cultural safety is to see and experience it, university administration, staff, and counselling instructors must model it. As a first step, greater efforts are being made in some departments to advocate for inclusivity through more diverse hiring (in some cases including Indigenous hires). Creating space for different perspectives allows for greater opportunities to encounter those who work to create a community inside universities and to advocate for authenticity, allowing people to break out of “siloed mentalities” (REMI).
In summary, instructors generally demonstrated a growing transition and desire to ‘Indigenize’ academic institutions and curriculum. They recognized the importance of being open to learning and building relationships with local Indigenous communities and organizations. However, few had concretely and meaningfully engaged in that relationship-building process. As a result, much of the heavy lifting of ‘Indigenizing’ curricula is being done by the very few Indigenous instructors or staff employed at those universities. Unless Indigenous instructors are available, students receive very little exposure to Indigenous perspectives, histories, knowledges, or teaching approaches. Instead, instructors seem to focus their efforts on building students’ reflection/reflexive capabilities and encouraging them to educate themselves through Indigenous resources. Instructors recognize the value of advocacy, citing the lack of institutional supports, collective accountability, Indigenous instructors, and allies as barriers to ensuring Indigenous cultural safety. Instructors pointed out that while there is a long way to go, growing attention to Indigenous cultural safety is encouraging.

4.5 Study 3 Results - Zooming into the Counselling Students’ Domain

This section reports on my conversations with 16 counselling students (n=1 Indigenous-identifying student) across all six Ontario universities. I sought counselling students’ perspectives to answer the question, How are future counsellors connecting their classroom experience with their ability to engage in culturally safe practices with Indigenous clients? Three main themes emerged from the data to describe the impact of classroom experiences on future culturally safe counselling practice. Figure 4.5.1 provides an overview of the themes and subthemes.
Figure 4.5.1 – Overview of Study 3 Themes
4.5 - Theme 1 – Student Way of Being

The first theme, Student Way of Being, relates to the nature of the person, their personal characteristics, and level of awareness. This way of being is what the student/counsellor offers to both the therapeutic relationship and classroom through their way of being.

4.5.1 Being Reflexive

Some students were reflexive about their level of awareness regarding Indigenous cultural safety. Being reflexive means students described their own reflexive practice, connected the colonial discourse with their own worldview and recognized the importance of learning more about Indigenous mental health. Students demonstrated their own reflexive practice by understanding themselves and their actions within the context of the broader Canadian culture. Students were aware of their participation in the dominant culture, of upholding power imbalances, of their relationship with the land, of their positionality, of the importance of working on themselves and recognized the limits of their own knowledge. Broadly speaking, this included understanding their personal/professional identity and how it shapes their relationships and what they know about Indigenous cultural safety.

Students connect their identity with their level of privilege and understand how important it is to be aware of the power they hold given the impact they have on their clients. Students’ reflexive practices include actions related to their awareness ALEX described their own process of becoming more aware of their privilege and what they represent as a counsellor:
I think that trying to find ways to flatten the power imbalance because inevitably, there is one. Like if I’m a researcher, then that has certain connotations around it. If I’m doing like community-based action research, or if I’m a therapist like innately, I just have more power in the room. I think finding ways to minimize that so not to mirror some of the past experiences that they might have had is really important […], and I think that that takes a lot of critical self-reflection on the therapist’s behalf.

Actions include the importance of continuing to work on themselves to understand personal biases, assumptions, relational power differentials, and to be a good human. Other actions include recognizing the limits of their own knowledge about Indigenous mental health experiences and their associated context.

Reflexive students were aware of how a dominant colonial narrative about Indigenous People shaped their own worldview and what they know about Indigenous People. Students recognized that factors that shape this narrative include Canadian culture having no roots/symbols, the history between the Canadian government and Indigenous communities, history being written by those in power, the influence of religious ideology, and the media. These factors served as different entry points for acknowledging a constructed colonial narrative about Indigenous People. For example, AUSTIN discuss how they have been shaped by a one-sided historical narrative that has been written and perpetuated by the colonizers:

It’s like they always admitted, “Yeah, Canada did a really bad thing,” but it’s like it never really gave a voice to the First Nations people, and I guess their story of it in these textbooks.

ALEX discuss how the colonial narrative has also been shaped and perpetuated by religious ideology and how that influenced them to see religious intervention in Indigenous
communities as a “good thing:”

But it, it did take a lot research on my own part, because I grew up in the Catholic school system, and I grew up in a Catholic family, and the way that it was always presented to me in school was that we did something really good for these people and without our help and intervention, they would still be uncivilized. Um, so it took a lot of my own like, distancing from that ideology to be able to come to like where I am now with it.

Students mentioned beginning to understand that the media perpetuates the colonial narrative (e.g., movies and the news). Students recognize that the dominant colonial narrative has shaped their own previously held assumptions about Indigenous People:

I guess there’s a popular perception that they seem to get a lot of free stuff, and you know that their, you know, the reasons that are given to the public are not […] they don’t actually let people know what happened to them. So when you actually recount how little they now get in compensation compared to what they actually went through (CAM).

Developing a reflexive practice means collectively recognizing the importance of learning more about Indigenous cultural safety. Reflexive students expressed this in two ways. First, students understood and valued the importance of Indigenous perspectives through a personal interest in Indigenous health. Other students expressed a desire to learn more about working with different cultures more generally. Students also expressed positive motivations for learning more about colonial history. For example, MORGAN acknowledged that the one-sided nature of Canada’s history and the gaps in their coursework motivate them to do their own research:
Like I learned how deeply that, how deeply that colonialism runs. So, because of what I didn’t hear in the course, I kind of took it upon myself to learn more on my own about um, like about colonialism. Uh, and so I guess that was kind of revealing in itself, I guess.

Of particular note was the number of students who understand the importance of Indigenous storytelling, and who expressed a desire to learn more directly from Indigenous People to decolonize their own counselling practice. EMERSON described grappling with how to decolonize their practice:

I would love to hear more in-depth as to as well how as a white practitioner, I may be able to work within you know circles of care or of […]utilizing what might be coined as “Indigenous counselling methods”… without appropriating them, without imposing my own views on them and instead rather collaborate with the clients and getting them the help they might need that is culturally sensitive and meaningful to them. Yeah, so I think that’s […] a component and you know like, ‘cause again I think like if that’s a question of cultural appropriation well I think that um, I should not get to know more about smudging, about uh the ways we can […] incorporate let’s say, anti-colonialist perspectives into the counselling practice […] of realizing and kind of like engaging with sweat lodges […] in the area or in you know other Elders’ communities.

While these students expressed a desire to learn more about Indigenous ways of healing, they also expressed apprehension about how to go about doing this without appropriating Indigenous knowledges.
4.5.2 Being Unreflexive

In contrast to more reflexive views expressed, some students also suggested that learning about Indigenous cultural safety was not a priority. It is important to note that some students who had expressed some reflexive views simultaneously expressed more unreflexive views, suggesting they were in the midst of their learning process (Appendix B). For example, some students like RYAN demonstrated siloed ways of thinking that are characteristic of Western counselling psychology, focusing on developing areas of specialization: -

Like I guess I’m not too concerned with counselling Native individuals because like speaking personally, so [...] my core competency is going to be with kids…it is with kids, and if I had Indigenous kids which I’m sure I will, I don’t necessarily think that the topic would like…their experience being Native… so if that does come up, I’m…it’s kind of like a cross that bridge when we come to it kind of situation.

Views such as this share the assumption that the counsellor would be able to identify an Indigenous client or that Indigenous clients only exist in certain spaces (e.g., rural or urban). This assumption begs the question of how a counsellor would identify an Indigenous client. What are assumptions underlying what an Indigenous person looks like or how they might present? Views such as these reflect a colonial narrative and do not account for the complexity of client identities.

Students also expressed some unexamined assumptions about Indigenous People. For example, for students like RYAN and KENNEDY, unexamined assumptions included essentialized views of Indigenous culture, which attribute features like “quiet,” “respect for earth,” “drumming,” as natural features of an Indigenous person. The problem with essentializing is that it fails to recognize the fluid, shifting nature of culture, which depends on
the individual’s positionality. For example, views like these may hold little meaning for clients who identify more strongly with the dominant culture. Similarly, some like KENNEDY had views based on harmful stereotypes and that lacked historical context.

### 4.5.3 Being Open

Students named several personal characteristics as crucial to being a culturally safe counsellor. Students mentioned that curiosity brings humility to their interactions with clients. Curiosity helped students, like BLAKE, to combat any assumptions they may make about an Indigenous client before entering the therapeutic relationship:

I’ve sort of come out of it as to be very attentive to how a person defines themselves and what that means for them as opposed to coming in with this pre-conceived concepts that so and so comes from this culture; therefore, they definitely have these qualities or these values or these characteristics. I find that it’s more respectful of people to inquire, to ask, to be curious, and to, to sort of meet them where they are.

For others, like KENNEDY, empathy helped them to appreciate how difficult it might be to navigate identity as a marginalized person in Canada - “Sometimes when I compare myself to them [Indigenous People], I just imagine that I wouldn’t be able to practice my own faith or my own culture here in Canada, and that would be so devastating for me.”

Taken together, students expressed that for them, curiosity, empathy, humility, and an open mind allowed them to learn from and value the lived experience of the client. This finding is consistent with literature that suggests that humility and empathy are critical to valuing and learning from the client’s lived experience (Tervalon & Murray-Garcia, 1998; Department of Health, 2015; Foronda et al., 2016).
4.5.4 Being Untrained

The baseline level of knowledge about Indigenous mental health was quite limited for several students prior to entering their graduate programs. A few students explicitly said that they had limited exposure to coursework relating to this topic area. For those that did, Indigenous mental health was an area of interest, so they sought it out where possible through elective courses or research options. For example, BILLIE’s previous degree signaled a longstanding interest in culture, more generally:

Having done a Master’s in Cultural Psychology lab and having done research before the Master’s in Cultural Psychology, I feel like, for the past 6 or 7 years, I’ve always been thinking about culture. It was my passion topic kind of thing.

A few others, like ALEX, commented on the absence of Indigenous history in the Canadian high school curriculum: “I really didn’t learn a single thing about cultural genocide or anything like that when I was growing up in school. So, it was only when I got to higher education that I started grappling with those issues.”

4.6 Theme 2 – Engaging through Learning

The second theme, Engaging through Learning, relates to fragmented experiences with course content and the learning environment itself. For example, some students learned about the context of Indigenous mental health and Indigenous ways of knowing while others did not learn about culture at all. This finding reinforces Guerra and Kurtz (2017) conclusions that the quality, format, and content of Indigenous cultural safety education varies greatly. Given that cultural safety is as much about course content as it is about course structure, delivery, and environment (Department of Health, 2015), counselling students discussed their experience of the learning
environment. Overall, there was a fragmented experience of the learning environment with students describing factors that made their learning environment either unsafe or relational.

4.6.1 Fragmented Cognitive Understanding of Context of Indigenous Mental Health

Students expressed varying (mostly limited) understandings about the context of Indigenous mental health. Discussions about culture ranged from no understanding of Indigenous culture or Indigenous ways of knowing, to having learned about a multicultural approach to culture and learning the limitations of the counselling paradigm, to learning about the context of Indigenous mental health and incorporating some Indigenous ways of knowing.

Some students articulated that there was an absence of cultural courses, content, and/or Indigenous ways of knowing within their program. This insight means that either their program did not address a diversity of cultures or did not include any courses specifically on Indigenous cultural safety. BILLIE indicated a strong desire to learn more in the program about a wide variety of cultures given the multicultural nature of Canadian society:

I would’ve loved to have learned more in the program about a wide variety of different cultures. Uh, I feel like Canada is multicultural, and I don’t feel like there’s been enough emphasis on teaching us how to work with a wide variety of different cultures.

Other students commented on the absence of Indigenous ways of knowing in their coursework. Without Indigenous voices and perspectives, students learned about deficit-based views of Indigenous mental health that focused on health disparities, such as suicidality or substance use. LOGAN offers an example of these deficit-based views of Indigenous health:
I never thought about before… I guess like, one thing is like the high rates of suicidality that I found kind of shocking um when it comes to mental health and then also like substance abuse. Those two things are the things that really stood out to me in the field of mental health.

The absence of Indigenous perspectives left students feeling there was little or no memorable discussion about Indigenous mental health in their programs. EMERSON articulated this: “I honestly don’t believe that there’s much that I learned from my courses about Indigenous mental health.”

While there was little to no exposure to Indigenous or generalized cultural content, other students’ experiences aligned with a more multicultural approach to classroom discussions. These discussions focused on ‘diversity’ included generalized discussions of cultural difference, as described by JAMIE:

I would say um, there is the predominant exposure to multicultural issues which have been um, looked at, and language had been developed for…such as the […] African Canadian […] groups and the LGBTQ community.

Courses of this nature included more generalized content applied to any cultural, racial, or ethnic subgroup. Examples of generalized content include generalized counselling skills or discussions about general topics, such as power dynamics in the therapeutic relationship. For example, SAM described learning to apply the same counselling skills to different cultural groups:

[S]o it’s still the same skills that we’re learning that we can apply to different people, different cultures, and things like that. But just knowing that much more about, you know
the struggles they face in their history and that sort of thing.

Some students found that their coursework went a step further, asking them to engage critically with the Western counselling paradigm. These students recognized that their education for counsellors was based on a Western view of mental health, focusing on the individual devoid of the historical, political, social, or economic context of Indigenous communities, thereby excluding Indigenous experiences of wellness. The siloed thinking created by Western models of mental health fails to equip future counsellors to understand Indigenous ways of knowing and experiencing mental health:

[Y]ou always think of like suicidality and mental health and its kind of all this stuff and just so even for all the things that I’ve learned […] like up to this point in my education is always been like psychology and […] that’s kind of like come from science and empiricism. But even those structures are so different and can be damaging too to like how we approach […] issues with Indigenous communities. So, I think that was just the fact that mental health means something so different (DREW).

Through critical thinking, students build the capacity to handle complexity and nuance when thinking about Indigenous wellness (Carnes, 2014; Nakata et al., 2012). This finding also confirms the importance of helping students to situate Indigenous wellness in the context of colonization (Ramsden, 2002; Wabano, 2014; Hole et al., 2015; Pauly et al., 2015; Baskin, 2016; Bourassa, 2016; Browne et al., 2016; Yeung, 2016; Masinde, 2017.

Students exposed to the context of Indigenous mental health and Indigenous ways of knowing had a more robust understanding of Indigenous mental health. Those who had Indigenous clients also observed the uniqueness of Indigenous experiences of mental health. For
example, ALEX witnessed firsthand how historical and contemporary experiences of colonization have completely disrupted Indigenous lives:

I think the way that I see it manifesting itself in the room like I said also is just different. Like, there are clients that I have that are not Indigenous who have experienced like ruptures, in their families, but the extent like is just different. And I think that understanding like, how grave that extent like the disparity is between those experiences…not to minimize, like, other peoples’ experiences, but it was…the nature of it was just different. Like, there is no other culture that has experienced […] like being removed from their families, and being put into the care of non-Indigenous, like, individuals, or like losing that actual, the entirety of that culture, like to the point where like, knowledge transfer isn’t as easy anymore, like language transfer isn’t as easy anymore. It’s just, yeah. The gravity of it is just different.

Observing and experiencing cultural differences, firsthand helped students give weight to, connect with and want to explore the deeper context of Indigenous mental health. Context-based course discussions covered topics such as social determinants of health, historical/intergenerational trauma, residential schools, Sixties Scoop, social location or intersectionality, and systemic racism. Context allowed students to begin “understanding how the effects of the past, really do trickle into peoples’ present” (ALEX). How instructors present this context was important to counteracting the dominant narrative about Indigenous mental health. Delivery methods were consistent with Indigenous ways of knowing included incorporating cultural teachings, elements of strengths and resilience, Blanket Exercises or land acknowledgments, Indigenous-authored reading material, inviting Indigenous guest instructors in, and opening discussions about land-based healing. These course delivery methods drew on capabilities from
Sections 3.5.3.1 and 3.5.3.2 to incorporate story sharing (Yunkaporta, 2009), counter-storytelling (Fiahlo, 2013), strengths-based learning (Saint-Jacques, Turcotte & Pouloit, 2009; Grant & Cadell, 2009), and to start to privilege Indigenous voices (Rigney, 1999; Sherwood, 2010).

4.6.2 Fragmented Experience of Learning Environment

Students learned through both the course content and through experiencing the learning environment itself. As with coursework, students had divergent experiences in the learning environment. Students described ways that the learning environment and processes felt unsafe or relational. Those who encountered unsafe learning environments described a recolonizing program structure and culture. Students, like BILLIE, experienced a culture of burnout imposed through a heavy workload, leaving no space for student wellbeing or self-care:

I would love for the faculty to do more for the wellbeing of students because there is a culture of burnout, stress, overwhelm on students, and whenever we come saying that we’re feeling drained and overwhelmed and burnt out and sick and unhealthy and breaking down physically, mentally, emotionally. All we hear often is, “Yeah, that’s really tough. I went through it too. Students before you went through it too. This is just the way it is.” [I]It’s just so ironic that for a program that we are training to learn how to help other people be more healthy, it comes at the cost of our own health and wellbeing.

One student felt they were explicitly trained to be “enforcers of colonial, social control” (MORGAN) through their work with clients. For them, counsellor training was akin to being indoctrinated with a white way of thinking and being. MORGAN discussed their resistance to being trained to think and act like a “white therapist,” despite external pressure exerted by faculty members and the Clinical Director of their program-:
They [faculty] pressured me to anyways…and […] guilted me […] about that, but I held my ground and said no, and they said, “you will not leave this program without calling CAS [Children’s Aid Society] on at least one family. You have to have that experience because it’s part of your job.”

Both unsupportive leadership and an absence of Indigenous or racialized people led to unsafe learning environments. The nature of leadership in the program had an impact on teaching processes. Leadership who identify with a Western way of thinking/being, are unfamiliar with Indigenous ways of knowing, and have not been exposed to Indigenous cultural safety training are less likely to practice culturally safe teaching (Department of Health, 2015). This dynamic manifested in the relationship between faculty and students.

