THE COUNSELLING RELATIONSHIP: EFFECTIVE AND INEFFECTIVE WAYS OF

WORKING WITH ABORIGINAL CLIENTS

by

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ABSTRACT

This study used the Enhanced Critical Incident Technique (ECIT) to explore what helps or hinders the building of a positive counselling relationship with Aboriginal clients. Interviews with 10 participants produced 201 critical incidents and wish list items. These incidents and wish list items were placed into 13 helping categories, 9 hindering categories, and 5 wish list categories. The following helping categories had the highest participation rates: Culturally Appropriate Knowledge and Methods, Counsellor Focuses on Client Needs, and Appropriate Self-Disclosure. The following hindering categories had the highest participation rates: Counsellor Not Focused on Client Needs, Ineffective Communication Skills, and Cultural Incongruence/Lack of Cultural Knowledge. The top wish list category based on participation rate was the following: the Counsellor Has Knowledge about Aboriginal Culture. Nine credibility checks were performed to ensure validity of the data. The purpose of this study was to provide Aboriginal clients with a voice within counselling psychology research pertaining to helping and hindering aspects of counselling relationship building.

PREFACE

This research was conducted with ethics approval granted by the UBC Behavioural Research

Ethics Board. The ethics certificate number obtained was H11-02608.

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DEDICATION

This work is dedicated to all the Aboriginal Peoples of the world.

CHAPTER 1 - INTRODUCTION

<u>A Note on Terms:</u>

In this study, the term Aboriginal is used in a purposeful way to encompass ethnic groupings including First Nations, Métis, and Inuit.

Relationship building is central to working effectively with Aboriginal people (McCormick, 2000; Olson, 2003; Trimble, 2010). Although much literature has developed regarding traditional Aboriginal healing practices and counselling (Chansonneuve, 2005; McCormick, 1997; Duran, 2006; McCabe, 2007; Rybak, Eastin, & Robbins, 2004; Trimble &Thurman, 2002; Wyrostok & Paulson, 2000), there has not been much research specifically examining the therapeutic relationship itself in relation to Aboriginal clients. There have been studies on the therapeutic alliance (Bedi, 2006; Bedi & Richards, 2011; Duff & Bedi, 2010; Simpson & Bedi, 2012) and studies suggest the therapeutic alliance is a good predictor of counselling outcomes (Duff & Bedi, 2010; Good & Beitman, 2006). However, these studies have a very small amount of Aboriginal participants. Nonetheless, these studies on the therapeutic alliance reveal some valuable factors influencing the strength and development of the therapeutic alliance that may be applicable to Aboriginal people as well. Aboriginal people are quite a diverse population and find value in both traditional Aboriginal and non Aboriginal approaches (McCabe, 2007; McCormick, 2000 Rybak et al., 2004; Trimble &Thurman, 2002).

Studies suggest Aboriginal clients have preferences for certain counsellor characteristics when receiving counselling services (Trimble &Thurman, 2002; Waldram, Innes, Kaweski, & Redman, 2008) and certain counselling relationship conditions are beneficial when working with Aboriginal clients (Garrett, 2006; McCabe, 2007). Thus, it is important for service providers to

understand the effective and ineffective ways of building the counselling relationship with Aboriginal clients. While Aboriginal clients use both Aboriginal and non Aboriginal counselling services, research suggests these services tend to be underutilized (McCabe, 2007; Trimble &Thurman, 2002). Aboriginal clients tend to prefer a holistic approach to healing which does not often fit with Western psychotherapeutic approaches (Garrett, 2006; McCormick, 1998; Rybak et al., 2004). Unfortunately, mainstream mental health services too often adopt approaches that do not service the needs of Aboriginal clients (McCabe, 2007; Olson, 2003). As a result of not having their needs met elsewhere, many Aboriginal clients have started to access traditional Aboriginal healing approaches (McCabe, 2007; McCormick, 2000; Olson, 2003). Fortunately, some studies suggest typical mainstream counselling theories and techniques can help Aboriginal people provided they are used in a culturally appropriate manner (McCormick, 2000; Trimble & Thurman, 2002). Gone (2010) pushes this idea even further in purporting a new form of psychotherapy can be created that is a true blend of traditional Aboriginal healing approaches and non Aboriginal psychotherapy. Some researchers (Duran, Firehammer, & Gonzalez, 2008; Garrett, 2006; McCabe, 2007) caution counsellors as Western psychological approaches tend to be culturally incongruent with traditional Aboriginal approaches. Counsellors working with Aboriginal clients need to have an understanding of Aboriginal culture and history (Duran et al., 2008; Garrett, 2006; McCabe, 2007; McCormick, 1998). Moreover, Aboriginal identity and the degree of acculturation must be considered (Garrett, 2006; Goodwill & McCormick, 2012).

Aboriginal counselling is a developing area of research. This study seeks to contribute to this burgeoning area of research. Moreover, Aboriginal counselling issues need further exploration by the field of counselling psychology. Researching this area is important because

the majority of counsellor training programs make use of non Aboriginal counselling models to foster effective counsellor characteristics and relationship conditions; consequently, it is important for counsellors to consider the impact these types of training models have on Aboriginal clients. Since Aboriginal people access both Aboriginal and non Aboriginal counselling services, it is important for service providers to know what counselling relationship conditions are preferred by Aboriginal clients to best serve their clients' needs. Examining the counselling relationship involving Aboriginal clients can provide much needed information to mental health service providers.

As I view it, the general problem I want to explore revolves around the assertion Aboriginal people are not having their needs met by mental health service providers. It is worth examining the possible reasons for this lack of service need fulfillment and what can be done to rectify this situation. It seems Aboriginal people are being underserved by mental health service providers and they are underutilizing these services. This problem needs resolution and examining the counselling experiences of Aboriginal people can help provide some possible solutions.

As an Aboriginal counsellor, I am interested in furthering my knowledge base of counselling psychology in general and Aboriginal counselling in specific. To benefit me personally and professionally, I want to conduct research involving the Aboriginal community while contributing to the research base of counselling psychology. Generally speaking, any area of research examining and contributing to the field of Aboriginal counselling is viewed as valuable.

The intent of this study was to provide Aboriginal clients with a voice within counselling psychology research while providing information to counsellors, so they can best serve the needs of the Aboriginal client population. The purpose of this study is to aid counsellors in providing the best possible mental health services to Aboriginal clients. I believe this study fulfilled my purpose in a variety of ways. First, the information gathered helped me understand Aboriginal clients better, thus aiding me in becoming a more effective counsellor. Second, the research generated can serve as a resource for all counsellors. This resource may be especially important for mainstream mental health service providers working with Aboriginal clients, so they can better serve this population which underutilizes their services. Finally, this study gave participants a voice and an opportunity to contribute to the discussion between clients and mental health service providers. I believe it is important to give Aboriginal clients a voice in terms of letting the broader counselling community know what Aboriginal people prefer when seeking mental health services. Furthermore, I am interested in the client's perspective and the meaning of the counselling relationship to the client.

The results of this study will allow both Aboriginal and non Aboriginal counsellors to better serve the needs of the Aboriginal population. It is important to me, as an Aboriginal person, to conduct research that will benefit the Aboriginal community. This study further describes the similarities and differences or convergences and divergences between Western psychotherapy and Aboriginal healing which I believe is important to understand in the postcolonial world in which Aboriginal people live. The following research question was posed for this study: What factors facilitate or hinder the building of a positive counselling relationship with Aboriginal clients?

CHAPTER 2 - LITERATURE REVIEW

The topic of Aboriginal counselling has become an increasing area of interest for researchers. One particular area has to do with Aboriginal client preferences within the counselling relationship. To address this issue, the counselling relationship itself must be examined with reference to specific characteristics and conditions Aboriginal clients value. This literature review will start with an examination of Aboriginal traditional healing and psychotherapy, followed by an examination of the counselling relationship, then a brief examination of the importance of meaning making, and will conclude with a description of the importance of considering the influence of ethnic identity.