First, some students described receiving harmful explanations when approaching leadership with feedback about the impact of the program on student wellbeing:

[W]e, people would be there [on campus] like 12, 14, 16 hours a day and […] I approached the clinical director and said that “Do you know that we’re kind of working this hard? Like do you know this is happening for us?” And he said that he liked his therapists toasty. He wanted us burnt out because he felt that if um, how did he put it? He had seen people make errors in clinical judgment, and he felt that if he pushed us to the breaking point, he was happy because then he knew that we would be good under pressure. That was the explanation. (MORGAN)

Culturally unsafe teaching processes were a second impact that stemmed from instructors’ lack of knowledge about Indigenous cultural safety. Culturally unsafe teaching was experienced by students as an appropriation of Indigenous knowledges, favouring settler emotions, and fostering an overreliance on Indigenous students or students of colour to educate
others. MORGAN described trying to compensate for the lack of racialized perspectives: “I did at first I kind of spoke up and...but it gets so exhausting uh, that I didn’t want, I couldn’t keep doing that. So I really just either sat there in silence or left. Yeah.”

Students perceived the lack of practical and embodied knowledge about Indigenous cultural safety amongst instructors as personal discomfort, which silenced honest discussion about colonialism in the classroom. There were several reasons why and ways that silencing occurred. For example, some students, like BILLIE, pointed out that when both settler students and instructors got stuck in a cycle of settler/white guilt, the focus of discussion shifted to consoling the non-Indigenous People in the classroom:

I’ve noticed that for a lot of people in the program, including instructors, there is this...maybe it’s the cynic in me, there is this intention to display tremendous care and concern for Indigenous People, and I wonder if part of that comes from like a self-appeasing stance, where there’s a lot of you know, white guilt, or colonizer guilt and uh, feeling like we’re helpless because we, there’s so little we can do perhaps in terms of undoing what Canada has done to Indigenous People. So being very outwardly zealous about the importance of helping Indigenous People, I wonder if that um...I think it’s good. We need people who care, but I also wonder if part of that is kind of self-soothing. This echoes literature that recognizes that emotions are political and that students of privilege must develop the social and emotional capacity to self-soothe (Magee, 2019; Department of Health, 2015).

Similarly, many students either noticed or felt that the classroom was a space where the fear of offending others (both Indigenous and non-Indigenous) or admitting personal ignorance led to an avoidance of discussing colonialism. Both students and instructors avoided discussing
colonization because of this fear. As a result, fear silenced students’ ability to ask questions for fear of seeming ignorant. CAM describes feeling uncomfortable about asking questions in their learning environment: “[I]t wasn’t a totally nice atmosphere to be asking a lot of questions or wonderings or […] where could you feel free that it was clear that you didn’t really know, but you wanted to know.” DiAngelo (2018) acknowledges that fear results from a limited tolerance of racial stress or white fragility, leading to several behaviours, including argumentation, silence, and avoidance of the stressful situation.

Students experienced a left-wing political leaning culture in the program as a way to silence opposing views. As mentioned in Study 1, some programs explicitly offer a social justice orientation associated with a left-leaning political orientation. Some students suggest that such a program culture supported “more modern views of Indigenous People and mental health” (BILLIE) while simultaneously suppressing more polarizing political discussions from opposing (sometimes controversial) political stances. For example, AUSTIN suggests that critical political discussions were silenced rather than unpacked:

I think it’s insane, but I also think like we need to listen to these people, especially because they’re not only the minority, but they’re probably the majority in a lot of ways too. So, I think my class kind of has this like, silo, this echo chamber of like progressiveness and political correctness, which is great, and I think that’s probably where we should be in a counselling psych program. But I think it kind of neglects the entire other side. Like the entire other right side of the political spec…not to make it political, but generally, it is more political. So yeah, sometimes I don’t feel comfortable bringing up points from the right side even if I’m not arguing for them, I think they’re important to pay attention to….Because we live in a world that’s different from our class.
Like our clients are going to be different. The way we engage with people is going to be different. Like people have different opinions and like that’s okay.

As a result of fear and guilt, there was a discomfort with discussing topics that impact Indigenous health. Students either received the message to “let Indigenous folks do stuff with Indigenous folks” (JAMIE), or were prescribed to do their own research by their instructors, but without any guidance. PARKER articulated how instructors left students in charge of their own learning around certain topics: “[I]ts kind of hard (sighs) because like we never were taught specific things, so like it was kind of self-learning.” While self-directed learning can be an empowering way to learn, some guidance can help orient to a new topic area, like Indigenous cultural safety.

Unsafe learning environments ultimately negatively impacted student wellbeing, whether through witnessing or personally experiencing racism, discrimination, or prejudice, feeling shameful about personal identity or being generally burnt out. For example, BILLIE and described the negative impact of the program on their own wellbeing:

[I]t’s just so ironic that for a program that we are training to learn how to help other people be more healthy, it comes at the cost of our own health and wellbeing. I shouldn’t be leaving the program feeling like I can’t wait to not be a therapist so I can heal. I should leave the program feeling energized and equipped to go and help people. Not like I, I want to focus on myself now kind of thing.

Feeling both unsafe and unsupported carried several implications for the students themselves and the clients they may work with after leaving the program. Trickle-down impacts of an unsafe learning environment were clear in relation to working with Indigenous clients. For example, MORGAN articulated a fear of perpetuating colonial violence with Indigenous clients:
When I was in the program, I felt so unsafe systemically because of the racism, um and transphobia of the faculty that I specifically requested not to counsel any Indigenous people um, because I actually felt that I would be putting them in harm’s way if I was to enter into a therapeutic relationship with them under the supervision of people who were so racist and so harmful to me that I felt that I could not responsibly provide therapy to another Indigenous person. So, I specifically requested not to do that.

Meanwhile, BILLIE recognized the need to heal the burnout experienced in the program before working with Indigenous clients:

I wonder if I was not so burnt out, stressed, overwhelmed, dying to be done with this stupid, God-forsaken program, maybe I would have more space in my heart and my mind to hold more curiosity, more initiative, to want to help Indigenous People and want to help people in general. I feel like what is happening with Indigenous People is atrocious to this day, and part of me wants to be more proactive, wants to take more initiative, wants to care more, but I feel like I’m really not okay with myself, and I think that in service of Indigenous People and their mental health if we were taken a little bit better care of then maybe I would have more space for Indigenous mental health so yeah.

MORGAN articulated other impacts such as Indigenous students questioning whether to continue counselling work or even leaving the program, university and the city itself: “All the people of colour that I’ve known[…] So once they’re gone, they don’t stay. People move from the city. They don’t even want to go there again.” Such decisions go beyond counsellor self-care being undervalued and undertaught in counselling education (Baskin, 2016). Rather, it suggests that some programs are actively compromising students’ wellness.

While some students experienced an unsafe learning environment, others discussed ways
that the learning environment was, or could be made more relational. Relational learning environments are generative by learning through relationship, dialogue, and receiving positive instructional support. Students attributed a generative learning environment to practices and actions the instructor takes. Positive instructional support included instructors who are approachable and engaged with cultural differences. Approachability was supported by instructors’ being open to students and vulnerable to expressing limitations in knowledge.

PARKER offers the following example:

[O]ur professor said at like one of the first classes that, he said that you know…you have a life outside of school, I’m aware of that. If you can’t make it to class, you need to like do something else, or if you can’t be present, then don’t come. I don’t need an explanation. I’m trusting that you are doing what you know is best for yourself. Even like right off the bat with that kind of introduction, it just creates a much more open environment. Um and just like are encouraged to like put yourself first and like kind of take care of yourself rather than like […] maybe like dragging yourself to school on a morning where you really need to sleep in and take care of that…which to me was like [laughs], makes so much sense but it’s just so absent in like general, like academia, I feel. So um right off the bat, that was the kind of environment that we kind of went into, and that made me want to go to every class. (Parker)

Meanwhile, BILLIE describes how seeing their instructor’s own humility could contribute to a more open learning environment:

I would love for them to perhaps be more vulnerable in terms of discussing their own limitations regarding their social locations. […] we have brought up the topic of we want to learn more about cultural sensitivity practice, or we want to learn more about how this
model of therapy can work or not work with other cultures, including Indigenous cultures, and it was only when we say things like that that they say like “oh yeah, you know what? That’s a criticism that we hear a lot. That’s something we don’t know a lot about because you know like I’m white” or whatever. I would love for, instead of that being their go-to answer to hear them say, “Okay, you know what? Let me look into this” or “Hey, that’s criticism, and this is why I have done so much research to provide readings or to provide discussions or presentations or invite new speakers to talk about different cultures.” So I feel like out of the faculty, I feel like maybe [X] is the one that does that the most and is the most honest and vulnerable and admits that […] and I’d love to see that more from others.

Engaging cultural differences in teaching required instructors to choose to discuss Indigenous wellbeing, facilitate student self-awareness, and share professional experiences, where applicable. This teaching decision fostered a sense of openness around class discussions, encouraged and modelled self-care, and led to a positive experience in the program.

Openness in the learning environment was key to facilitating learning through dialogue. Some students described the value of learning from group or individual discussions with peers and clients. ALEX shared how hearing from their peers helped them to learn and grow:

-I think that being able to talk to my own classmates about their, their assumptions, their biases, and kind of challenging each other on that, […] has been really fruitful for me – to understand how other people see the same issue.

Instructors who facilitated a relational learning environment successfully established safety and relationship building in a way that allowed students to feel safe sharing their own views, experiences, and knowledge gaps. They also harnessed the complexity of each student’s
identity to facilitate learning through diverse worldviews. This experience means openness in the classroom begins with the instructor themselves. This finding confirms that openness allows instructors to build trust and respect with students to build safe, relational teaching and learning spaces (Asmar, 2012).

### 4.6.3 Engaging with Challenging Emotions

The process of learning about the context of Indigenous mental health can begin to dismantle students’ worldviews, evoking several emotions (DiAngelo, 2018). This process can lead to a sense of disorientation as students struggle to connect Indigenous health experiences with the broader social, economic, historical, and political context in Canada (Apte, 2009). The extent of the disorientation and emotional reactions experienced will depend, in part, on where courses lie on the continuum of culturally relevant support. As a result of their classroom experience, students had to process and engage with several challenging emotions on their own.

Emotions are a unique learning opportunity or tool of reflection if effectively harnessed in the classroom (Boler, 1999). The two most common emotions included feeling unprepared and discomfort. Other emotions included feeling helpless to act, embarrassed, feeling like an outsider, grief for the colonial legacy, and/or responsibility. One of the two most frequently expressed emotions was feeling unprepared to work with Indigenous clients. Several students like BILLIE articulated how their course work failed to effectively prepare them to work with Indigenous clients.

I think that’s a critique of the class. I don’t feel any more prepared […] to work with an Indigenous person than I would have prior except that I now know that perhaps the way I do things in therapy, it might not be as helpful as I thought it could be.
Meanwhile, feelings of discomfort were the second most pervasive emotion that emerged for those who initiated the process of bringing into awareness what colonization is and how it operates in Indigenous communities/clients and themselves -

I’ve had the great fortune again to have had experience in my past where I’ve been moved, I’ve been, I have been, rubbed or shifted where one thinker would probably be like, be uncomfortable? And then […] I adopted a way of engaging into that discomfort, and to this idea of move, something moved in me. … to provide space for it within me (EMERSON).

While both generative and difficult, discomfort is necessary to shift one’s worldview. Yet, without in-depth and trained facilitation, these emotions will not be processed and unpacked in an honest, open way, which can either paralyze or mobilize students. As mentioned in Section 3.5.3.1, the learning process requires that emerging emotions be normalized so that students move through these emotions (Department of Health, 2015).

Some students, like BILLIE, shared feelings “like there’s not much I can do” to enact systemic change. Others felt embarrassed by their own lack of knowledge about Indigenous mental health, “The only thing I know, (laughs), is there was a time where they were in reserves, I guess, sorry this is so embarrassing – I don’t know much” (PARKER). Students also expressed that their (lack of) experience with Indigenous topics left them feeling like outsiders. There was a perception that Indigenous communities are insular, so ‘outsiders’ (i.e., non-Indigenous students) are either unwelcome or excluded by insider knowledge and experiences. For example, CAM felt that “outsiders [to Indigenous communities] are viewed with a little bit of suspicion.”

Meanwhile, feelings of grief were also expressed as students, like BLAKE, encountered the impacts of the colonial legacy on Indigenous communities:
It feels sort of questioned, questioned me being [...] a Caucasian here, and [...] having inherited [...] this culture or this historical legacy that is ours. Um, and for I guess that legacy to [...] it’s weird to say because I know that we weren’t the first that were affected but to, to know that we are part of this legacy which is not necessarily a positive legacy, um it’s also painful to me.

Through cultural interface and privileging Indigenous voices, greater interaction with Indigenous life stories can put a face to the impacts of colonization (LaRoque, 2002; Yunkaporta, 2009).

For a few students, challenging emotions emerged as they grew more confident and realized their responsibility to continue to decolonize their practice. Confidence grew from any exposure these students did receive to Indigenous topics during their program (compared to before starting their program). For example, DREW shared how their confidence grew as their course developed their understanding of the context of Indigenous health, “I felt more confident in sharing my opinion based on the readings or like sharing something I’d heard on the radio that I felt might be relevant.” These students also acknowledged that their learning process was ongoing, so they had more to learn.

4.7 Theme 3 - Integrating into Practice

The third theme, Integrating into Practice, explores different ways students’ learning experiences in their coursework impacted them. Specifically, students were integrating their learning and experience gained throughout the program into their counselling practice. Students shared how they conceptualized what a culturally safe practice might look like and expressed the need for more education and guidance as they continue to enhance their own fragmented learning.
4.7.1 Integrating Cultural Safety in Practice

This subtheme relates to how students develop and understand cultural safety in their counselling practice. Students identified two key components of their practice with Indigenous clients, integrating a culturally safe mindset, and being a respectful partner. Figure 4.7.1 provides a theme map for this section to help outline how students integrate their learning experience with their counselling practice.
Figure 4.7.1: Thematic Map for Subtheme Integrating Cultural Safety into Practice
Students integrated a culturally safe mindset before entering the therapeutic relationship with Indigenous clients by adopting a culturally relevant theoretical orientation, being informed about the colonial context, being mindful of equitable access to support, and prioritizing the therapeutic relationship. The culturally relevant theoretical orientations students described being influenced by included cross-cultural, narrative (Madigan, 2011) and/or trauma-informed (Sajani, 2011) counselling approaches. All three approaches helped students start to build a more holistic context around their clients’ life experiences. For example, DREW described how a narrative approach could help reframe a client’s life story to highlight their own resilience.

[L]ike just kind of highlighting different things about a person. I feel like when I talk sometimes they’ll be like in this really tough situation this happened, but it’s like – “But wait, you’re still, you know, got up that day” Or “You still like did that presentation, how did you do that, you know?” And kind of really being the person to point those things out to people [...] and [...] that connects as well when we learned about narrative therapy in my Theories and Techniques class, I found a lot of things about that align with some of the kind of Indigenous teachings that we’re taught about because it’s a lot about storytelling and the importance of sharing a story which I know kind of like that oral communication is really important. So and also kind of taking that person’s storyline and then highlighting a new one and kind of creating a new one and I really, really like that and I think that that would be a way that I would try and show people that there’s other things in their life that they can choose to, you know bring to the front and choose as their dominant narrative.
A trauma-informed orientation was also recognized as particularly important in the context of Indigenous mental health, given the collective experience of historical and intergenerational trauma(s) (e.g., CHARLIE and PARKER). Meanwhile, students who acknowledged the role of culture in the relationship had a better understanding of how their client might self-identify their cultural orientation.

A culturally relevant theoretical orientation was more effective when the colonial context was informing students’ counselling practice. Understanding the colonial context means that students are mindful of systemic barriers impacting Indigenous health and can navigate differences between themselves and the client (Churchill et al., 2017). Students were integrating an understanding of the Indigenous context, which allowed them to redefine their own expectations of the client. Redefining expectations helped students avoid imposing prescriptive notions of healing shaped by students’ own beliefs, assumptions, and worldview. ALEX describes staying open to clients’ experiences.

[B]eing able to make space for Indigenous clients to hold their grief […] [S]o being able to hold those simultaneously is important, and I think that the way that that can happen is being fluid in the way that we practice. So […], for example, not holding onto a certain structure, like “okay by this number of sessions, this needs to have happened” […] calls us to redefine what we see as change and healing. […] So just knowing that it’s a process, if we see a client one week and they’re super, I don’t know, a lot of positive things are happening for them, understanding that that doesn’t mean that the next session we see them, they’re not going to be, you know, like, hurt, or […] reminiscing on things that once were. So, making that space for them to hold hope and hopelessness at the same time is important.
An awareness of the systemic barriers also led students to want to provide equitable access to support for clients who experience disproportionate health burdens due to social determinants of health. These students spoke of ensuring their services were physically, financially, and culturally accessible for those who wished to access them:

So we talked a lot about what it would be like to have therapy sessions outside, which I take clients on like excursions, where they could feel more… because this… the therapy room is kind of like the space that isn’t that comfortable for many people. Like if you look at these rooms, they’re kind of bland […], and for someone that connects to […] like feels more comfortable in nature, it would be a 100 times better to have that there (ALEX).

Though students recognized that a culturally relevant theoretical orientation is important, they also understand that the therapeutic relationship is the anchor for healing. This finding means that students prioritize building that therapeutic relationship above all else, including counselling techniques. Students prioritize the relationship by holding space for the client to be able to unpack their life experiences and to deepen their understanding of how these experiences have impacted their wellbeing. It also includes supporting autonomy and self-determination in the relationship, walking alongside the client rather than imposing on them. CAM describes the importance of the therapeutic relationship:

Focus a lot more on the therapeutic alliance, because anyway research shows that the therapeutic alliance is most important, and I do try and focus on that more than the techniques I use just in general. But here being even more cognizant that the therapeutic alliance like even if we’re on the eighth session and I haven’t done a single technique, like just knowing that that therapeutic alliance is enough and […] really just not getting
frustrated at me not doing techniques or the techniques not working and being a lot more open to their experience. Like when they say something, instead of immediately concluding, “Oh no, that can’t be,” or you know, trying to argue against it, just listening a bit more because their culture, they view things differently.

This finding is consistent with the importance of culturally safe communication and counsellor reflexivity/reflection in establishing a culturally safe therapeutic relationship (Koptie, 2009; Lavallee et al., 2009; HCC, 2012; Wabano, 2014; Bourassa, 2016; Milne et al., 2016; Yeung, 2016; CAPWHN, 2017; Masinde, 2017).

A culturally safe mindset supports students’ ability to be a respectful partner in their clients’ healing journey. Being a respectful partner includes integrating culturally safe communication skills to collaborate with the community and clients. Students are integrating culturally safe communication skills by approaching their clients with curiosity and humility. Curiosity is expressed through open questions because it invites the client to expand on their story and clarify meaning. EMERSON illustrated how open questions also allow them to communicate knowledge gaps, a marker of humility.