Aboriginal Traditional Healing & Psychotherapy

Aboriginal healing involves taking a holistic approach to working with Aboriginal people (Rybak et al., 2004; Winderowd, Montgomery, Stumblingbear, Harless, & Hicks, 2008). Mainstream counselling approaches tend to adopt a much more linear perspective than Aboriginal healing approaches (Rybak et al., 2004). Furthermore, mainstream psychological services have not adequately provided the help Aboriginal people seek; consequently, many Aboriginal clients have sought out traditional Aboriginal healers (McCabe, 2007; Olson, 2003). Research suggests traditional Aboriginal healing has the potential to integrate with mainstream psychotherapy (Gone, 2010; Waldram, Innes, Kaweski, & Redman, 2008). Aboriginal clients often expect a more integrated counselling approach than most mainstream counselling approaches embody since an integrated approach is more congruent with Aboriginal culture (Wyrostok & Paulson, 2000). For instance, the medicine wheel is a traditional Aboriginal tool used for healing and can be used in psychotherapy (Chansonneuve, 2005; McCabe, 2008; Rybak

et al., 2004; Waldram et al., 2008). The medicine wheel includes four elements: mental, emotional, physical, and spiritual (Chansonneuve, 2005; McCabe, 2008; Rybak et al., 2004; Waldram et al., 2008). Furthermore, the medicine wheel represents Aboriginal values of wholeness, connectedness, balance, and harmony (Chansonneuve, 2005; McCabe, 2008; Rybak et al., 2004; Waldram et al., 2008). Some researchers believe non Aboriginal counsellors using primarily mainstream counselling theories and techniques can successfully help Aboriginal clients provided they utilize their techniques within an appropriate cultural context (McCormick, 2000; Trimble & Thurman, 2002). As a result of such integration, a new Indigenous form of psychotherapy may be emerging (Gone, 2010). However, McCabe (2007) warns traditional Aboriginal healing and conventional psychological approaches lack congruence. Moreover, Duran (2006) contends in order for therapists to be effective, they must have a strong understanding of the culture of the population they are serving in addition to a high level of training in Western psychotherapeutic paradigms. Furthermore, working with Aboriginal clients means some Western methods will need to be modified while other methods will need to be replaced (Duran, 2006).

Experiential therapeutic techniques may be applicable when working with Aboriginal clients (Rybak et al., 2004) as is a client centered approach (Chansonneuve, 2005). Duran (2006) advises therapists to adopt nondirective approaches which are more congruent with Aboriginal cultural beliefs. Furthermore, Duran (2006) contends a therapist centered approach is actually more appropriate than a client centered approach. A therapist centered approach means the therapist is in a healthy, grounded, and balanced state and this state will help therapists provide clients with an environment in which they can become healthy (Duran, 2006). Mainstream

psychotherapy can be detrimental if approached as another subtle form of colonization contributing to the historical trauma of Aboriginal people (Duran et al., 2008). Some mental health service providers unknowingly contribute to this process through the application of mainstream approaches without considering the appropriate cultural context (Duran et al., 2008; Rybak et al., 2004). McCormick (2000) maintains successful counsellors need to facilitate a reconnection to cultural values and traditions for Aboriginal clients. Therapists need to help foster Aboriginal clients' connections to meaning, identity, family, community, and spirituality (McCormick, 2000; Olson, 2003). The goal of healing for many Aboriginal clients is to attain balance physically, mentally, emotionally, and spiritually (McCormick, 1998). For Aboriginal clients, actively engaging in Aboriginal culture promotes psychological well being and resilience (Winderowd et al., 2008). McCormick (1998) contends in order to successfully counsel Aboriginal clients, the counsellor must have an understanding of Aboriginal worldview.

The Counselling Relationship

There is a dearth of literature addressing the type of counsellor characteristics and counselling conditions that appeal to Aboriginal clients. Research suggests Aboriginal clients do have certain counsellor preferences (Trimble &Thurman, 2002; Waldram et al., 2008). Some of those important counsellor characteristics include being nonjudgmental, trustworthy, and flexible (Trimble &Thurman, 2002; Waldram et al., 2008). The few studies identifying relevant counsellor characteristics and counselling conditions clients find appealing tend to be based on the counsellor's perspective and not the client's perspective (Duff & Bedi, 2010). Research suggests the therapeutic alliance is a good predictor of positive therapeutic outcome (Duff & Bedi, 2010; Good & Beitman, 2006). Duff and Bedi (2010) examined 15 client identified

counsellor behaviours and the strength of the therapeutic alliance using Western Canadian

samples from Vancouver, Victoria, Calgary, and Edmonton, and of the 78 participants, 5 were

Aboriginal. Three counsellor behaviours accounted for 62% of the variance; these behaviours are

Making Encouraging Statements, Making Positive Comments about the Client, and Greeting the

Client with a Smile (Duff & Bedi, 2010).

Bedi (2006) conducted a study on early alliance formation factors. In this study (Bedi,

2006) there were 40 participants who were primarily female (77.5%) and all participants were

currently receiving counselling services. Bedi (2006) had 11 categories emerge which are as

follows: Setting; Presentation and Body Language; Nonverbal Gestures; Emotional Support and

Care; Honesty; Validation; Guidance & Challenging; Education; Referrals & Recommended

Materials; Client's Personal Responsibility; and Session Administration.

Bedi & Richards (2011) conducted a study on male perspectives on therapeutic alliance

formation. Bedi & Richards' (2011) study had 37 male participants all of whom were currently

receiving psychotherapy. Nine categories emerged (Bedi & Richards, 2011) which are as

follows: Bringing Out the Issues; Nonverbal Psychotherapist Actions; Emotional Support;

Formal Respect; Practical Help; Office Environment; Information; Client Responsibility; and

Choice of Professional. Bedi & Richards (2011) mention their study is a replication of sorts of

Bedi's (2006) study but with a male focus.

Simpson & Bedi (2012) examined the clients' perspective on the therapeutic alliance in

regards to factors helping the development of the strength of the therapeutic alliance. The

Simpson & Bedi (2012) study had 50 participants recruited from two West coast cities who were

either currently in counselling or had received counselling services within the past 30 days. A

total of 14 helping categories emerged (Simpson & Bedi, 2012) as follows: Emotional Support; Ability to Relate; Sharing the Counsellor's Personal Experience; Good Boundaries; Interpersonal Demeanor; Body Language; Provided Resources and Homework; Availability; Planning and Approach; Directed Process Appropriately; Attentiveness; Approachable; Nonjudgmental; and Effective Listening.

Scholl (2006) found Native American college students preferred a relationship giving counselling style over advice giving, approval giving, and audience giving styles. This preference is congruent with Aboriginal cultural values of collectivism and collaboration (Scholl, 2006). Scholl's (2006) study involved 121 Native American college students from the Lumbee Tribe of North Carolina who were attending a university in the southeastern United States.

Conducting a qualitative phenomenological study examining the healing experiences of Aboriginal healers and clients, McCabe (2007) identified 12 therapeutic conditions aiding in positive therapeutic outcomes: 1) Readiness to Heal; 2) Understanding Inner and Unknown Experiences; 3) Lessons of Daily Living; 4) Challenge to Change; 5) Empathy; 6) Acceptance and Respect; 7) Role Modelling; 8) Genuineness, Credibility, and Legitimacy; 9) Trust and Safety; 10) Sacred Teachings; 11) Ceremonies and Rituals; and 12) Belief in the Healing Spirit. McCabe's (2007) study had 8 participants (four clients and four healers) all of whom were Aboriginal and from Manitoba. McCabe (2007) concluded mainstream eclectic psychotherapies share common aspects with traditional Aboriginal healing. A significant difference lies in the use of spirituality and that traditional healers are permitted to be much more subjective than mainstream psychotherapists (McCabe, 2007). Traditional Aboriginal healing practices and spirituality are interconnected (Portman & Garrett, 2006). When working with an Aboriginal

population, counsellors need to examine their own beliefs regarding spirituality and culture (Olson, 2003). Spiritualizing with an Aboriginal client is an important aspect of the counselling process (Duran, 2006).

Counsellors need to consider it may take more time than usual to build trust and intimacy with an Aboriginal client due to the history of colonization of Aboriginal people (Chansonneuve, 2005; McCormick, 2000). Counsellors require some understanding of Aboriginal history since it is believed many of the mental health issues Aboriginal clients bring to counselling are attributable to a disconnection to Aboriginal culture due to colonization (Chansonneuve, 2005; Duran, 2006; McCormick, 2000). Therapists need to have an understanding of the tremendous historical traumas Aboriginal people have had to endure (Duran, 2006). Counsellors need to be genuine, respectful, and nonjudgmental (Olson, 2003; Scholl, 2006). It is these types of general counsellor characteristics that many mainstream counsellors possess and can help them be successful with clients from any ethnic background (Trimble & Thurman, 2002). The counsellor's level of cultural responsiveness is a good predictor of counselling outcome for Aboriginal clients and whether or not Aboriginal clients will engage in counselling at all (Garrett, 2006; Scholl, 2006). An increasing area of interest in the realm of culturally sensitive psychotherapy is ethnic matching or similarity between client and therapist (Lambert, Smart, Campbell, Hawkins, Harmon, & Slade, 2006). Although limited to a university setting in the United States, Lambert et al. (2006) found mainstream counsellors representing the majority ethnicity were able to demonstrate positive therapeutic outcomes with a variety of ethnically diverse clients, including Native American clients. Having similar attitudes and values may be more important than ethnicity for clients (Trimble & Thurman, 2002).