I would hope to be very open-ended in my questioning and be very honest with myself and my clients. So, it’s that transparency of when I don’t understand something, or I recognize that, well for me, I may see things in a certain way, but that may not be the case for them. I don’t know. But I would want to share that with them that maybe I’m not understanding or you know, this is where I’m coming from […] I might not understand what this means to you, could you elaborate on that?

Students expressed humility by being mindful of the language they used and by acknowledging their own mistakes/miscommunications and misinterpretations as they arise.
Since many students indicated that they feel unprepared to work with Indigenous clients, they navigate that uncertainty by acknowledging their own inherent humanness. For example, AUSTIN and EMERSON acknowledge that as human beings, we make judgments and mistakes, so it is important to take responsibility for what we say by apologizing, reflecting, and monitoring what comes up personally during the session:

So I guess if that [a miscommunication] were to happen…so what I did in the follow-up session was that I addressed that and I apologized and we kind of worked from there, right? So, I guess it would be best if I could stop myself before I even blurt out anything, but I guess really just that honesty and that vulnerability on my end as a counsellor that I’m human too. I make judgments um, but hopefully, I could stop myself from doing that (AUSTIN).

Part of the counsellor’s responsibility is to navigate the boundaries between educating themself and allowing their clients to educate them on their Indigenous mental health experiences. Students’ level of awareness in this area ranged between the counsellor taking responsibility for their own learning and expecting to be educated by the community). PARKER grapples with the boundaries of educating themselves and asking for guidance:

I would really like maybe to speak to some of them [Indigenous community member] like personally […] and just like hear their stories. It’s a little different in therapy because you have this issue of like curiosity versus disclosure that’s helpful and […] I don’t want to be asking things I don’t need to be, because it might not be ethical or I don’t know.

A few students pointed to the value of shared lived experience to connect with their clients. This observation points to the difference between an insider-outsider perspective and how shared understandings may emerge more easily and readily when the client and counsellor
have had similar experiences, whether they be cultural, social, political, or economic (etc).

BLAKE explains:

There’s also a dimension though that belongs to the client […] and that he or she has the right to trust who he or she wants to trust[…] I do believe that sometimes […] people feel more understood or […] able to enter into a trusting relationship more, perhaps with people of their own culture […] regardless of competency or whatnot.

Linklater (2014) points out that even among those with a shared history of collective historical and/or intergenerational trauma, not all people experience trauma the same way. This insight suggests that while a shared cultural history may help relationship-building, counsellors must still be aware of the diversity of Indigenous wellness experiences (Department of Health, 2015).

Students also described being a respectful partner through how they collaborate with community. Collaboration means that students value, support, and foster important counsellor-community and client-community relationships. Counsellor-community relationships compensate for students’ knowledge gaps and help build partnerships between dominant counselling support services and communities, ensuring that if desired, the client has access to traditional/community support. While each student’s level of engagement in relationship building varies, they typically recognize the importance of community and cultural connections for clients, such as Elders, healers, and Indigenous organizations. EMERSON shared the importance of being aware of traditional supports “I think that the therapeutic alliance, like knowing about important […] Indigenous relationships with Elders and healers, are understanding that at the core of our practice with Indigenous clients.”

Valuing ties to traditional supports means that students understand two things. First, they
understand the importance of making Indigenous healing modalities available by either incorporating them in their own practice or by facilitating connection with appropriate knowledge keepers. ALEX explains:

[T]his is particular to certain clients because […] there are certain Indigenous clients who don’t identify with their culture at all […] and obviously like they feel more connected to […] the culture they were forced to assimilate to. But, […] I think that for the clients that do and it’s a really big part of their identity, which has been shown in research to be a huge piece of healing. Like to be able to connect […] to that culture […] I think that we’ve been given.

Second, they understand their professional responsibility to acknowledge their own privilege, be an ally and advocate for systemic change. For example, JAIME offers:

I think there’s a measure of advocacy as well […] that might emerge. But that would have to be discerned through experience. If there’s a shared experience between clients, that’s not being supported by the federal government or provincial government and if there’s a desire to have that be supported on that scale, then being part of the professional community who does advocate for those needs to be met by them. Again, that’s very, um that’s just sort of something that might come up and might not.

Though students recognized and valued the importance of allyship and advocacy, they did not understand how to go about being an effective ally or how to advocate for Indigenous communities. This finding demonstrates that students were lacking the cultural capability of advocacy, which supports students in the process of taking responsibility for and enacting cultural safety (Department of Health, 2015; Poole et al., 2016).
Being a respectful partner also includes collaborating with clients. Being a partner to clients means that students focus on building trust, respect, and safety by honouring clients’ strengths and lived experience. Understanding the broader colonial context allows students to connect the historical pattern of broken trust and disrespect between the Canadian government and Indigenous communities with Indigenous health experiences. Students like BLAKE were mindful that trust, respect, and safety were crucial in their relationships with their clients:

I’ve sort of come out of it as to be very attentive to how a person defines themselves and what that means for them as opposed to coming in with this pre-conceived concepts that so and so comes from this culture therefore, they definitely have these qualities or these values or these characteristics. I find that its, its more respectful of people to inquire, to ask, to be curious, and to sort of meet them where they are.

4.7.2 Integrating Fragmented Learning

Given that students learning experiences vary across universities and programs, the integration of class content and context varied among the students I interviewed. Some students integrated some basic knowledge about Indigenous ways of knowing and healing in their awareness. On a basic level, students recognize that Indigenous worldviews offer a specific way of being in the world and that wellbeing links with community, culture, and the land. However, the nature of this knowledge appears to reflect the variability of the course content students receive. For example, one student (DREW) shared a holistic view of Indigenous experiences of mental health and wellbeing:

[W]ell my professor, he does research specifically on um, the high rates of suicide in Indigenous youth, specifically. I was interested to see the way that he conceptualized it in that it’s not…it’s less of a mental health issue and more of an issue of like for an
Indigenous person, feeling like they have no control over so many different aspects of their lives from land to food to culture and the last thing they have control of is their body and when they lose control of that through things like, maybe it’s diet…another thing we talked about was the rate of type two diabetes and how that kind of connects back to colonialism and everything. So when you lose control over things like that the one way you can exert control is by leaving that body, is how he said it and I was just like, you know, you always think of like suicidality and mental health and its kind of all this stuff and just so even for all the things that I’ve learned in, like up to this point in my education is always been like psychology and this and that and that’s kind of like come from science and empiricism. But even those structures are so different and can be damaging too to like how we approach, you know, issues with Indigenous communities. So I think that was, just the fact that mental health means something so different, like and there’s not even sometimes like words to describe some of the things that we have, like because like they just don’t exist or how it talked about like the spirit of sadness is visiting you, instead of you have like depression, like the way that it’s thought about and conceptualized and spoken about is like completely different. Um so that, that I thought was…just basic things were things that I never knew about.

Meanwhile, other students, like RYAN, reported more essentialized experiences of Indigenous mental health, attributing certain fixed characteristics to an entire group of Indigenous Nations.

I guess Indigenous people…I guess everybody but particularly relevant with that population. They come to things in their own way. They may be slower to bring up a presenting problem or may show it differently. They might be quieter, and you might be
like reading into their body language that looks like they’re disinterested or they’re like disengaged, but really that quiet passivity is not that…it’s kind of like a cultural thing. So we were talking about learning like not necessarily…like to read their body language and then to like check up on that because if they look disengaged, then they might be and it's worth saying “hey, are you with me here?” But at the same time knowing that there are like differences in how cultures express body language and so like even if you are checking up on it, not to kind of like push it, push that.

While there is a recognition that cultural differences are at play, a pan-Indigenous cultural presentation of mental health seems to explain those differences. Such essentialized cultural descriptions stand in contrast to contextualizing individual mental health in familial and community/Nation history of colonization (Waldrum, 2004; Baskin, 2016).

Despite these nuances in cultural understanding, students could appreciate the importance of community, being on the land, and connecting to where people are from. Students understood that community connection was an important part of Indigenous mental health experiences and classroom learning experiences:

[O]ften…like for a lot of people in community, it’s about being connected with each other, and that’s like collective and communal, kind of. That together kind of experience, being connected with each other versus being an individual […] and that’s how we kind of think about the difference between […] white people and brown people and black people, people of colour and white people, there’s an emphasis on collectivity, rather than individualism. (MORGAN)

Students extended the idea of community to the classroom:
[A]lso because I know just like the way of teaching and the way of learning like its so
different from just like sitting and like talking one-on-one like I feel like there’s sort of
more of a community aspect. There’s more of like an experiential aspect. (DREW)

Being connected to ‘where you are from’ was an important realization for students of
various ethnicities and cultural backgrounds. Understanding and being connected to a personal
lineage was acknowledged to be an important part of a person’s identity and by extension,
wellbeing. For non-Indigenous students, reflecting on and having that connection helped them
understand what it means to be a settler and what responsibility they hold:

[O]n a personal note because my parents are immigrants and I wasn’t like, I was born
here, but they weren’t. I really never really considered myself someone who was like a
settler because my parents were also part of a country that was colonized by the Spanish,
but then kind of recognizing that even though that wasn’t like I don’t have a direct
connection to that, there a lot of ways in my personal life and in my friends’ lives that we
contribute to that type of climate, so that was really interesting. (ALEX)

For Indigenous students, the reclamation of identity is an important part of healing from
colonization. It is also an important part of understanding and connecting to Indigenous
worldviews. MORGAN articulates the importance of being culturally connected, “I think being
connected to wherever somebody is from. Being connected to that is important […] and not
learning about it from an objective sort of stance.” This links back to the reflection/reflexivity
capability, whereby students start to develop their understanding of themselves as a cultural
being and how that relates to their privilege, experiences with racism, and their interaction with
the healthcare system (Department of Health, 2015)

Though some students gained little knowledge about Indigenous mental health in their
courses, they expressed the need to continue to develop their own learning process. These students, like PARKER, recognized that their graduate education had started the process of learning about Indigenous mental health. As a result, students recognize that the learning process is iterative and must continue after graduation:

I think it would be important for me to continue my learning. So even though I’ve done my coursework in my program, that doesn’t mean that my learning should stop. I know I’ve learned a lot but there’s definitely gaps in my topic areas where I need to just continue learning, and that’s not just the theory but um, in learning about different types of people, different cultures, um anywhere around the world, um I think that trying to learn that perhaps from a textbook or from readings but also from the shared experiences of people who are actually living lives and have a different cultural upbringing than myself. I think it would be really important to continue to bear that in mind, and when I do have the opportunity to kind of work with people of different cultural backgrounds than me, just try to learn from them and not assume that I know about their culture (CHARLIE).

Other students made no progress in their learning about Indigenous cultural safety during their program enrollment. Specifically, these students either reported no change in their knowledge, skills, or abilities, an absence of basic knowledge, an absence of consideration about Indigenous cultural safety, or unknowingly expressed unexamined assumptions about Indigenous People. As a result, course work did not change these students’ counselling practice or knowledge about Indigenous cultural safety. As SAM articulates, “I don’t think that any of the coursework really did necessarily shift my understanding.” By not prioritizing Indigenous
cultural safety in coursework, students never considered it. SAM recalls learning about Indigenous topics but was unable to connect it with their wellness experiences.

I remember briefly learning about sort of the living arrangements of many Indigenous families in Northern Canada and how they didn’t have much space in their homes… Yet the family was quite large, and they’re living in cramped […] living arrangements […] and also too just […] the locations of many reserves and […] many of the places […] in the country that are home to many Indigenous People tend to be isolated and so […] I never really thought about how that might contribute to mental health, like whether you’re Indigenous or not but they just happen to be located in this area, in these areas because that’s just, you know, where they live.

Other students demonstrated their lack of knowledge by the way in which they conceptualized their understanding of Indigenous mental health experiences. For example, a lack of understanding was apparent through essentialized and/or decontextualized ideas about Indigeneity, much like the Being Unreflexive subtheme.

In contrast to those not exposed to Indigenous cultural safety education, students with some exposure reported integrating a shift in their worldview. For example, these students understood that by engaging with Indigenous ways of knowing, they were challenging their personal assumptions and, by extension, their worldview:

I think I’m going to be learning a lot from Elders who have expressed a desire to remain in relationship with me. […] I expect it to be a very slow process, relatively speaking. I think parts of my culture that I have brought into those relationships is… an expectation which was quickly confronted […] there was sort of this idea that I would be able to ask questions and get answers and learn and implement and do so in a respectful way. Um,
but I’m finding that the experience is questions are often answered with stories and um, I’m being confronted with my own […] cultural conditioning for immediate gratification or whatever. Whereas it brings me back to an attitude of humility. It’s not for me to dictate what I can learn to possibly support this community as an introduction to this is, this is how we learn. If you want to learn then, you know, its, it's um, one of patience and openmindedness and lots of metaphor and it’s going to be a long process and one that’s completely worthwhile. (JAMIE)

A personal shift in worldview was also reported by a few students who agreed that their coursework positively impacted their assumptions and counselling practice:

[J]ust kind of how most things in society like even an institution, like [university], is kind of built upon a lot of colonial or capitalist ideals that really go against a lot of Indigenous teachings and the way of acquiring knowledge in this education system is very different from how it’s done kind of through an Indigenous lens so um, that really kind of like shifted everything that like “whoa.” Yeah, so kind of like I pretty much had a mind blown moment every time I went to that class, which is good…which is what I knew it would do um, but yeah, it just was, it definitely made me rethink like most things. (DREW)

By encountering Indigenous voices and perspectives in the classroom, students start to develop the respect capability by learning about Indigenous historical context and cultural knowledge (Hart-Wasekeesikaw & Gregory, 2009; Department of Health, 2015).

4.7.3 Seeking More Education and Guidance

As students integrated their learning with counselling practice, they reflected on their need for more Indigenous cultural safety education. Specifically, students had a variety of
knowledge gaps, however, the issue of advocacy is where many students felt the most ill-equipped to make changes. This finding reflects the overwhelming lack of knowledge about how to overcome systemic barriers. A by-product of learning about Indigenous mental health is a call for greater action. Students had a generalized sense that advocacy was important, that they wanted to play a role, felt responsible for playing that role, but were confused about how to go about shaping a culturally safe mental health system. Students recognize that the true barriers to culturally safe support lay in the upstream realm (e.g., social, political, cultural, economic). They know that there is a need for a broader collective dialogue about Indigenous cultural safety to create collective action across sectors. BILLIE articulates this best:

[S]o I think that could’ve been good and I think maybe there could’ve been an emphasis on what can we do? What is practical change that we can do? As opposed to let’s just do a land acknowledgment and acknowledge how stuck we are and how guilty we feel, which is a start. It’s a conversation starter, but I feel like there should’ve been more so…

An open, honest conversation about Indigenous-specific topics could elucidate other linked inequities in Canadian social structures, such as poverty. This observation speaks to the need for a broader cultural shift to rebuild a more inclusive, culturally safe culture.

Smaller actions helped students take responsibility and advocate moving forward. These actions include listening to active Indigenous leaders and sharing any knowledge gained within their own personal social circles. Likewise, many students compensated for their own knowledge gaps by seeking knowledge beyond the classroom. Students found themselves seeking extracurricular reading about Indigenous mental health and/or local culturally relevant support resources, attending training or workshops, and/or going directly to the community or to speak with Elders. Students recognized the importance of lived experience and hearing stories directly
from Elders and the community. JAMIE describes reaching out to the local Indigenous community to build a relationship and learn more.

It’s led me to become that much more committed to researching myself and getting to know members of the Indigenous community who are open to sharing their experiences and their knowledge with non-Indigenous folks such as myself. [...] So much of my…well all of my research has been focused on learning about Indigenous pathways to healing, especially for the…I’m sorry I don’t know how to pronounce this, I should…the Anishnaabe.

In addition to how to engage in advocacy, students articulated a variety of concerns regarding their own knowledge about Indigenous cultural safety. These concerns included a need to understand what respect looks like in Indigenous contexts, learn more about the broader context of Indigenous communities, and encounter greater course content on Indigenous mental health and cultural safety. Students wished that instructors used more strengths and resilience-based language in discussions about Indigenous mental health and provided more localized and culturally relevant resources for Indigenous clients. Students also suggested that programs and institutions could seek feedback from Indigenous and racialized students about making spaces safer. For example, provide more workshops on Indigenous topics; hire more Indigenous and racialized professors; and, provide a mandatory course on Indigenous mental health and cultural safety.

In summary, when it comes to Indigenous mental health, students are generally midway through their learning process. Some students are aware that they need to consistently check in with their own assumptions, beliefs, and privileges, while others do not share this awareness and even express problematic beliefs about Indigenous mental health. Students acknowledged that
the lack of knowledge about Indigenous history at all levels of the Canadian education system had led to this transitional stage in counselling psychology professional programs. Counselling programs appeared to be no exception because course dialogue about the context of Indigenous mental health varied across all programs. Students had divergent experiences of the learning environment in their counselling program with some feeling unsafe through silencing and recolonizing dialogue and unsupportive leadership. As a result, students struggled to integrate challenging emotions and reported partial or no knowledge about Indigenous experiences of mental health. This experience led many to seek more education and to question how to engage in advocacy. Despite the variability in learning processes, students generally recognized the basic importance of being open to, learning from and centring the life experiences of the individual client.
CHAPTER 5 GENERAL DISCUSSION

5.1 Research Summary

This project explored whether, how, and to what extent Counselling Psychology programs in Ontario offer Indigenous cultural safety. The aim was to determine how these programs are responding to recommendation 23(iii) of the TRC (2015) report to provide “cultural competency training to all healthcare professionals.” The environmental scan revealed that, except for the University of Toronto, no Counselling Psychology program in Ontario offers Indigenous cultural safety education to their students. Interviews with counselling instructors and students revealed a patchwork approach to discussing and teaching cultural safety in the context of Indigenous mental health from course content to delivery.

5.2 Emergent Themes – Knowing is Not Enough

Ivey and Collins’ (2003) critique Counselling Psychology for taking an ahistorical stance while maintaining interest and commitment to social justice and multicultural issues. A commitment to social justice and multicultural issues is peripherally and generally addressed through certification requirements for professional associations and regulatory bodies (e.g. CRPO [2017] competency 1.5 - Integrate knowledge of human and cultural diversity or CCPA [2017] competency 6 - Understanding and respecting human diversity within Canadian multicultural society). Indigenous cultural safety remains absent from the accreditation and certification requirements governing the counselling profession – in other words, the upstream realm. It follows that without explicit upstream accountability, the absence of an Indigenous cultural safety education requirement leads to a legacy of unknowing from counselling
instructors to students to clients. This perspective helps contextualize the environmental scan results by linking the generalized absence of Indigenous cultural safety education in counselling curricula to its absence from counselling accreditation and certification requirements. With a few exceptions, the metanarrative of this project reflects the legacy of unknowing. This metanarrative boils down to a divide between a limited knowing and doing. The reality is that without actions to support Indigenous cultural safety, recognition of its importance becomes performative - that is, empty words and promises. What is needed is action and embodiment, which are at the heart of Indigenous cultural safety.