The following are some final considerations for all counsellors working with Aboriginal clients. Counsellors need to be aware of the cultural and spiritual loss many Aboriginal clients have experienced (Chansonneuve, 2005; Olson, 2003). Spiritual loss is one of the reasons why Aboriginal people underutilize mental health services (Olson, 2003; Trimble & Thurman, 2002). Duran (2006) calls this spiritual loss the soul wound. Counsellors need to be aware of their assumptions about Aboriginal people and culture (Garrett, 2006). Knowledge of stereotypes, prejudice, and discrimination faced by Aboriginal clients is necessary (Olson, 2003). Increased interaction with Aboriginal people will aid non Aboriginal counsellors in being able to better understand their Aboriginal clients (Olson, 2003). Many of the concepts and values of Aboriginal culture have similarities to other cultures and many non Aboriginal counsellors can relate to the values of Aboriginal culture on some level (Rybak et al., 2004). Counsellors need to have an understanding of Aboriginal worldview which is connected to Aboriginal culture (Duran, 2006; Garrett, 2006; McCormick, 1998; Wyrostok & Paulson, 2000). Counsellors must be sure not to impose their own worldview on any client, Aboriginal or non Aboriginal, since it would not only be counterproductive, it could be considered a form of psychological violence (Duran, 2006). Paré (2013) contends counsellors need to keep invisible hierarchies in mind. Invisible hierarchies involve differential relations of power which can be the result of race or ethnicity, gender, and socioeconomic status (Paré, 2013). Psychotherapists need to open themselves up to the possibility of having other people aid Aboriginal clients on their healing journeys such as involving Elders and traditional healers (Chansonneuve, 2005; McCabe, 2007). Counsellors need to support and encourage a connection to Aboriginal culture through such

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cultural activities as the sweat lodge, powwow, smudging, pipe ceremony, sun dance, and singing and drumming (Chansonneuve, 2005; Portman & Garrett, 2006; Rybak et al., 2004).

Meaning Making

Meaning represents the person's experience and lived reality (Paré, 2013). People's stories help counsellors understand the meaning clients place on their experiences (Paré, 2013). Paré (2013) asserts meaning is fluid and changeable and clients will often change their meanings of experiences over time. Culture is the context in which people form various meanings of seemingly identical situations (Paré, 2013). The client's meaning of a situation or experience conveys the perspective the client currently takes (Paré, 2013). Therapeutic conversations help new worlds of meaning emerge for clients (Paré, 2013). As the therapeutic dialogue proceeds, meaning moves beyond the transmission of information and moves into the co-construction of meaning (Paré, 2013). The construction of meaning is reciprocal as both the client and counsellor work together to create meanings of experiences (Paré, 2013).

Peavy (2004) takes a SocioDynamic approach to the counselling process. Essentially, the SocioDynamic perspective refers to the social influences on the dynamic processes involved in the construction of self (Peavy, 2004). The SocioDynamic perspective is philosophical in nature and various counselling methods come from this perspective (Peavy, 2004). The goal of counselling is to co-create as it is a cooperative activity (Peavy, 2004). People self-create and co-create meaning based on their interactions with others and their environment (Peavy, 2004). The idea is not to psychopathologize and label clients; rather, it is to engage clients in the learning process of co-construction (Peavy, 2004). Peavy (2004) states ideas guide actions and what is useful is for counsellors to help clients reflect on their ideas and meanings.