As individuals, instructors recognized the importance of three key elements, being open to learning, practicing reflection/reflexivity in their lives and teaching, and building meaningful relationships with local Indigenous communities and organizations. Acknowledging and understanding FNIM content-specific knowledge is essential for instructors (Department of Health, 2015; Churchill et al., 2017). It is clear from instructors’ stories that they felt uncomfortable with teaching topics related to Indigenous mental health because they largely do not have this capability. The lack of foundational knowledge can be traced back to the internalization of the ‘race story’ that privileges whiteness and actively silences the colonial history of Canada (Duran, 2006; King, 2013; Johnson, 2016; Magee, 2019). Instructors echoed this in their own understanding of the impact of the colonial narrative on the curriculum in the Sociocultural Constraints on Indigenous Cultural Safety subtheme. It is this silencing of colonization that is particularly insidious because it renders mainstream assumptions about race - whiteness specifically- invisible and difficult to identify, uproot, and unlearn (Brascoupe & Waters, 2009; Baskin, 2016). Without this foundation of knowledge, it is difficult for instructors to role model Indigenous cultural safety through partnerships, collaboration, and
engagement (Department of Health, 2015). The reality is that everyone is still learning, and we are asking instructors to embody something they do not yet fully understand.

The *Engaging through Teaching* theme reflected uncertainty about how, what, and who should be teaching Indigenous cultural safety. The fragmented engagement with Indigenous teaching approaches and the context of Indigenous mental health was mirrored by students’ learning experiences, reflecting the patchwork of different approaches and knowledge about Indigenous mental health, much like Guerra and Kurtz (2017) described. Instructors and students agreed that the powerful storytelling of a few Indigenous guest speakers and some of the course material conveyed meaningful and relevant Indigenous knowledge. Otherwise, instructors did what they could to shift the physical learning environment, facilitate some difficult dialogue, and incorporate some diverse teaching approaches. Yet, instructors did not teach Indigenous-specific cultural capabilities. Instead, most focused on supporting students’ capacity to do their own inner work; instructors fostered openness, reflection, and reflexivity for students to continue their own learning journey outside of the classroom.

Recall that instructors mentioned requiring greater financial support, time, and Indigenous faculty/staffing to teach and create Indigenous cultural safety. As a result, instructors seemed to be ‘settling’ or making do with the resources available to them, without the meaningful engagement in action required from the administration to adequately foster and teach Indigenous cultural safety. Bourassa (2016) and Yeung (2016) remind us that Indigenous cultural safety ultimately upholds and acts for Indigenous sovereignty. Building relationships with community would constitute a meaningful engagement in action to foster and teach Indigenous cultural safety. Yet, despite *beginning* to ‘walk the talk’ by recognizing the importance of supporting Indigenous cultural safety and Indigenous inclusion, only two of the
nine instructors interviewed explicitly engaged in ongoing community work. The lack of allyship still prevails despite instructors’ awareness of the disproportionate burden placed on a few Indigenous instructors and staff to provide Indigenous cultural safety and education. Therefore, while it is true that Indigenous cultural safety requires institutional support and resources, I wonder how much of the knowledge-to-action gap can be attributed to some instructors waiting for someone else to do the extra work. That is, by hiding behind the ‘good intention’ of privileging of Indigenous voices, the responsibility for Indigenous cultural safety gets downloaded onto a few Indigenous People. This ‘good intention’ allows instructors to circumvent the relationship-building process that involves putting themselves ‘out there’ to engage with communities and risk making mistakes occasionally. The contradiction between knowing and doing is why collective accountability measures, like accreditation and certification processes, are necessary.

For students, the contradiction between instructors’ knowing and doing led to a fragmented experience of the learning environment. Instructors’ awareness of their own limitations seemed to lead some to avoid discussing Indigenous mental health issues in their classes. That is, rather than role modelling Indigenous cultural safety, some instructors allowed their discomfort and fear of making mistakes to model avoidance of Indigenous topics and inaction (in terms of advocacy or community work). Avoidance and inaction by most non-Indigenous instructors had two main consequences. First, it creates an unsafe learning environment for students, silencing honest discussions about colonization and leading to unprocessed emotions. Second, it leads to fragmented engagement with the context of Indigenous mental health, which leads to a fragmented cognitive understanding of the context of Indigenous mental health in students. These consequences are important to recognize given
that Indigenous cultural safety should be taught and learned through both course content and
delivery (Department of Health, 2015).

An unsafe learning environment ultimately left students with unprocessed emotions,
impacting their wellbeing in their program. The facilitation of emotional processing is critical
to normalize and move students through the discomfort of the transformative learning process
(Mezirow 2000; Czyzewski, 2011; Fernando & Bennett, 2019). The facilitation of emotional
processing is also important to teach and model social/emotional competence and self-care
while in the program by supporting and directly facing difficult emotions evoked in class
(Linklater, 2014; Baskin, 2016; Magee, 2019). Recall that some instructors did not remember
emotions arising in class, yet students shared their own experiences engaging with challenging
emotions outside of the classroom. It is not that students did not experience emotions related to
their learning experience; rather, some reported feeling unsafe to share those emotions in the
classroom setting. It is possible that instructors’ personal discomfort with Indigenous topics
blocked their ability to engage with students’ emotions, thereby missing the opportunity to use
discomfort as a transformative teaching and learning strategy (Boler, 1999; Department of
Health, 2015).

It is critical to address the emotional dimension of unpacking white privilege and
racism, given the complex emotional experience that accompanies understanding white racial
identity (DiAngelo, 2018; Barnett, 2017; Siegel & Carter, 2014; Carter, 1995; Helms, 1984,
1990, 1995; Helms & Cook, 1999; Thomspon & Carter, 1997). Facilitation of emotions is
required to constructively move students through Helms’ (1990) ego statuses to allow them to
form a positive white identity (autonomy stage; Helms, 1990; Kowal et al., 2013; Siegel &
Carter, 2014). Successful facilitation requires immense emotional work as instructors navigate
the boundaries between the therapeutic and teaching/learning space (Isenbarger & Zemblayas, 2006; Cooper, Dobsom & Moore, 2009). The work involved makes self-care of imperative importance for instructors to model the social/emotional competence required to respond appropriately to difficult emotions (Jenning & Greenberg, 2009; Magee, 2019). In this case, failing to facilitate students’ emotions allowed these feelings to surface as fear and guilt. This reminds me of DiAngelo (2018), who warned that unchecked emotional responses to racism could allow privileged voices to co-opt the anti-racism conversation. By allowing fear and guilt to hijack class dialogue, both instructors and students put Indigenous students in the class in an unsafe position. This type of classroom reproduces and compounds the racism, discrimination, and prejudice that Indigenous cultural safety education aims to uproot.

This type of classroom experience also puts Indigenous students in the position of educating the rest of the class about Indigenous perspectives (Battiste, 2013; Cote Meek, 2014). Whether explicitly being called on to be the “Native expert” or “Cultural Indian” or implicitly, by perpetuating misinformation about Indigenous health, this type of classroom makes it unsafe for Indigenous students to be visible (Battiste, 2013; Cote Meek, 2014). It is not up to the Indigenous student in the room to be doing the educating. It is the instructor’s responsibility to research and incorporate Indigenous scholars and voices in their course (as outlined in the pedagogical practice Privileging Indigenous Voices; Department of Health, 2015). Experiences such as these both reinforce and fail to acknowledge Indigenous students’ lived experiences of colonization and racism (DiAngelo, 2018), forcing students to leave these institutions to protect themselves (Wilson, 1991). It is important to note that unsupportive leadership enables this harmful classroom dynamic to continue. This finding suggests that instructors’ in this study were either unreflexive, in that their own unresolved, unprocessed discomfort led them to go
into defensive, protective mode when being ‘called out’ for being part of the problem, or they had not engaged in self-care and were unaware of their own burnout. Given the institutional pressures and expectations of supporting both students and clients, these are plausible reasons for such unsupportive responses to students.

Avoiding dialogue about Indigenous cultural safety impacts students’ understanding of the context of Indigenous mental health. Despite their best efforts, instructors transmitted their discomfort with this topic to students who became afraid to ask questions or admit personal ignorance, leaving them feeling unprepared to support Indigenous clients. Without adequate Indigenous cultural safety education, the cycle of unknowing gets passed down from instructors to students. By ‘settling’ and focusing on building students’ capacity to do some inner work (reflection/reflexivity), instructors left students without the historical context, cultural knowledge, or diversity to demonstrate respect to Indigenous communities and clients (Respect cultural capability; Department of Health, 2015). Likewise, by failing to role model through partnerships, collaboration, and engagement with Indigenous communities or teaching for social change, instructors left students guessing how to engage in advocacy, a cultural capability required for culturally safe practice (Department of Health, 2015).

Instead, students integrated the limited teachings offered by understanding that being open would support integrating a more culturally safe mindset, allowing them to be a respectful partner in the therapeutic process. While these are important lessons, without being educated about the specific Indigenous context, students only receive a partial understanding of what it means to reflect and be reflexive. Students will enter the counselling field without the full Respect, Communication, Safety/Quality, and Advocacy cultural capabilities outlined in Section 3.5.3.2. This finding is problematic because some students made their own ‘unknowing’
explicit by being unreflexive and untrained. If unchecked, these are assumptions that students will carry with them into their work, ultimately recolonizing any Indigenous People who may seek their support (Johnstone & Kanitsaki, 2007; Allan & Smylie, 2015).

Those who experienced a relational learning environment confirmed that openness in both the instructor and the learning environment was key to facilitating learning through dialogue. These instructors created openness by incorporating holistic pedagogical practices that aligned with the Department of Health (2015) such as art and storytelling (e.g., *Yunkaporta’s Eight Ways of Learning, Yarning, and Creating a Safe, Relationship Orientated Learning space*). Indigenous leadership supports Indigenous cultural safety by engaging in more novel, creative approaches to teaching and learning. Therefore there is a need for internal and external champions and leadership through Indigenous communities and upper-level administration to catalyze and support institutional policy/procedural changes (NAHO, 2008; Wabano, 2014; Shah & Reeves, 2015; Masinde, 2017).

Indigenous and likeminded instructors were important trailblazers working to breakdown walls in the institution by advocating for departmental inclusivity, authenticity, and by creating a community within institutions. Their presence provided students with the critical opportunity to engage with Indigenous perspectives, planting a seed to signal the importance of better understanding Indigenous mental health experiences. Piecing together and exploring Indigenous perspectives is what allowed students to ask questions and debrief to integrate fragmented learning, a culturally safe mindset, and to be a respectful partner (notably by appreciating the importance of community engagement). For these reasons, I echo the concerns some instructors voiced to urge academic institutions to move away from tokenistic hiring and engagement to meaningfully involve Indigenous faculty and staff in leadership positions.
Ultimately, the key to resolving this slow drive towards creating an environment of Indigenous Cultural Safety in counselling education and practice is to channel maximum effort towards creating top-down institutional support and leadership. Indigenous cultural safety begins with institutional leadership and administration who ‘walk the talk’ to ensure instructors and students receive the support they need.

5.3 Strengths and Limitations

A key strength of this research is that it opens the conversation about Indigenous cultural safety education in counselling psychology. Fields like nursing, medicine, occupational and physical therapy, social work, sociology, education, pharmacy, and health have explored cultural safety education. Yet, it is unclear if Counselling Psychology programs include cultural safety education. Therefore, to my knowledge, this project is the first of its kind to explore Indigenous cultural safety education in counselling psychology. This foundational research identifies and highlights the strengths and gaps in each university program, showing potential improvement areas in course content, structure, and delivery. It also identifies the critical importance and needs for institutional support from the top for Indigenous cultural safety.

Another strength is my status as a counsellor-researcher. Despite varying arguments about insider/outsider research (Atkins & Wallace, 2015), Trowler (2011) points out that no researcher is a complete insider or outsider. Rather, researchers should consider insider/outsider status on a spectrum (Atkins & Wallace, 2015). My insider status is limited to my experience and education as a counsellor. As an alumnus of one of the universities involved in this research, I have the firsthand learning experience of completing a Master’s in Counselling Psychology. It is possible that I had a deeper understanding of the culture and student perspective of that university (Bonner & Tolhurst, 2002). However, given that I graduated eight
years ago, my relationship with that department and its affiliated instructors is quite distant. Any challenges associated with role identity and boundary conflicts, relationships, and impartiality in insider research are limited because I do not attend any of the universities involved in this project. However, my own experience as a former counselling student allowed a shared language and meaning to emerge between myself and interviewees.

Atkins and Wallace (2015) posit that a strong theoretical framework is critical to the integrity of this project, ensuring it is “systematic, credible, verifiable, justifiable, useful, valuable and trustworthy” (Wellington, 2000, p.14). By being grounded in Transformative Education Theory and Reflexive Antiracism, this project examines Indigenous cultural safety education based on the latest guidelines from Battiste (2013), Department of Health (2015), and Churchill et al. (2017).

Another strength was the variety of different positionalities and cultural identities represented amongst both the instructor and student groups. Given that this project aims to understand the nuance and complexity of counselling instructors’ and students’ teaching and learning experiences, it was important to foreground the voices of differently situated people (Denzin & Lincoln, 1994; Hankivsky, 2014). For example, the mix of international and domestic student perspectives revealed how embedded the colonial narrative about Indigenous People is in the fabric of Canadian consciousness. Irrespective of cultural identity, students were generally aware of how Indigenous People are perceived, suggesting that this narrative is current, pervasive, and deep.

It is worth noting that gender and Indigeneity were two social locations lacking in this research. The gender differential accounts for the female-dominated nature of Counselling Psychology. An annual survey conducted by the Council of Counselling Psychology Training
Programs (CCPTP) showed that a ratio of female to male assistant and associate professors in counselling psychology was 53 to 18 and 51 to 27, respectively (CCPTP, 2005). Meanwhile, student enrollment in Master’s of Counselling Psychology confirms that this is largely a female-dominated field. For this reason, the paucity of male voices in this project reflects the wider gender gap in the counselling student and instructor population.

One limitation was the difficulty in engaging more Indigenous voices in this research. One simple explanation may be that there were few Indigenous students enrolled in these counselling programs. It was unclear how many students self-identified within each counselling program, department, or institution as this demographic data was generally not publicly available. Another possible explanation for this limitation relates to my positionality as the researcher. As a non-Indigenous researcher with no shared cultural history or pre-existing relationships with any Indigenous counselling students or instructors, this was unsurprising. I can situate this in the broader context of a colonial history of research “on” Indigenous People rather than “by and with” (Tuhiwai Smith, 2013; Kovach, 2015; Goodman et al., 2018). Under the guise of advancing knowledge, researchers exploited Indigenous Peoples, facilitating displacement from their lands and social, economic, political, educational, and cultural systems as part of the wider colonial project (Smith, 2013). Tuhiwai Smith (2013) points out:

Indigenous People and other groups in society have frequently been portrayed as the powerless victims of research which has attributed a variety of deficits or problems to just about everything they do. Years of research have frequently failed to improve conditions of the people who are researched. This has left many Māori people to believe that researchers are simply intent on taking or ‘stealing’ knowledge in a non-reciprocal and underhanded way (p.178)
I am aware that as a non-Indigenous settler researcher conducting research through Queen’s University, I represent this history. Therefore, without a pre-existing relationship or shared cultural history, it is understandably less likely that Indigenous instructors or students would trust me (Humphery, 2001; Hunter, 2001; Smith, 1999). With this in mind, I took a more relational approach by connecting with on-campus Indigenous supports at each site prior to and following arrival to conduct data collection (where possible). This decision allowed me to include Indigenous supports on my Letter of Informed Consent, to introduce myself and the project, answer any questions or concerns, and to chat informally with staff locally about their experience in the institution. I also ensured that every potential interviewee was aware that they could review their transcript following the interview. My intention in offering this option was relational; it represents an attempt to offset power between the researcher and interviewees by building trust with interviewees, acknowledging the co-creation of the data, and ensuring transparency in the research process.

It would have been more beneficial to have interviewees review the coding through a member-checking process to ensure that the coding accurately reflected their experience. Member-checking enhances trust and transparency and possibly, lends some therapeutic benefit (Barbour, 2001; Byrne, 2001; Coffey & Atkinson, 1996; Doyle, 2007; Lincoln & Guba, 1985; Harper & Cole, 2012). Having engaged in the transcript review process, I have relied on my interpretation of the interviewee data to construct this narrative. Member-checking would have ensured that the interviewees’ own meanings were represented and mitigated the possibility that my perspective and knowledge diminished those of the interviewees (Tong et al., 2007).

Another limitation was that this project likely attracted those who were already interested in and/or thinking about incorporating Indigenous cultural safety education in
counselling education. Throughout this project, efforts to ‘Indigenize’ Canadian universities and curricula were beginning to grow, making this project particularly relevant and timely. I observed varying levels of openness and readiness at each site I visited, depending on their level of engagement in the ‘Indigenizing’ process. Some departments (and instructors) welcomed me, and in equal measure, my efforts were met with silence by others, suggesting resistance, disinterest, or lack of time. It would have been interesting to reach those opposing voices to hear their concerns. However, given the depth and richness of instructor and student interviews, I was still able to get a “thick description” of each institutional context (Geertz, 1973).

At this point, I will also remind the reader that as a settler scholar, I can only speak from the lens of a light-skinned, cis-gender woman of middle-class upbringing. Given that I did not have a second-coder, this imposes some limitations on the data analysis process. I do not have the lived experiences of an Indigenous person. The way I analyzed the data and told the narrative about how Indigenous cultural safety education is addressed in Counselling Psychology professional programs undoubtedly reflects my positionality. Several aspects of my self-location pose some limitations.

First, my own experience as an alumnus of a counselling psychology program was filtered through the lens of my white identity, suggesting that experiences of racism in the classroom could be obscured from me. As a member of the settler majority in this country, I have been educated in a system that presents a racist and one-sided narrative of Canadian history. This experience means that since I am still unlearning racist and harmful stereotypes, assumptions, and ideas about Indigenous peoples, there is a possibility that I could be a perpetuator of those old ideas. It also means that as a light-skinned person, I have been shielded
from the reality of experiences of racism in universities. For this reason, I worked to center the few Indigenous voices in this project so they could tell their own story.

5.4 Contributions to Indigenous Health Research

The dominant narrative about Indigenous wellness continues to remain grounded in an individualized and decontextualized Western-European conceptualization of mental health. The absence of Indigenous cultural safety education reinforces this narrative in and through counselling psychology curricula and instructors. As a growing health profession, counselling psychology requires greater attention and support for its efforts to incorporate or even mandate Indigenous cultural safety education. Statistics Canada reported that in 2018, 46.1% of Ontario general residents had unmet or partially met mental health needs, with counselling being the most unmet primary need (Statistics Canada, 2019). As the need for counselling support continues to grow, so too will the counselling profession, making it increasingly important to ensure that Counselling Psychology professional programs support counsellors’ capacity to develop and provide culturally safe support.
CHAPTER 6 CONCLUSION AND RECOMMENDATIONS

Transformative Education Theory and Reflexive Antiracism guided the process of unpacking if, how, and to what extent, Ontario Counselling Psychology programs incorporate Indigenous cultural safety education. I used an environmental scan of counselling curricula as a foundation from which to determine what forms of Indigenous cultural safety education Ontario universities currently provide for counsellors. The environmental scan was a helpful preliminary measure to determine what cultural capabilities are addressed according to the Guiding Framework for Cultural Safety Curriculum. Follow-up, in-depth interviews with counselling instructors allowed me to unpack how they are currently teaching and engaging with Indigenous cultural safety in their program. Meanwhile, in-depth interviews with counselling students allowed me to determine how counselling students connect their learning experience with their ability to engage with culturally safe practice.

Findings revealed a complex, nuanced web of fragmented approaches to culturally relevant teaching. The environmental scan confirmed that the Master’s of Counselling Psychology program at the University of Toronto was the only site that offered an Indigenous cultural safety course taught by an Indigenous instructor. Otherwise, the findings are consistent with those reported by Guerra and Kurtz (2017), who also found considerable variability in time, effort, practice across educational programs in Canada. By tracing the relationship between instructors and students, I was able to see that a fragmented teaching approach translated into a fragmented learning experience for students. A fragmented experience of the course content and learning environment left students grappling with unprocessed emotions and a partial understanding of Indigenous cultural safety. The implication here is that these courses have a mixed impact in supporting students to recognize Indigenous cultural safety, be
culturally safe and, subsequently, cultivate a culturally safe practice.

6.1 **Recommendations**

The following is a list of recommendations generated from this research. The discipline and field of counselling psychology should take up Indigenous cultural safety. I address these recommendations to the counselling profession at large, post-secondary institutions that deliver Counselling Psychology training to instructors who teach counselling students and counselling students themselves. The responsibility to enact Indigenous cultural safety lies with the governing body (College of Registered Psychotherapists), professional associations (Canadian Counselling and Psychotherapy Association), and upper-level administration, program leaders, instructors, and staff at universities. Finally, both counsellors and students also have a role to play in educating themselves and engaging in advocacy to improve cultural safety with clients.

**Recommendations to Achieve Indigenous Cultural Safety at the Contextual Level:**

- The College of Registered Psychotherapists of Ontario and Canadian Counselling and Psychotherapy Association must collaborate with Indigenous organizations, communities, and counsellors/healers to review and update their accreditation and certification requirements to explicitly include Indigenous cultural safety capabilities. Accreditation processes must require that professional counselling psychology programs mandate an Indigenous cultural safety course as part of counsellor training. Subsequently, certification requirements should require that students graduate with the appropriate cultural capabilities to meet the standards for Indigenous cultural safety.

**Recommendations to Achieve Indigenous Cultural Safety at the Institutional Level**

- The College of Registered Psychotherapists of Ontario and Canadian Counselling and
Psychotherapy Association must collaborate with Indigenous organizations, communities, and counsellors/healers to develop and encourage wider uptake of an Indigenous cultural safety education curriculum framework that consistently addresses course content, structure, and delivery. This framework must include clear implementation guidelines based on Transformative Education Theory (Meizrow, 2000; Department of Health, 2015; Churchill et al., 2017) and Reflexive Antiracism (Kowal et al., 2013; Department of Health, 2015; Churchill et al., 2017) to ensure that universities and instructors understand how Indigenous cultural safety can be incorporated in institutional environments and teaching processes. This framework must also be flexible to ensure course content represents and addresses regional historical, social, economic, and political contexts (avoid a ‘pan-Indigenous’ approach).

- Upper-level administration, program leaders, and instructors must create a culture of cultural safety at each university and department through anti-racism policies, procedures, and actions that actively support and value Indigenous ways of knowing/healing, relational engagement, and self-care.

- Upper-level administration and program leaders must provide Indigenous cultural safety education opportunities to all university staff, instructors, and students.

- Upper-level administration and program leaders must increase accountability for teaching and supporting Indigenous cultural safety through tenure review processes for instructors.

- Upper-level administration must engage in cluster hiring processes when recruiting racialized and Indigenous staff and instructors. Cluster hiring will allow incoming cohorts to support one another, build community, and also to avoid overburdening a small number of people (e.g., to provide Indigenous cultural safety education, to sit on committees).
- Upper-level administration must provide greater resources and support for Indigenizing curriculum and campus.

- Upper-level administration, program leaders, and instructors must make a concerted effort to build equitable, reciprocal, and meaningful partnerships between campuses and local Indigenous communities and organizations. Partnerships will offer greater experiential learning opportunities for both instructors and students and help students familiarize themselves with localized, culturally relevant resources for Indigenous support.

**Recommendations to Achieve Indigenous Cultural Safety at the Interpersonal and Intrapersonal Levels**

- Instructors must provide more educational support to learn about Indigenous cultural safety, with greater attention paid to incorporating advocacy and respect in a culturally safe practice.

- Instructors must support, learn, and teach how to process emotions that accompany learning Indigenous cultural safety to ensure students form a positive white identity.

- Instructors must support students’ self-care and keep the dialogue open between instructors and students to ensure the learning environment feels safe.

- Students must take responsibility for their learning process by engaging with on-campus/community events and educational opportunities, seeking out Indigenous authored resources, and developing their own reflective/reflexive practice. As the next generation of frontline support, students must continue to be humble and engage in lifelong learning.

**6.2 Knowledge Translation**

Mainstream knowledge translation (KT) is broadly defined as “the process(es) through which knowledge is transformed into action” (Estey, Kmetic & Reading, 2008; Canadian
Institutes for Health Research, 2012). Knowledge translation shares a long, deep tradition among Indigenous communities to “shar[e] what we know about living a good life” (Smylie, Olding & Ziegler, 2014). Smylie and colleagues (2014) indicate that “in Indigenous knowledge systems, the processes of ‘knowing’ and ‘doing’ are often intertwined and indistinguishable.” From this perspective, the sharing of knowledge is inseparable from other research activities.

This understanding of knowledge translation aligns with my intention to undertake a project that was rooted in my own learning experience and could inform systemic change in mainstream counselling professional programs. To stay consistent with sharing knowledge in a locally developed, contextualized way (Estey, Kmetic & Reading, 2008), I have chosen to approach knowledge translation in a non-prescriptive way. Instructors and students have asked me to share the findings of this research. My intention is to complete this project by preparing an executive summary and offering a series of presentations, discussions, and/or sharing circles at any university and/or on-campus friendship center that may express an interest. To ensure that I can reach a diverse readership, I will also aim to share detailed findings through both grey and peer-reviewed literature. Through the counsel of this committee and dialogue at each university, I remain open and will listen for any other possible future directions.
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APPENDIX A - Thesis Change Statement

No significant changes from the approved thesis proposal occurred.

Date of thesis proposal: October/2018.
APPENDIX B - Continuum of Culturally Relevant Support (Ramsden, 2002)

The beginning of client-centered care forms the basis for culturally safe practice.

More understanding—a stronger relationship between client and mental health professional.
### APPENDIX C - Qualifying Counselling Competencies

At entry-to-practice the RP (Registered Psychotherapist) is able to:

<table>
<thead>
<tr>
<th>1. Foundations</th>
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<tbody>
<tr>
<td><strong>1.1 Integrate a theory of human psychological functioning.</strong></td>
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<tr>
<td>A Integrate knowledge of human development across the lifespan.</td>
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<tr>
<td>B Integrate knowledge of contextual and systemic factors that facilitate or impair human functioning.</td>
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<tr>
<td>C Integrate knowledge of the psychological significance of spiritual, moral, social, emotional, cognitive, behavioural, sexual, gender, and biological development.</td>
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<tr>
<td><strong>1.2 Work within a framework based upon established psychotherapeutic theory.</strong></td>
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<tr>
<td>a Integrate the theory or theories upon which the therapist's practice is based.</td>
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<tr>
<td>b Integrate knowledge of how human problems develop, from the viewpoint of the therapist’s theoretical orientation.</td>
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<tr>
<td>c Identify circumstances where therapy is contraindicated.</td>
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<tr>
<td>d Recognize the benefits, limitations, and contraindications of differing psychotherapeutic approaches.</td>
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<tr>
<td>e Establish a therapeutic relationship informed by the theoretical framework.</td>
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<tr>
<td>f Integrate a theory of change consistent with the therapist’s theoretical orientation.</td>
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<tr>
<td>g Integrate knowledge of the impact of trauma on psychological functioning.</td>
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<tr>
<td><strong>1.3 Integrate knowledge of comparative psychotherapy relevant to practice.</strong></td>
<td></td>
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<tr>
<td>a Integrate knowledge of key concepts common to all psychotherapy practice.</td>
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<tr>
<td>b Recognize the range of psychotherapy practised within the province of Ontario.</td>
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<tr>
<td>c Integrate knowledge of psychopathology.</td>
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<tr>
<td>d Recognize the major diagnostic categories in current use.</td>
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<tr>
<td>e Recognize the major classes of psychoactive drugs and their effects.</td>
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<tr>
<td><strong>1.4 Integrate awareness of self in relation to professional role.</strong></td>
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<tr>
<td>a Integrate knowledge of the impact of the therapist's self on the therapeutic process.</td>
<td></td>
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<tr>
<td>b Recognize how the therapist's values and attitudes, both in and out of awareness, may impact diverse clients.</td>
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<tr>
<td>c Recognize the cognitive, emotional and behavioural patterns of the therapist that may influence therapeutic relationship.</td>
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<tr>
<td>d Recognize instances where the therapist's life experiences may enhance or compromise therapeutic effectiveness.</td>
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<tr>
<td><strong>1.5 Integrate knowledge of human and cultural diversity.</strong></td>
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</tr>
<tr>
<td>a Integrate knowledge of human diversity.</td>
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<tr>
<td>b Recognize how oppression, power and social injustice may affect the client and also the therapeutic process.</td>
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<tr>
<td>c Adapt the therapist’s approach when working with culturally diverse clients.</td>
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</tbody>
</table>
Recognize barriers that may affect access to therapeutic services.
Identify culturally-relevant resources.

At entry-to-practice the RP is able to:

2. Collegial & Interprofessional Relationships
2.1 Use effective professional communication.
   a Use clear and concise written communication.
   b Use clear and concise oral communication.
   c Use clear and concise electronic communication.
   d Communicate in a manner appropriate to the recipient.
   e Use effective listening skills.
   f Differentiate fact from opinion.
   g Recognize and respond appropriately to non-verbal communication.

2.2 Maintain effective relationships.
   a Show respect to others.
   b Maintain appropriate professional boundaries.
   c Recognize and address conflict in a constructive manner.
   d Demonstrate personal and professional integrity.

2.3 Contribute to a collaborative and productive atmosphere.
   a Create and sustain working relationships with other professionals encountered in practice.
   b Create and sustain working relationships with colleagues of diverse socio-cultural identities.
   c Initiate interprofessional collaborative practice.

At entry-to-practice the RP is able to:

3. Professional Responsibilities
3.1 Comply with legal and professional obligations.
   a Comply with applicable federal and provincial legislation.
   b Comply with CRPRMHTO legislation and professional standards.
   c Address organizational policies and practices that are inconsistent with legislation and professional standards.
   d Comply with relevant municipal and local bylaws related to private practice.

3.2 Apply an ethical decision making process.
   a Recognize ethical issues encountered in practice.
   b Resolve ethical dilemmas in a manner consistent with legislation and professional standards.
   c Accept responsibility for course of action taken.

3.3 Maintain self-care and level of health necessary for responsible therapy.
   a Maintain personal physical, psychological, cognitive and emotional fitness to practice.
   b Build and use a personal and professional support network.
3.4 Evaluate and enhance professional practice.
   b. Solicit client feedback throughout the therapeutic process.
   c. Plan and implement methods to assess effectiveness of interventions.
   d. Obtain feedback from peers and supervisors to assist in practice review.
   e. Identify strengths as a therapist, and areas for development.
   f. Set goals for improvement.
   g. Modify practice to enhance effectiveness.
   h. Participate in relevant professional development activities.
   i. Maintain awareness of resources and sources of support relevant to practice.

3.5 Obtain clinical supervision or consultation.
   a. Initiate clinical supervision or consultation when appropriate or required.
   b. Articulate parameters of supervision or consultation.
   c. Protect client privacy and confidentiality, making disclosure only where permitted or required.
   d. Initiate a legal consultation when necessary.

3.6 Provide education and training consistent with the therapist's practice.
   a. Recognize when to provide education and training to clients and others.
   b. Recognize therapist's limits of professional expertise as a trainer / educator.
   c. Plan and implement effective instructional activities.

3.7 Maintain client records.
   a. Comply with the requirements of CRPRMHTO and relevant professional standards.

3.8 Assist client with needs for advocacy and support.
   a. Identify when advocacy or third-party support may be of value to the client and advise client accordingly.
   b. Support client to overcome barriers.

3.9 Provide reports to third parties.
   a. Prepare clear, concise, accurate and timely reports for third parties, appropriate to the needs of the recipient.
   b. Recognize ethical and legal implications when preparing third-party reports.

3.10 Establish business practices relevant to professional role.
   a. Comply with the requirements of CRPRMHTO and relevant professional standards.
   b. Explain limitations of service availability.

At entry-to-practice the RP is able to:

4. Therapeutic Process

4.1 Orient client to therapist's practice.
   a. Describe therapist's education, qualifications and role.
   b. Differentiate the role of the therapist in relation to other health professionals.
| a | Explain the responsibilities of the client and the therapist in a therapeutic relationship. |
| b | Explain the advantages and disadvantages of participating in psychotherapy. |
| c | Explain client rights to privacy and confidentiality, and the limitations imposed upon it by law. |
| d | Explain relevant rules and policies. |
| e | Respond to client questions. |
| f | Explain and obtain informed consent in accordance with legal requirements. |

### 4.2 Establish and maintain core conditions for therapy.

| a | Employ empathy, respect, and authenticity. |
| b | Establish rapport. |
| c | Demonstrate awareness of the impact of the client's context on the therapeutic process. |
| d | Demonstrate sensitivity to the setting in which therapy takes place. |
| e | Assume non-judgmental stance. |
| f | Explain theoretical concepts in terms the client can understand. |
| g | Foster client autonomy. |
| h | Maintain appropriate therapeutic boundaries. |
| i | Define clear boundaries of response to client's requests or demands. |
| j | Take all reasonable measures to safeguard physical and emotional safety of client during clinical work. |
| k | Employ effective skills in observation of self, the client and the therapeutic process. |
| l | Demonstrate dependability. |

### 4.3 Ensure safe and effective use of self in the therapeutic relationship.

| a | Demonstrate awareness of the impact of the therapist's subjective context on the therapeutic process. |
| b | Recognize the impact of power dynamics within the therapeutic relationship. |
| c | Protect client from imposition of the therapist's personal issues. |
| d | Employ effective and congruent verbal and non-verbal communication. |
| e | Use self-disclosure appropriately. |

### 4.4 Conduct an appropriate risk assessment.

| a | Assess for specific risks as indicated. |
| b | Develop safety plans with clients at risk. |
| c | Refer to specific professional services where appropriate. |
| d | Report to authorities as required by law. |
| e | Follow up to monitor risk over time. |

### 4.5 Structure and facilitate the therapeutic process.

| a | Communicate in a manner appropriate to client's developmental level and socio-cultural identity. |
| b | Identify and respond appropriately to client's strengths, vulnerabilities, resilience and resources. |
| c | Respond non-reactively to anger, hostility and criticism from the client. |
| d | Respond professionally to expressions of inappropriate attachment from the client. |
| e | Anticipate and respond appropriately to the expression of intense emotions and help the client to understanding and management. |
f Recognize a variety of assessment approaches.
g Formulate an assessment.
h Develop individualized goals and objectives with the client.
i Formulate a direction for treatment or therapy.
j Practise therapy that is within therapist's level of skill, knowledge and judgement.
k Focus and guide sessions.
l Engage client according to their demonstrated level of commitment to therapy.
m Facilitate client exploration of issues and patterns of behaviour.
n Support client to explore a range of emotions.
o Employ a variety of helping strategies.
p Ensure timeliness of interventions.
q Recognize the significance of both action and inaction.
r Identify contextual influences.
s Review therapeutic process and progress with client periodically and make appropriate adjustments.
t Recognize when to discontinue or conclude therapy.