Duran et al. (2008) maintain it is culturally appropriate to use metaphors to help

Aboriginal clients make sense of their experiences. Interestingly, Duran et al. (2008) state some

traditionally Westernized counselling theories and practices can be adopted to serve Aboriginal

populations provided they are re-authored metaphorically to make sense to Aboriginal people in

a culturally relevant manner. For instance, many psychological conditions, such as depression,

can be reconstructed to be more culturally appropriate, thus more understandable, for Aboriginal

clients (Duran et al., 2008). Duran et al. (2008) use the metaphor of "spirit of sadness" to

conceptualize depression. Aboriginal clients can find existential meaning in culturally

appropriate metaphors that can help them become liberated from such psychological conditions

(Duran et al., 2008).

Ethnic Identity

Knowing the level of acculturation for an Aboriginal client is important (Garrett, 2006;

McCormick, 1998; Scholl, 2006). However, enculturation is just as important a concept that

often goes overlooked (Winderowd et al., 2008). Acculturation considers the degree to which an

individual has incorporated the majority culture into his/her own culture of origin whereas

enculturation reflects the degree to which an individual has knowledge and identifies with his/her

own traditional cultural roots (Garrett, 2006; Winderowd et al., 2008).

Garrett & Pichette (2000) identify five levels of acculturation applicable to Aboriginal

people: 1) Traditional, follows traditional Aboriginal cultural practices, beliefs, and values and

might only speak his/her traditional language; 2) Marginal, involves non acceptance of both

mainstream culture and traditional culture; 3) Bicultural, accepts both the values, behaviours, and

practices of mainstream and traditional Aboriginal culture; 4) Assimilated, embraces only

mainstream culture; and 5) Pan-traditional, reconnects to traditional Aboriginal practices after having been assimilated by mainstream society. It is important for counsellors to understand how many Aboriginal clients try to navigate their identities between two worlds, Aboriginal and mainstream (Garrett, 2006; Trimble & Thurman, 2002). An effective approach to working with Aboriginal clients is to consider their ethnic identity as falling along a continuum represented by the degree of acculturation (Garrett & Pichette, 2000). Weaver & Brave Heart (1999) contend counsellors are not usually taught how to assess the influence of cultural identity, so assessment too often relies on stereotypical assumptions. To be effective with Aboriginal clients, counsellors need to have some understanding of Aboriginal ethnic identity (Garrett & Pichette, 2000; Scholl, 2006; Trimble & Thurman, 2002; Weaver & Brave Heart, 1999; Winderowd et al., 2008). The characteristics of the Aboriginal client will have some influence on the preferences of each Aboriginal client.

Goodwill & McCormick (2012) used the Critical Incident Technique research method to identify factors involved in Aboriginal cultural identity attainment; 12 participants representing 8 different First Nations were included in their study. Goodwill & McCormick (2012) identified 12 helping categories and 3 hindering categories in relation to the development of Aboriginal identity. Helping factors for Aboriginal identity were as follows (Goodwill & McCormick, 2012): Participating in a Cultural Gathering; Participating in a Group of Aboriginal People; Connecting with Family; Changing Self Perception; Helping Other Aboriginal People; Verbalizing Experiences as an Aboriginal Person; Spiritual Experience; Getting Support from Parents; Attending a Cultural Gathering; Being Influenced by a Grandparent; Personal Accomplishment; and Experiencing Positive Representations of Aboriginals. Hindering factors

for Aboriginal identity development were as follows (Goodwill & McCormick, 2012): Living with Separation from Aboriginal Peoples/Culture; Experiencing Racism and Prejudice; and Experiencing Negative Portrayals of Aboriginals. Goodwill & McCormick (2012) state the findings support other research demonstrating the importance of the individual, family, culture, history, and community on personal and cultural identities of Aboriginal people.

Overall, the research in the area of Aboriginal counselling is continuing to burgeon. Although a small amount of research has identified some important counsellor characteristics and counselling conditions valued by Aboriginal clients, much more research still needs to be done. Some counsellor characteristics and counselling conditions are generally valued by most clients whereas others are specific to Aboriginal clients. More research with Aboriginal clients needs to be done.

CHAPTER 3 - METHOD

This research study used the Enhanced Critical Incident Technique (ECIT) to address the research question, "What factors facilitate or hinder the building of a positive counselling relationship with Aboriginal clients?" The Enhanced Critical Incident Technique (ECIT) allowed the researcher to conduct interviews of Aboriginal clients and synthesize their experiences to find out how certain outcomes have come about. The researcher found this method interesting and applicable because it involves exploring specific aspects of a story and it is believed research involving storytelling is a culturally appropriate approach to working with Aboriginal people. Furthermore, the Enhanced Critical Incident Technique (ECIT) fits with the researcher's general research approach which was to be exploratory.