<table>
<thead>
<tr>
<th><strong>4.6 Refer client.</strong></th>
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<tbody>
<tr>
<td>a Develop and maintain a referral network.</td>
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<tr>
<td>b Identify situations in which referral or specialized treatment may benefit the client or be required.</td>
</tr>
<tr>
<td>c Refer client, where indicated, in a reasonable time.</td>
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<thead>
<tr>
<th><strong>4.7 Conduct an effective closure process.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>a Prepare client in a timely manner for the ending of a course of therapy.</td>
</tr>
<tr>
<td>b Outline follow-up options, support systems and resources.</td>
</tr>
</tbody>
</table>
APPENDIX D – Core Cultural Safety Competencies (Hart-Wasekeesikaw & Gregory, 2009)

<table>
<thead>
<tr>
<th>Postcolonial Understanding</th>
<th>Students able to:</th>
</tr>
</thead>
</table>
| 1.1 Demonstrate compassionate culturally safe, relationship-centred care with First Nation, Inuit and Métis clients, their families or communities. | 1.1.1 Describe the connection between historical and current governmental practices towards First Nation, Inuit and Métis peoples including but not limited to the following:  
A) Colonization and its historical impact including historical treatment of First Nation, Inuit and Métis peoples (FNIM)  
B) How the contemporary lives of the FNIM peoples have been duly affected by colonialism  
C) Residential schools  
D) The suffering inflicted on FNIM peoples as a consequence of Canadian laws; and,  
E) How the treaties and land claims signed between the FNIM peoples and the Government of Canada have established a unique “place” for FNIM peoples within the ethnocultural and political landscape in Canada |
| 1.2 Identify the determinants of health of Aboriginal populations and use this knowledge to promote the health of First Nation, Inuit, and Métis clients, families and communities. | 1.2.1 Describe the resultant intergenerational health outcomes and determinants of health that impact FNIM clients, families and communities  
A) The effect of Historic Trauma Transmission (HTT) on the health and wellbeing of FNIM peoples  
B) Understand that FNIM peoples have individual and collective, historical and contemporary strengths to counter the impact of HTT  
C) Recognize socio-cultural and political factors that are health protective as well as those factors that undermine the health of FNIM peoples and place them at risk for increased morbidity and mortality.  
D) Discern the barriers faced by FNIM peoples that contribute to health inequities |
<table>
<thead>
<tr>
<th>Communication</th>
<th>Students must be able to:</th>
</tr>
</thead>
</table>
| 2.1 Demonstrate effective and culturally safe communication with First Nation, Inuit and Métis clients, their families and peers. | 2.1.1 Identify the centrality of communication in the provision of culturally safe care and engage in culturally safe communication with FNIM clients, families and communities  
2.1.2 Demonstrate the ability to establish a positive therapeutic relationship with FNIM clients and their families characterized by understanding, trust, respect, honesty and empathy  
2.1.3 Identify specific populations that will likely require the support of trained interpreters; and demonstrate the ability to utilize the services when providing care to individuals, families and communities. |

<table>
<thead>
<tr>
<th>Inclusivity</th>
<th>Students must be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Demonstrate commitment to engage in dialogue and relationship building with First Nations, Inuit, Métis peoples, cultures and health practices.</td>
<td>3.1.1 Identify, acknowledge and analyze one’s considered emotional response to the many histories and contemporary environment of FNIM peoples and offer opinions respectfully</td>
</tr>
<tr>
<td>Respect</td>
<td>Students must be able to:</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>3.1.2</strong> Acknowledge and analyze the limitations of one’s knowledge and perspectives and incorporate new ways of seeing, valuing and understanding the health and health practices of FNIM peoples</td>
<td><strong>4.1.1</strong> Understand that unique histories, cultures, languages and social circumstances are manifested in the diversity of FNIM peoples</td>
</tr>
<tr>
<td><strong>3.1.3</strong> Describe examples of ways to respectfully engage with and contribute to FNIM communities as a prospective care provider</td>
<td><strong>4.1.2</strong> Understand that FNIM peoples will not access a healthcare system (and its practitioners) when they do not feel safe doing so and where encountering the healthcare system places them at risk for cultural harm.</td>
</tr>
<tr>
<td><strong>3.1.4</strong> Demonstrate authentic, supportive and inclusive behaviour in all exchanges with FNIM individuals, healthcare workers and communities</td>
<td><strong>4.2.1</strong> Identify key principles in developing collaborative and ethical relationships</td>
</tr>
<tr>
<td><strong>4.1 Identify health care approaches that place First Nation, Inuit and Métis clients, families and communities at risk for cultural harm, and describe measures to rectify these approaches.</strong></td>
<td><strong>4.2.2</strong> Describe types of Aboriginal healers/traditional medicine people and healthcare professionals working in local FNIM communities and how they are viewed in the community</td>
</tr>
<tr>
<td><strong>4.2 Demonstrate the skills of effective collaboration with both Aboriginal and non-Aboriginal health care professionals, traditions/medicine peoples/healers in provision of effective health care for First Nation, Inuit, and Métis clients, families and communities.</strong></td>
<td><strong>4.2.3</strong> Demonstrate how to appropriately enquire whether FNIM clients are taking traditional herbs or medicines to treat their ailment and how to integrate that knowledge into their care.</td>
</tr>
<tr>
<td><strong>4.3 Describe approaches to optimize First Nation, Inuit, and Métis health through a just allocation of health care resources, balancing effectiveness, efficiency and access, employing evidence based and Indigenous best practices.</strong></td>
<td><strong>4.3.1</strong> Discern the concepts of community development, ownership, consultation, empowerment, capacity building, reciprocity, and respect in relation to healthcare delivery in and by FNIM communities</td>
</tr>
<tr>
<td></td>
<td><strong>4.3.2</strong> Identify key FNIM community contacts and support structures in the provision of effective health care</td>
</tr>
<tr>
<td></td>
<td><strong>4.3.3</strong> Describe successful approaches that have been implemented to improve the health of FNIM peoples either locally, regionally, or nationally.</td>
</tr>
</tbody>
</table>
4.4 Contribute to development, critical assessment of knowledge/practices, and their dissemination to improve the health of First Nation, Inuit, and Métis in Canada

<table>
<thead>
<tr>
<th>Indigenous Knowledge</th>
<th>Students must be able to:</th>
</tr>
</thead>
</table>
| 5.1 Describe First Nation, Inuit, and Métis ontology, epistemology and explanatory models as they relate to health and healing; and the graduating student will describe First Nation, Inuit, and Métis cosmologies | 5.1.1 Demonstrate ways to acknowledge and value Indigenous knowledge with respect to the health and wellness FNIM clients, families, and communities.  
5.1.2 Recognize the diversity, as a care provider, of Indigenous health knowledge and practices among FNIM clients, families, or communities  
5.1.3 Identify and describe the range of healing and wellness practices, traditional and non-traditional present in local FNIM communities |

<table>
<thead>
<tr>
<th>Mentoring and supporting students for success</th>
<th>Students must be able to:</th>
</tr>
</thead>
</table>
| 6.1 The graduating student will have experienced teaching learning environments where she/he felt safe to freely express ideas, perspectives, and critical thoughts. | 6.1.1 Describe how they would answer the question: What does their nursing education program have to offer FNIM students regarding the development of cultural competence and safety?  
6.1.2 Describe how their orientation helped to introduce technology in distance education and the academic support they received facilitated cultural competence and cultural safety. |

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<tbody>
<tr>
<td>6.2 Graduating students will have experienced a supportive nursing program as they journey towards degree completion and their</td>
<td>6.2.1 Identify FNIM nurses who have changed the nursing profession in the areas of practice, education, and administration in relation to the health of the Aboriginal peoples</td>
</tr>
</tbody>
</table>
| “place” as registered nurses within the profession. | 6.2.2 Describe the innovative and creative teaching learning projects that addressed FNIM priorities.  
6.2.3 Reflect on how academic, housing, childcare, funding, access to computers and the internet and cultural safety contributed to their success in obtaining their degree  
6.2.4 Describe how the nursing faculty encouraged them to pursue further studies. |
APPENDIX E – Hoggan (2016) Transformative Learning Outcomes for Counselling Students

<table>
<thead>
<tr>
<th>Themes</th>
<th>Components and Corresponding Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worldview</td>
<td><strong>Overall definition</strong> - Refers to instances wherein learners experience a significant shift in their understanding of the world and how it works.</td>
</tr>
<tr>
<td></td>
<td>- Assumptions, beliefs, values, expectations: A shift in orientation, which emphasizes what a person is paying attention to</td>
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<td></td>
<td>- Ways of interpreting experiences: refer to tacit methods students use to make meaning of their experiences on a moment to moment basis as well as interpreting past experiences differently.</td>
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<td></td>
<td>- More comprehensive or complex worldview: Refers to meaning perspectives becoming more inclusive, discriminating open, emotionally capable of change and reflective.</td>
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<tr>
<td></td>
<td>- New Awareness/new understandings: Refers to becoming aware of something new such as the existence of social, economic and political contradictions in society or the role of power, privilege, and oppression play in people’s lives.</td>
</tr>
<tr>
<td>Self</td>
<td>- Self in relation to others/World: Students experience a shift in how they related to others/world</td>
</tr>
<tr>
<td></td>
<td>- Empowerment/responsibility: Shift in social justice and emancipatory affects of learning</td>
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<tr>
<td></td>
<td>- Identity/View of Self: ‘Seeing the self as constructed and experiencing reality freed of the illusion of self’ (Robinson, 2004, p. 113)</td>
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<td></td>
<td>- Self-knowledge - ‘clearer perception of one’s strengths, limitations, thoughts, beliefs, motivations and emotions along with how one’s taken for granted experiences have embedded these perceptions into one’s way of being (Wang &amp; Yorks, 2012, p.158)</td>
</tr>
<tr>
<td></td>
<td>- Authenticity and finding greater congruence between student actions and who they truly are.</td>
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<td></td>
<td>- Personal narrative: Stories, narratives and metaphors students use to understand themselves and to form a coherent explanation of their lives</td>
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<td></td>
<td>- Meaning/purpose: Changes in meaning and purpose in life could include reaching a deeper minding of student’s being or finding a new passion in life</td>
</tr>
<tr>
<td></td>
<td>- Personality: Changes in personality</td>
</tr>
<tr>
<td>Epistemology</td>
<td>- General definition: Refers to students adopting a new way of knowing.</td>
</tr>
<tr>
<td><strong>Ontology</strong></td>
<td></td>
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<tr>
<td>---</td>
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</tr>
<tr>
<td><strong>General definition</strong>: Refers to changes in the way a person exists in the world, the deeply established mental and emotional inclinations that affect the overall quality and tone of one’s existence.</td>
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<tr>
<td><strong>Affective experience of life</strong>: Refers to the way a person emotionally reacts to experiences</td>
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<tr>
<td><strong>Ways of being</strong>: Changes in habitual tendencies and dispositions which affects the whole lived experience rather than cognitive structures (e.g. developing a mindful awareness and being present in the moment with a perspective of equanimity that is driven by a sense of wonder (Byrnes, 2012, p.34)</td>
<td></td>
</tr>
<tr>
<td><strong>Attributes</strong>: Refers to a vulnerability and trust displaced the façade of authoritative competence (Samaras et al., 2014, p.378)</td>
<td></td>
</tr>
<tr>
<td>Specific attributes – generosity, compassion, empathy, hopefulness, determination and integrity</td>
<td></td>
</tr>
<tr>
<td><strong>Behaviour</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Actions consistent with new perspective</strong>: Refers to actions taken that resulted from and were consistent with a new perspective. For learning to be transformation, it cannot be theoretical but must be lived (Duerr et al., 2003)</td>
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</tr>
<tr>
<td><strong>Social action</strong>: Refers to ongoing pursuit of social equity whether through creating fundamentally different social formations, democratising our social world or increasing social involvement</td>
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</table>

- The way a person constructs and evaluates knowledge in daily living

- **More discriminating**: Refers to students engaging in critical assessment of knowledge rather than passive acceptance of culturally accepted norms

- **Utilizing extra-rational ways of knowing**: Refers to moving beyond logical thinking processes to other ways of knowing including contemplative, spiritual, intuitive, somatic or embodied, emotional, holistic, imaginative, empathetic, artistic, reflective or multiple ways of knowing.

- **More open**: Allow students “to distance themselves from power of own convictions, interrogate emotional investments and enter into a dialogue about a deeply held belief entertaining others’ beliefs as reasonable” (Willink & Jacobs, 2012, p.151)

- **Shift in thoughts and ways of thinking**

  - **Autonomous thinking**: Students rely on themselves as intermediary of ‘correct’ knowledge

  - **More complex thinking**: More complex forms of thinking could include deeper metacognition, incorporating multiple perspectives into their thinking, gaining awareness of tacit epistemological habits and becoming more accepting of uncertainty

- **Attributes**: Refers to a vulnerability and trust displaced the façade of authoritative competence (Samaras et al., 2014, p.378)

  - Specific attributes – generosity, compassion, empathy, hopefulness, determination and integrity

- **Behaviour**

  - **Social action**: Refers to ongoing pursuit of social equity whether through creating fundamentally different social formations, democratising our social world or increasing social involvement
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<thead>
<tr>
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<tbody>
<tr>
<td><strong>Professional practices</strong></td>
<td>Refers to enactment of new professional practices</td>
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<td></td>
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<tr>
<td><strong>Skills</strong></td>
<td>Refers to the development of new skills to engage in behaviours consistent with one’s new perspective</td>
</tr>
<tr>
<td><strong>Capacity</strong></td>
<td></td>
</tr>
<tr>
<td><strong>General Definition</strong></td>
<td>- Refers to the developmental outcomes where students experience systematic changes in their abilities that allow for greater complexity in the way they see, interpret and function in the world.</td>
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<tr>
<td></td>
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<tr>
<td><strong>Cognitive development</strong></td>
<td>- Refers to the development of increased capacity rather than adoption of more complex thinking habits</td>
</tr>
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<tr>
<td><strong>Consciousness</strong></td>
<td>- A shift, expansion, or cultivation of consciousness. Being aware of, identifying with and committing to an ever widening, ultimately world centric understanding of and connection with reality (Gunnlaugson, 2004, p.317)</td>
</tr>
<tr>
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<tr>
<td><strong>Spirituality</strong></td>
<td>- ‘an existential or spiritual journey from immaturity to maturity; ignorance to wisdom; incompleteness to wholeness; or metaphysically from egocentric to reality-centric’ (Morgan, 2010, p.248)</td>
</tr>
</tbody>
</table>
APPENDIX F – Adapted Prompts for Reflexive Bracketing (Ahern, 1999)

PREPARATION STAGE
1. Identify some of the interests that, as a researcher, you might take for granted in undertaking this research. This might include issues such as gaining access or obtaining a degree. Write down your personal issues in undertaking this research, the taken-for-granted assumptions associated with your gender, race, socioeconomic status, and the political milieu of your research. Finally, consider where the power is held in relation to your research project and where you belong in the power hierarchy.

2. Clarify your personal value systems and acknowledge areas in which you know you are subjective. These are issues to which you need to keep referring back when analyzing your data. This is an important strategy in developing a critical perspective through continuous self-evaluation (Hanson, 1994).

3. Describe possible areas of potential role conflict. Are there particular types of people and/or situations in which you feel anxious, annoyed, at ease? Is the publication of your findings likely to cause problems with a group of people? Consider how this possibly could influence whom you approach or how you approach them. Make a mental note to recognize when anxiety, annoyance, or enjoyment arise in you during data collection and analysis.

4. Identify gatekeepers’ interests and consider the extent to which they are disposed favorably toward the project (Hanson, 1994). This can help you prevent potential role conflicts. The less conflict and anxiety you experience with regard to your research, the easier it is to maintain neutrality. Once you have started fieldwork, try to become attuned to the way in which your feelings are signaling a need for reflexive thought.

5. Recognize feelings that could indicate a lack of neutrality. These include avoiding situations in which you might experience negative feelings, seeking out situations in which you will experience positive feelings (such as friendly and articulate respondents), feeling guilty about some of your feelings, blaming others for your feelings, and feeling disengaged or aloof (Paterson & Groening, 1996). When you recognize feelings such as these, revisit your notes in your reflexive journal and try to determine the origins of these feelings. This will help you gain insight and separate your reactions from past events and your present research. If you cannot identify the origins of your feelings, you might need to consult with a colleague to ensure that your data collection and analysis techniques have not been colored by your feelings. Common antecedents of projections onto the data include researchers’ unmet needs, re-enactments of previous incidents that are associated with specific feelings and responses, and researchers’ gender, social, and professional role identities.

6. Is anything new or surprising in your data collection or analysis? If not, is this cause for concern, or is it an indication of saturation? Consult colleagues before you assume that you have reached saturation in your data analysis. You might be bored, blocked, or desensitized.

7. When blocks occur in the research process, reframe them. Instead of getting frustrated when things do not go as planned, ask yourself, “Are there any methodical problems that can be
transformed into opportunities?” For example, is there another group of people who can shed light on this phenomenon? Would an additional form of data collection, such as document analysis or diaries, give a greater insight? Often, blocks that occur in research can turn out to be blessings in disguise.

POSTANALYSIS STAGE
8. Even when you have completed your analysis, reflect on how you write up your account. Are you quoting more from one respondent than another? If you are, ask yourself why. Do you agree with one person’s sentiment or turn of phrase more than those of another? If so, go back to your analysis and check that an articulate respondent has not biased your analysis by virtue of making your analytic task easier. Did you choose to write up the account in the first or third person? Why?

9. In qualitative research, the substantive literature review often comes after the analysis. The form of research literature is just as much the result of convention as any other cultural artifact (Porter, 1993). Consider whether the supporting evidence in the literature really is supporting your analysis or if it is just expressing the same cultural background as yourself.

10. A significant aspect of resolving bias is the acknowledgment of its outcomes (Paterson & Groening, 1996). Therefore, you might have to re-interview a respondent or re-analyze the transcript once you have recognized that bias in data collection or analysis is a possibility in a specific situation. It is also worth remembering that even if preconceptions and biases are acknowledged, they are not always easily abandoned (Davies & Janosick, 1991). An indication of resistance to abandoning bias includes consistently overlooking data concerning a different analytical conclusion than the one you have drawn (Paterson & Groening, 1996). Discussion with a co-coder should counteract this analytic blindness.
January 29, 2019

Miss Anoushka Mouessian
Ph.D. Candidate
School of Kinesiology and Health Studies
Queen’s University
28 Division Street
Kingston, ON, K7L 3N6

GREB Ref #: GSKHS-304-19; TRAQ # 6025640
Title: “GSKHS-304-19 Cultural Safety Education for Counsellors in Ontario”

Dear Miss Mouessian:

The General Research Ethics Board (GREB), by means of a delegated board review, has cleared your proposal entitled “GSKHS-304-19 Cultural Safety Education for Counsellors in Ontario” for ethical compliance with the Tri-Council Guidelines (TCPS 2 (2014)) and Queen’s ethics policies. In accordance with the Tri-Council Guidelines (Article 6.14) and Standard Operating Procedures (405.001), your project has been cleared for one year. You are reminded of your obligation to submit an annual renewal form prior to the annual renewal due date (access this form at http://www.queensu.ca/traq/signon.html click on “Events,” under “Create New Event” click on “General Research Ethics Board Annual Renewal/Closure Form for Cleared Studies”). Please note that when your research project is completed, you need to submit an Annual Renewal/Closure Form in Romeo/iraq indicating that the project is completed so that the file can be closed. This should be submitted at the time of completion; there is no need to wait until the annual renewal due date.

You are reminded of your obligation to advise the GREB of any adverse event(s) that occur during this one-year period (access this form at http://www.queensu.ca/traq/signon.html click on “Events,” under “Create New Event” click on “General Research Ethics Board Adverse Event Form”). An adverse event includes, but is not limited to, a complaint, a change or unexpected event that alters the level of risk for the researcher or participants or situation that requires a substantial change in approach to a participant(s). You are also advised that all adverse events must be reported to the GREB within 48 hours.

You are also reminded that all changes that might affect human participants must be cleared by the GREB. For example, you must report changes to the level of risk, applicant characteristics, and implementation of new procedures. To submit an amendment form, access the application by at http://www.queensu.ca/traq/signon.html click on “Events,” under “Create New Event” click on “General Research Ethics Board Request for the Amendment of Approved Studies.” Once submitted, these changes will automatically be sent to the Ethics Coordinator, Ms. Gail Irving, at University Research Services for further review and clearance by the GREB or Chair, GREB.

On behalf of the General Research Ethics Board, I wish you continued success in your research.

Sincerely,

Dean Tripp, Ph.D.
Chair
General Research Ethics Board

c: Dr. Lucie Levesque, Supervisor
Dr. Elaine Power, Chair, Unit REB
RESEARCH ETHICS BOARDS
Certification of Ethical Acceptability of Research Involving Human Participants

APPROVAL PERIOD: March 18, 2019
EXPIRY DATE: March 17, 2020
REB: G
REB NUMBER: 19-03-002
TYPE OF REVIEW: Delegated
PRINCIPAL INVESTIGATOR: Tait Neufeld, Hannah (hannah.tn@uoguelph.ca)
DEPARTMENT: Family Relations & Applied Nutrition
SPONSOR(S): N/A
TITLE OF PROJECT: Cultural Safety Education for Counsellors in Ontario

The members of the University of Guelph Research Ethics Board have examined the protocol which describes the participation of the human participants in the above-named research project and considers the procedures, as described by the applicant, to conform to the University’s ethical standards and the Tri-Council Policy Statement, 2nd Edition.

The REB requires that researchers:

- Adhere to the protocol as last reviewed and approved by the REB.
- Receive approval from the REB for any modifications before they can be implemented.
- Report any change in the source of funding.
- Report unexpected events or incidental findings to the REB as soon as possible with an indication of how these events affect, in the view of the Principal Investigator, the safety of the participants, and the continuation of the protocol.
- Are responsible for ascertaining and complying with all applicable legal and regulatory requirements with respect to consent and the protection of privacy of participants in the jurisdiction of the research project.

The Principal Investigator must:

- Ensure that the ethical guidelines and approvals of facilities or institutions involved in the research are obtained and filed with the REB prior to the initiation of any research protocols.
- Submit an Annual Renewal to the REB upon completion of the project. If the research is a multi-year project, a status report must be submitted annually prior to the expiry date. Failure to submit an annual status report will lead to your study being suspended and potentially terminated.

The approval for this protocol terminates on the EXPIRY DATE, or the term of your appointment or employment at the University of Guelph whichever comes first.

Signature: 
Date: March 18, 2019

Stephen P. Lwisc
Chair, Research Ethics Board-General
**CERTIFICAT D'APPROBATION ÉTHIQUE | CERTIFICATE OF ETHICS APPROVAL**

<table>
<thead>
<tr>
<th>Numéro du dossier / Ethics File Number</th>
<th>H-02-19-3107</th>
</tr>
</thead>
<tbody>
<tr>
<td>Titre du projet / Project Title</td>
<td>Cultural Safety Education for Counsellors in Ontario</td>
</tr>
<tr>
<td>Type de projet / Project Type</td>
<td>Thèse de doctorat / Doctoral thesis</td>
</tr>
<tr>
<td>Statut du projet / Project Status</td>
<td>Approuvé / Approved</td>
</tr>
<tr>
<td>Date d'approbation (jj/mm/aaaaa) / Approval Date (dd/mm/yyyy)</td>
<td>01/03/2019</td>
</tr>
<tr>
<td>Date d'expiration (jj/mm/aaaaa) / Expiry Date (dd/mm/yyyy)</td>
<td>28/01/2020</td>
</tr>
</tbody>
</table>

**Équipe de recherche / Research Team**

<table>
<thead>
<tr>
<th>Chercheur / Researcher</th>
<th>Affiliation</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anoushka MOUCESSIAN</td>
<td>Queen's University</td>
<td>Chercheur Principal / Principal Investigator</td>
</tr>
<tr>
<td>Lucie LEVESQUE</td>
<td>Queen's University</td>
<td>Superviseur / Supervisor</td>
</tr>
</tbody>
</table>

**Conditions spéciales ou commentaires / Special conditions or comments**
Date: February 14, 2019
To: Miss Anoukika Meucessian
Study Title: Cultural Safety Education for Counsellors in Ontario
Review Type: Administrative Review

Dear Miss Anoukika Meucessian,

The Western University Non-Medical Research Ethics Board (NMREB) has conducted an administrative review of the Queen’s University approved project (ref #: GSKHS-304-19; TRAQ #: 6025649), and has determined that this research can be conducted at Western University as outlined in the following documents:

- Queen’s GREB submission – Jan 2019
- AM Ethics Appendices [Western] – Feb 11, 2019

Please note that Western University’s NMREB is not approving this research, as a local Principal Investigator is not directly involved in this research. As such, there is no local oversight on the conduct of this research. Queen’s University’s General Research Ethics Board remains responsible for overseeing the conduct of this study. Nonetheless, Western’s NMREB acknowledges that this research is taking place and that there are no major objections to the manner in which it will be conducted as described in the study documents listed above.

Please note that there should be no references to Western University’s NMREB in your communications with participants (including, but not limited to, the consent form) as the NMREB does not provide oversight for this project.

If, during the course of this study, there are changes to the project or new information comes to light, which would affect the determination stipulated above, these should be brought to the immediate attention of the NMREB for re-assessment.

Best wishes for the successful completion of your project.

Yours Sincerely,

Katelyn Harris, Research Ethics Officer
On behalf of Dr. Randal Grauman, NMREB Chair

Western University, Research, Support Services Site, 4th Floor
London, ON, Canada N6A 5B9; 519/661-3539; 1-855-266-2466 www.uwo.ca/research/ethics
March 05, 2019

Dear Jennifer,

REB # 6048
Project, “GSKHS-304-19 Cultural Safety Education for Counsellors in Ontario”
REB Clearance Issued: March 05, 2019
REB Expiry / End Date: February 29, 2020

Your project was previously approved by the Research Ethics Board at Queen’s University on January 29, 2019. I have reviewed your proposal on behalf of the University Research Ethics Board at Wilfrid Laurier University and determined that it is ethically sound.

If the research plan and methods should change in a way that may bring into question the project’s adherence to acceptable norms, please submit a “Request for Ethics Clearance of a Revision or Modification” form for approval before the changes are put into place.

If any participants in your research project have a negative experience (either physical, psychological or emotional) you are required to submit an “Adverse Events Form” to the Research Office within 24 hours of the event.

You must complete the online “Annual/Final Progress Report on Human Research Projects” form annually and upon completion of the project. ROMEO will automatically keeps track of these annual reports for you. When you have a report due within 30 days (and/or an overdue report) it will be listed under the ‘My Reminders’ quick link on your ROMEO home screen; the number in brackets next to ‘My Reminders’ will tell you how many reports need to be submitted.

All the best for the successful completion of your project.

(Useful links: [ROMEO Login Screen](#); [REB Students Webpage](#); [REB Connect Webpage](#))

Yours sincerely,

Jayne Kalmar, PhD
Chair, University Research Ethics Board
Wilfrid Laurier University

Please do not reply directly to this e-mail. Please direct all replies to reb@wlu.ca
Comité de la déontologie | Certificat d'éthique
Research Ethics Board | Ethics Certificate

SPU-REB File Number 1360.14/18

<table>
<thead>
<tr>
<th>Last name</th>
<th>Name</th>
<th>Affiliation</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moussessian</td>
<td>Anoushka</td>
<td>Queen's U. / Kinesiology &amp; Health Studies</td>
<td>Ph.D. Candidate (PI)</td>
</tr>
<tr>
<td>Levesque</td>
<td>Lucie</td>
<td>Queen's U. / Kinesiology &amp; Health Studies</td>
<td>Supervisor</td>
</tr>
</tbody>
</table>

Type of project: Doctoral Research Project

Title: GSKHS-304-19 Cultural Safety Education for Counsellors in Ontario

<table>
<thead>
<tr>
<th>Approval date</th>
<th>Expiry Date</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-02-2019</td>
<td>20-02-2020</td>
<td>1 (Approved)</td>
</tr>
</tbody>
</table>

Committee comments:
The Research Ethics Board (REB) approved the project. The Researcher is allowed to hire participants at Saint Paul University.

In accordance with the Tri-Council Policy Statement, the Saint Paul University Research Ethics Board has examined and approved the application for an ethics certificate for this project for the period indicated and subject to the conditions listed above.

The research protocol may not be modified without prior written approval from the REB. This includes, among others, the extension of the research, additional recruitment for the inclusion of new participants, changes in location of the fieldwork, any stage where a research permit is required, such as work in schools. Minor administrative changes are allowed.

The REB must be notified of all changes or unanticipated circumstances that have a serious impact on the conduct of the research, that relate to the risk to participants and their safety. Modifications to the project, information, consent and recruitment documentation must be submitted to the Office of Research and Ethics for approval by the REB.

The investigator must submit a report four weeks prior to the expiry date of the certificate stated above requesting an extension or that the file be closed.

Documents relating to publicity, recruitment and consent of participants should bear the file number of the certificate. They must also indicate the coordinates of the investigator should participants have questions related to the research project. In which case, the documents will refer to the Chair of the REB and provide the coordinates of the Office of Research and Ethics.

[Signature]
Louis Perron
Chair
Research Ethics Board

c.: Dr. Lucie Levesque, Thesis Supervisor
Dear Anoushka,
Thank you for your patience as we reviewed your materials. You have the University’s approval to approach faculty and students in OISE’s Counselling Psychology program under the terms of the materials that you provided in your email below.

If you require any additional assistance, please let me know.

Andrea

Andrea Russell, M.Phil., J.D.
Director, Academic Affairs
Office of the Vice-President & Provost
The University of Toronto
Simcoe Hall, 27 King’s College Circle, Toronto ON. M5S 1A1.
T. +1 (416) 978-7119
andrea.russell@utoronto.ca
APPENDIX H - Elo and Kyngas’ Framework for Qualitative Content Analysis

Inductive approach

Preparation phase

Selecting the unit of analysis

Making sense of the data and whole

Organising phase

Open coding

Coding sheets

Grouping

Categorization

Abstraction

Report on the analyzing process and the results

Deductive approach

Developing analysis matrix

Data gathering by consensus

Developing structured analysis matrix

Data coding according the categories

Hypothesis testing, correspondence comparison to earlier studies etc.

Model, conceptual system, conceptual map or categories
APPENDIX I – Letter of Informed Consent for Counselling Faculty

**Study Title:** Cultural Safety Education for Counsellors in Ontario  
**Name of Student Researcher:** Anoushka Moucessian, B.A., MEd. in Counselling, School of Kinesiology and Health Studies (SKHS), Queen’s University  
**Name of Supervisor:** Dr. Lucie Lévesque, SKHS, Queen’s University

I am Anoushka Moucessian, a counsellor and doctoral candidate in the School of Kinesiology and Health Studies (SKHS), working under the supervision of Dr. Lucie Lévesque.

**What is this study about?** The purpose of this research is to describe counselling faculty members’ current teaching practices around cultural safety. Culturally safe teaching ensures “an environment that is spiritually, socially and emotionally safe as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together” (Williams, 1999, p.213). I am interested in your course structure, delivery and pedagogical practice when teaching counselling students how to work with Indigenous clients and communities.

I am inviting counselling psychology faculty members and course instructors who teach a course related to counselling Indigenous clients or other cultural groups, more broadly, to participate in this research.

**What is involved in this study?** If you agree to take part, I will interview you for approximately one hour either at a public location of your choice, over the telephone or over Skype. When relevant, all cultural protocols will be accommodated and respected prior to conducting the interview. The interview will be audio-recorded and later transcribed by me. The interview will take the form of open and close-ended questions with the potential for prompts to better understand course structure, delivery and pedagogical strategies. Following the interview, I will email you a copy of your interview transcript. You will have the option to review and comment on this transcript.

If you choose to be interviewed in a public location, please be advised that there is a risk of others overhearing any information you choose to share. Some of the questions in this study may evoke discussion around sensitive topics, such as racism and discrimination and these discussions may carry minimal emotional or psychological risk. Please note that if there are any questions you feel uncomfortable answering, you are free to refrain responding without penalty. Also, if you feel uneasy after the interview, I encourage you to contact [campus, local and culturally relevant support resources].

This study offers you a safe therapeutic opportunity to debrief and reflect on the process of teaching politically, psychologically and/or emotionally charged topics related to Indigenous mental health. Study results will help contribute to our understanding of how counselling psychology education is responding to the Truth and Reconciliation Commission’s (2015) recommendations. This study will create a knowledge dissemination opportunity by compiling knowledge about cultural safety education from a variety of perspectives in order to improve the content, quality and use of knowledge among counselling psychologists. This project will raise...
awareness and knowledge among counsellors, the academic and the research community about the importance of culturally safe practice, contribute to improving curriculum frameworks and identify what is/not working. Taken together, this project aims to advocate for more culturally safe counselling support for Indigenous people/communities through better education for counsellors.

**Is participation voluntary?** There is no obligation for you to agree to take part in this study. You do not have to answer any questions that make you feel uncomfortable. You can stop participating at any time without penalty. You may withdraw from the study up until two weeks following your interview by contacting me at 14amm15@queensu.ca. Please note that once results have been analysed it will not be possible to withdraw your data.

**What will happen to your responses?** Your interview responses will be kept securely for at least five years. Your confidentiality will be protected to the extent possible by assigning you a pseudonym to all data and in all publications, stripping demographic information and identifiable quotes. Your data will be stored separately and securely on two separate encrypted and password protected devices that will be stored in a lockbox and locked filing cabinet. Other than my supervisor (Dr. Lucie Lévesque), a second coder and I, no one will have access to any of the data.

I hope to publish the results of this study in my doctoral thesis and academic journals and present these at conferences. I will include quotes from some of the interviews when presenting my findings. However, I will never include any real names with quotes, and I will do my best to make sure quotes do not include information that could indirectly identify participants. During the interview, please let me know if you say anything you do not want me to quote.

**What if you have concerns?** If you have any ethics concerns, please contact the General Research Ethics Board (GREB) at 1-844-535-2988 (Toll free in North America) or chair.GREB@queensu.ca.

If you have any questions about the research, please contact me, Anoushka Moucessian, at 14amm15@queensu.ca or my supervisor, Dr. Lucie Lévesque, at levesquul@queensu.ca or 613-533-6000 ext. 78164.

This Letter of Information provides you with the details to help you make an informed choice. All your questions should be answered to your satisfaction before you decide to participate in this research study.

**Keep one copy of the Letter of Information for your records and return one copy to the researcher, Anoushka Moucessian.**

By signing below, you are verifying that you have read the Letter of Information and all of your questions have been answered.

Name of Participant: ________________________________

Signature: ________________________________
Hello [name],

My name is Anoushka Moucessian and I am a counsellor and PhD candidate at Queen’s University conducting a research study titled “Cultural Safety Education for Counsellors in Ontario.” I accessed your name and contact information via the University of [X] website and am wondering whether you have time to discuss [specific course title(s)], how it is structured, delivered and your pedagogical approach. If so, please let me know if you might be available to talk. I will be on campus between [dates] for in-person interviews. Alternatively, I can also offer phone and Skype interviews either before or after that time at your convenience.

Thank you for taking the time to read this email. Please feel free to review the attached Letter of Informed Consent. I look forward to hearing from you.

Best,
Anoushka Moucessian
**APPENDIX K - Interview Guide for Counselling Faculty**

<table>
<thead>
<tr>
<th>Interview Questions</th>
<th>Corresponding Constructs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part 1: Demographics</strong></td>
<td></td>
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<tr>
<td>Name of Faculty Member: ________________</td>
<td></td>
</tr>
<tr>
<td>Gender: ___________________________</td>
<td></td>
</tr>
<tr>
<td>Professional Title: ______________________</td>
<td></td>
</tr>
<tr>
<td>Course Title: ________________________</td>
<td></td>
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<tr>
<td>Number of years teaching &amp; teaching this course: ________________________________</td>
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<tr>
<td>Ethnicity: ____________________________</td>
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<tr>
<td>Any cultural safety training? _____________</td>
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</tbody>
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| **Part 2: Introduction Questions**                                                   |                          |
| 1) How do you engage with First Nations, Inuit and Métis (FNIM) communities?        |                          |
| 2) How do you self-locate with FNIM clients, students and/or communities?           |                          |
| 3) Do you have lived or work experience in or with FNIM community?                  |                          |

<p>| <strong>Part 3: Adapted from Apte’s (2009) TET Framework</strong>                                 |                          |
| 1.1) A frame of reference is defined by Mezirow as the assumptions through which we view and understand life experience. While teaching your _____ course, do you present alternative frames of reference? If so, what ideas and stories do you discuss or present? | 1) Confirming and interrupting current frames of reference |
| 2.1) When discussing difficult topics related to Indigenous mental health (e.g. racism), how do you direct classroom dialogue and work with emotions in your course? OR How do you direct classroom dialogue when emotions get triggered in your course? | 2) Working with triggers for transformative learning |
| 3.1) When people are presented with a possibility for change, there are times when they may feel the need to defend their life-world (Apte, 2009). When students express a need to retreat to previously held assumptions | 3) Acknowledging a time of retreat or dormancy |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Part 4: Reflexive Antiracism Framework according to Carnes (2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>about Indigenous mental health, how do you structure your course to anticipate this? When faced with this situation, how do you deal with it?</td>
<td>4) Developing a new perspective</td>
</tr>
<tr>
<td>4.1) What aspects of the _____ course do you try to use to create a mood of openness and possibility for change in the field of Indigenous mental health?</td>
<td></td>
</tr>
<tr>
<td>4.2) What supports/barriers do you see to creating more meaningful dialogue about Indigenous mental health?</td>
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</tbody>
</table>

**Part 4: Reflexive Antiracism Framework according to Carnes (2015)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Part 4: Reflexive Antiracism Framework according to Carnes (2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1) As the course instructor, how do you design your course to respect and incorporate views and beliefs of Elders, nation, community, culture, families and futures?</td>
<td>5) Respecting Indigenous sovereignty</td>
</tr>
<tr>
<td>6.1) As the course instructor, do you work in relationship with the Indigenous community to teach about the history of trauma for Indigenous peoples in this city, province, country? If so, how?</td>
<td>6) Healing Historical trauma</td>
</tr>
<tr>
<td>6.2) Does your institution have the ability to provide culturally relevant support or know where to refer Indigenous peoples for healing in your community?</td>
<td>7) Learning from Indigenous peoples</td>
</tr>
<tr>
<td>7.1) In your course, how are students learning about Indigenous views of Canada’s history, the importance of humility and cultural self-awareness?</td>
<td>8) Respect for Indigenous agency</td>
</tr>
<tr>
<td>8.1) How does your course and institution offer opportunities in the classroom to learn about or practice being strong in Indigeneity?</td>
<td></td>
</tr>
</tbody>
</table>

**Part 4: Closing**

<table>
<thead>
<tr>
<th>Question</th>
<th>Part 4: Reflexive Antiracism Framework according to Carnes (2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9) Anything you would like to add that we have not already covered?</td>
<td></td>
</tr>
</tbody>
</table>


APPENDIX L - Recruitment Script for Counselling Students to be distributed via faculty/departmental listservs

Hello [insert Graduate Program Coordinator’s name],
I hope this email finds you well. I am a doctoral candidate at the School of Kinesiology and Health Studies at Queen’s University. I am interested in recruiting students in the [e.g. Counselling Psychology] department at the [e.g. University of Ottawa] for a study about cultural safety education in Ontario counselling programs. This research has received ethics’ clearance from Queen’s University General Research Ethics Board and from [authorized body at each respective university]. Would you please distribute the following recruitment script to the students in your department?

I am Anoushka Moucessian, a counsellor and doctoral candidate at the School of Kinesiology and Health Studies at Queen’s University. I am conducting a research study titled “Cultural Safety Education for Counsellors in Ontario.” I am asking counselling students to take part in research understand how future counsellors connect their current cultural education in their graduate programs to their ability to provide culturally safe practice.
If you are interested in participating, I will interview you for approximately one hour either at a location of your choice, over the telephone or over Skype. To thank you for participating in this research, you will receive a $15 gift card for one of Starbucks, Amazon, Indigo or the Apple Store. If you are interested, please review the Letter of Informed Consent attached to this email. If you are interested, please contact the researcher, Anoushka Moucessian, 14amm15@queensu.ca
APPENDIX M – Recruitment Script for Counselling Students to be distributed via social media

Seeking Counselling Students in Ontario for paid research interviews

Are you a Masters in Counselling student that has completed a course related to culture, diversity and/or Indigenous mental health? Are you interested in sharing how your course work has shaped your clinical practice?

The Health Promotion Research Lab at Queen's University is recruiting counselling students across Ontario to participate in ~1 hour interviews. Interviews are held at a time/public place of your convenience in person, over the phone or Skype. Participants:

• Can be of any gender identity
• Can self-identify as either Indigenous or belonging to another cultural group
• Must be striving for ‘Canadian Certified Counsellor’ designation or equivalent (e.g. CRPO)
• Have completed a counselling course related to working with Indigenous peoples and/or communities and/or other cultural groups
• Must be ready to or current completing their internship at time of participation (2nd year)
• Be interested in working directly with Indigenous clients (in either rural and urban centers)

Participants will be offered a $15 gift card from one of Amazon, Starbucks, Indigo or the Apple Store. Hours are flexible and I have time slots open throughout the next month. This study has been granted clearance by the General Research Ethics Board according to Canadian research ethics principles, Queen's University and your university's policies.

STUDY TITLE: Cultural Safety Education for Counsellors in Ontario

If interested, please contact the researcher, Anoushka Moucessian at 14amm15@queensu.ca
APPENDIX N – Recruitment Poster for Counselling Students

School of Kinesiology and Health Studies, Anoushka Moucessian, MEd., Health Promotion Research Research Lab, Queen’s University

VOLUNTEERS NEEDED for
A Study about Cultural Safety Education for Counsellors in Ontario

Looking for: Master’s of Counselling students to share their learning experience in cultural counselling coursework and how it has shaped your practice. Participants:

• Can be of any gender identity and could self-identify as either Indigenous or belonging to another cultural group
• Must be striving for ‘Canadian Certified Counsellor’ designation or equivalent (e.g. CRPO)
• Must have completed a counselling course related to working with Indigenous peoples and/or communities and/or other cultural groups
• Must be ready to or currently completing their internship at time of participation (2nd year)
• Be interested in working directly with Indigenous clients (in either rural and urban centers)

What is involved? Interview no longer than an hour at a time/ public place of your convenience in person, over the phone or Skype.

Compensation: A $15 gift card will be offered from one of Starbucks, Amazon, Indigo, or the Apple Store.

If you are interested, please email Anoushka Moucessian

14amm15@queensu.ca
APPENDIX O – ‘In-person’ pitch at each cultural counselling course and group supervision course (where applicable)

Hi everyone. My name is Anoushka and I am a PhD candidate at the School of Kinesiology and Health Studies at Queen’s University. I am really interested in how counselling programs across Ontario are currently educating counsellors about cultural safety and Indigenous mental health. I would really like to hear about your experience in your [e.g. multicultural counselling] course and how that has impacted your counselling practice with Indigenous clients. Interviews will take place at a public location of your choice and last no longer than an hour depending on the person and you will be offered a $15 gift card from one of Starbucks, Amazon, Indigo or the Apple Store. If you are interested in being interviewed, please feel free to email me at 14amm15@queensu.ca. Thanks!
APPENDIX P – Letter of Informed Consent for Students

**Study Title:** Cultural Safety Education for Counsellors in Ontario

**Name of Student Researcher:** Anoushka Moucessian, B.A., M.Ed. in Counselling, School of Kinesiology and Health Studies (SKHS), Queen’s University

**Name of Supervisor:** Dr. Lucie Lévesque, SKHS, Queen’s University

I am Anoushka Moucessian, a counsellor and doctoral candidate in the School of Kinesiology and Health Studies (SKHS), working under the supervision of Dr. Lucie Levesque.

**What is this study about?** The purpose of this research is to understand how counselling students connect the current cultural education in their graduate programs to their ability to provide culturally safe practice. A culturally safe practice ensures “an environment that is spiritually, socially and emotionally safe as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together” (Williams, 1999, p.213). I am interested in your learning process in your [e.g. Multicultural Counselling] course at the [e.g. University of Ottawa] and how that experience has shaped your cultural safety practice.

I am inviting counselling students who – a) have completed a [e.g. Multicultural Counselling] course, and b) are starting or are currently completing their internship to participate in this research. To thank you for participating in this research, you will be offered a $15 gift card for one of Starbucks, Amazon, Indigo or the Apple Store.

**What is involved in this study?** If you agree to take part, I will interview you for approximately one hour either at a public location of your choice, over the telephone or over Skype. When relevant, all cultural protocols will be accommodated and respected prior to conducting the interview. The interview will be audio-recorded and later transcribed by me. The interview will take the form of open and close-ended questions with the potential for prompts to better understand the impact of the classroom experience on developing a culturally safe counselling practice. Following the interview, I will email you a copy of your interview transcript. You will have the option to read and comment on this transcript.

If you choose to be interviewed in a public location, please be advised that there is a risk of others overhearing any information you choose to share. Some of the questions in this study may evoke discussion around sensitive topics, such as racism and discrimination and these discussions may carry minimal emotional or psychological risk. This study may also carry a minimal risk due to power imbalance between you and the course instructor. Please note that if there are any questions you feel uncomfortable answering, you are free to refrain without penalty. Also, if you feel uneasy after the interview, I encourage you to contact [e.g. the Ottawa Mental Health Crisis Line (613-722-6914), University of Ottawa Health Services (613-564-3950 x 497, or the Indigenous Resource Centre on campus (613-562-5800 x 2496)].

This study offers you a safe therapeutic opportunity to debrief and reflect on the process of learning politically, psychologically and/or emotionally charged topics related to Indigenous
mental health. Study results will help contribute to our understanding of how counselling psychology education is responding to the Truth and Reconciliation Commission’s (2015) recommendations. This study will create a knowledge dissemination opportunity by compiling knowledge about cultural safety education from a variety of perspectives in order to improve the content, quality and use of knowledge among counselling psychologists. This project will raise awareness and knowledge among counsellors, the academic and the research community about the importance of culturally safe practice, contribute to improving curriculum frameworks and identify what is/not working. Taken together, this project aims to advocate for more culturally safe counselling support for Indigenous people/communities through better education for counsellors.

Is participation voluntary? There is no obligation for you to agree to take part in this study. You do not have to answer any questions that make you feel uncomfortable. You can stop participating at any time without penalty. You may withdraw from the study up until two weeks following your interview by contacting me at 14amm15@queensu.ca. Please note that once results have been analysed it will not be possible to withdraw your data. At this time, you will still receive your $15 gift card for one of Starbucks, Amazon, Indigo or the Apple Store.

What will happen to your responses? Your interview responses will be kept securely for at least five years. Your confidentiality will be protected to the extent possible by assigning you a pseudonym for all data and in all publications, stripping demographic information and identifiable quotes. Your data will be stored separately and securely on two separate encrypted and password protected devices which will be stored in a lockbox and locked filing cabinet. Other than my supervisor (Dr. Lucie Lévesque), a second-coder and I, no one will have access to any of the data.

I hope to publish the results of this study in my doctoral thesis and academic journals and present them at conferences. I will include quotes from some of the interviews when presenting my findings. However, I will never include any real names with quotes, and I will do my best to make sure quotes do not include information that could indirectly identify participants. During the interview, please let me know if you say anything you do not want me to quote.

What if you have concerns? If you have any ethics concerns, please contact the General Research Ethics Board (GREB) at 1-844-535-2988 (Toll free in North America) or chair.GREB@queensu.ca.

If you have any questions about the research, please contact me, Anoushka Mouessian, at 14amm15@queensu.ca or my supervisor, Dr. Lucie Lévesque, at levesquul@queensu.ca or 613-533-6000 ext. 78164.

This Letter of Information provides you with the details to help you make an informed choice. All your questions should be answered to your satisfaction before you decide to participate in this research study.

Keep one copy of the Letter of Information for your records and return one copy to the researcher, Anoushka Mouessian.
By signing below, you are verifying that you have read the Letter of Information and all of your questions have been answered.

Name of Participant: ________________________________
Signature: ________________________________________
Date: ____________________________________________
APPENDIX Q - Interview Guide for Counselling Students

<table>
<thead>
<tr>
<th>Interview Questions</th>
<th>Corresponding Theoretical Constructs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part 1: Demographic questions</strong></td>
<td></td>
</tr>
<tr>
<td>Course Title: ___________________________</td>
<td></td>
</tr>
<tr>
<td>Ethnicity or cultural affiliation: ___________________________</td>
<td></td>
</tr>
<tr>
<td>Gender: ___________________________</td>
<td></td>
</tr>
<tr>
<td><strong>Part 2: Introduction Question</strong></td>
<td></td>
</tr>
<tr>
<td>1) Do you have lived or work experience in or with FNIM community?</td>
<td></td>
</tr>
<tr>
<td><strong>Part 2: Adapted from Apte’s (2009) TET Framework</strong></td>
<td></td>
</tr>
<tr>
<td>1.1) What are some ideas or stories that were presented during the [relevant courses] course that got your attention or were memorable? What is the impact of this experience on your counselling practice?</td>
<td></td>
</tr>
<tr>
<td>1.2) What were some experiences that were presented during the [relevant courses] course that got your attention or were memorable? OR What experiences did this course expose you to that shifted what you know about FNIM communities?</td>
<td></td>
</tr>
<tr>
<td>1.3) Reflecting on your experience in the course, what information did you learn about Indigenous mental health that you had never contemplated before? How has that experience shaped your practice with Indigenous communities?</td>
<td></td>
</tr>
<tr>
<td>2.1) How would you say your classroom experience has shifted your attitudes and/or thinking about Indigenous mental health? Do you think this has impacted your practice?</td>
<td></td>
</tr>
<tr>
<td>3.1) During your time in the [relevant courses] course, did you experience a pull back to your previously held assumptions around Indigenous mental health? If so, how did you deal with this?</td>
<td>1) Confirming and interrupting current frames of reference</td>
</tr>
<tr>
<td>2) Working with triggers for transformative learning</td>
<td></td>
</tr>
<tr>
<td>3) Acknowledging a time of retreat or dormancy</td>
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<tr>
<td>Were you given an opportunity and time to deal with your feelings as needed?</td>
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<tr>
<td>---</td>
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<tr>
<td>4.1) How has your classroom experience changed your knowledge, skills and abilities and what has the impact been on your practice?</td>
<td></td>
</tr>
<tr>
<td>4.2) Now that you have completed the [relevant courses] course, what have you done or what do you intend to do differently in your practice based on new ways of thinking and feeling?</td>
<td></td>
</tr>
<tr>
<td><strong>Part 3: Reflexive Antiracism Framework according to Carnes (2015)</strong></td>
<td></td>
</tr>
<tr>
<td>5.1) Respect is a central component of cultural safety for Indigenous communities. How did your learning experience about Elders, nations, community, culture and families shape how you show respect in your counselling practice?</td>
<td></td>
</tr>
<tr>
<td>5) Respecting Indigenous sovereignty</td>
<td></td>
</tr>
<tr>
<td>6) Healing Historical trauma</td>
<td></td>
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<tr>
<td>6.1) What is your understanding of the history of trauma for Indigenous peoples in the province and country and how might this understanding impact your practice?</td>
<td></td>
</tr>
<tr>
<td>6.2) Are you aware of any culturally relevant supports for Indigenous peoples at your institution and/or in your community?</td>
<td></td>
</tr>
<tr>
<td>7) Learning from Indigenous peoples</td>
<td></td>
</tr>
<tr>
<td>7.1) Can you describe how your course experience allowed you to engage with Indigenous views of Canada’s history and develop cultural self-awareness? How has this experience shaped your practice?</td>
<td></td>
</tr>
<tr>
<td>8) Respect for Indigenous agency</td>
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<tr>
<td>8.1) When thinking back to your classroom experience, were there opportunities to learn about or practice being strong in Indigeneity (and/or the strength/resilience of Indigenous communities? If so, how?</td>
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<td><strong>Part 4: Closing</strong></td>
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<tr>
<td>9) Thinking about your work with Indigenous communities, where do you think your learning will take you in five years?</td>
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<td>10) What more do you think you need to learn about working with Indigenous communities?</td>
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<td>11) Anything you would like to add that we have not already covered?</td>
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<tr>
<td>12) Would you be willing to pass along my name, contact information and this recruitment text to any friend/family/co-worker who may be interested in participating in this study? There is no obligation to pass along this information and there is no penalty if you do not provide this information.</td>
<td></td>
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APPENDIX R – Comprehensive Table of Environmental Scan Results

<table>
<thead>
<tr>
<th>Institution</th>
<th>Capability</th>
<th>Respect</th>
<th>Communication</th>
<th>Safety/ Quality</th>
<th>Reflection/ Reflexivity</th>
<th>Advocacy</th>
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<tr>
<td>University of Guelph - FRAN 6080 - Power Relations and Diversity in Therapy</td>
<td>N - Historical Context</td>
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<td>N - Cultural Knowledge</td>
<td>N - Partnerships</td>
<td>N - Population Health</td>
<td>N - Racism</td>
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N - Diversity  
N - Humility/Lifelong learning | N - Culturally safe communication  
N - Partnerships | G - Clinical Presentation  
G - Population Health | G - Cultural Self and Healthcare  
N - Racism  
Y - White Privilege  
G - Processing Emotions | G - Equity and Human Rights  
N - Leadership |
| University of Guelph - FRAN 6100 – Clinical Issues in CFT | N - Historical Context  
N - Cultural Knowledge  
G - Diversity  
Humility/Lifelong learning | G - Culturally safe communication  
N - Partnerships | G - Clinical Presentation  
G - Population Health | N - Cultural Self and Healthcare  
N - Racism  
Y - White Privilege  
G - Processing Emotions | G - Equity and Human Rights  
N - Leadership |
| University of Guelph - FRAN 6120 – Theories and Methods of Family Therapy I | N - Historical Context  
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N - Humility/Lifelong learning | G - Culturally safe communication  
N - Partnerships | G - Clinical Presentation  
N - Population Health | G - Cultural Self and Healthcare  
N - Racism  
N - White Privilege  
N - Processing Emotions | N - Equity and Human Rights  
N - Leadership |
| University of Guelph - FRAN 6130 – Theories and Methods in CFT 2 | N - Historical Context  
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N - Racism  
G - White Privilege  
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G - Diversity  
N - Humility/Lifelong learning |
| G - Culturally safe communication  
N - Partnerships |
| G - Clinical Presentation  
N - Population Health |
| N - Cultural Self and Healthcare  
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N - White Privilege  
N - Processing Emotions |
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| St. Paul's University - IPA 6139 - Internal Clinical Practicum in Individual Counselling and Psychotherapy III | N - Historical Context  
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N - White Privilege  
N - Processing Emotions | N - Equity and Human Rights  
N - Leadership |
|---|---|---|---|---|---|
| St. Paul's University - IPA 6140 - Internal Clinical Practicum in Couple and Family counselling and psychotherapy (Part 1 of 4) | N - Historical Context  
N - Cultural Knowledge  
N- Diversity  
N - Humility/Lifelong learning | G - Culturally safe communication  
N - Partnerships | N - Clinical Presentation  
N - Population Health | G - Cultural Self and Healthcare  
N - Racism  
N - White Privilege  
N - Processing Emotions | N - Equity and Human Rights  
N - Leadership |
| St. Paul's University - IPA 6141 - Internal Clinical Practicum in Couple and Family counselling and psychotherapy (Part 2 of 4) | N - Historical Context  
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G - Diversity  
N - Humility/Lifelong learning | N - Culturally safe communication  
N - Partnerships | N - Clinical Presentation  
N - Population Health | G - Cultural Self and Healthcare  
N - Racism  
N - White Privilege  
N - Processing Emotions | N - Equity and Human Rights  
N - Leadership |
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<th>University of Toronto - APD 1214 - Critical Multicultural Practice: Diversity Issues in Counselling</th>
<th>University of Toronto - APD 1290 - Indigenous Healing in Counselling and Psychotherapy</th>
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“N” means none of the courses covered this cultural sub-/capability at all; “S” means some Indigenous context is present in that sub-/capability; “G” means this sub-/capability is covered, but generally across all cultural groups; “Y” means yes, this sub-/capability is covered according to the criteria laid out in Appendix G.