Enhanced Critical Incident Technique

This study used the Critical Incident Technique (CIT) as outlined by Flanagan (1954) and Woolsey (1986). Furthermore, the Enhanced Critical Incident Technique (ECIT) was also followed as it is outlined by Butterfield, Borgen, Maglio, & Amundson (2009). The ECIT follows the same traditional methodology of the CIT with a few modifications (Butterfield et al., 2009). Butterfield et al. (2009) include three main enhancements in the ECIT which are as follows: the use of nine credibility checks; providing a contextual component at the beginning of the research interview; and the inclusion of wish list items.

The ECIT allowed the researcher to identify and explore counselling experiences Aboriginal clients perceived to be facilitative or hindering while participating in the counselling relationship. The paradigm followed was constructivist. The CIT was a good fit for this research study since it is an effective research method for identifying helping and hindering factors of an

experience (Flanagan, 1954). Although CIT was originally used for aviation psychology research in the United States military (Flanagan, 1954), it has recently been recommended for use in counselling psychology research (Butterfield, Borgen, Amundson, & Maglio, 2005; Woolsey, 1986) as has the ECIT (Butterfield et al., 2009). The CIT methodology has been used in various research studies exploring various topics such as career counselling (Borgen & Maglio, 2007; Butterfield & Borgen, 2005), the facilitation of healing for First Nations People (McCormick, 1997), nursing (Keatinge, 2002; Schluter, Seaton, & Chaboyer, 2008), factors effecting sexual self-esteem (Heinrichs, MacKnee, Auton-Cuff, & Domene, 2009), and teacher characteristics impacting help seeking (Le Mare & Sohbat, 2002). Woolsey (1986) defines incidents as things directly observed which actually happened and something critical as things significantly affecting an outcome.

The CIT involves gathering factual accounts by first hand observers who identify significant contributions to an outcome (Woolsey, 1986). Semi structured open ended interviews were used to gather detailed factual accounts of the counselling process of relationship building and maintaining. Woolsey (1986) contends the gathering of data in a CIT study is typically done via the interview.

For this research study, the five steps for the CIT and ECIT were followed as outlined by Flanagan (1954), Woolsey (1986), and Butterfield et al. (2009): 1) determine the aim of the activity to be studied; 2) set plans, specifications, and criteria for the information to be obtained; 3) collect data; 4) analyze the thematic content of the data; and 5) report the findings.

Participants

The participants were Aboriginal adults who had direct experience attending counselling sessions. To be eligible for this study, participants had to be over the age of 19, self identify as Aboriginal, and had at least three sessions with a counsellor. A minimum of three sessions was chosen because it is believed this minimum standard would allow participants to be able to provide a sufficient account of their counselling experiences and counselling relationship process. Ten participants were interviewed as data saturation was met by that point. In order for language to not be a barrier or issue, all participants had to be able to articulate their experiences in English. Participants were recruited by advertising this study at the Native Education College (NEC), the Nicola Valley Institute of Technology (NVIT), and the University of British Columbia (UBC). All three institutions have campuses in the Vancouver area. The researcher advertised for participants using a recruitment poster (Appendix A) which was posted at the NEC and NVIT. At UBC the recruitment poster was distributed through the First Nations House of Learning's email distribution list.

The ten participants ranged in age from 22 to 64. Ten distinct Aboriginal Nations were represented by the participants. Six participants were female and four of them were male. Participants' educational levels ranged from 1st year university to a PhD. Table 1 displays the demographic data collected from participants.

Table 1: Demographic Data

Participant #	Aboriginal Ancestry	Age	Gender	Educational Level
1	Ojibwe	22	Female	4th year university
2	Cree, Ojibwe	42	Female	Bachelor's degree
3	Cherokee	64	Male	PhD
4	Ojibwe	63	Female	Master's degree
5	Métis	22	Male	3rd year university
6	Haida, Nisga'a, Tsimshian	31	Female	1st year university
7	Tahltan	39	Female	3rd year university
8	Nisga'a, Tsimshian	39	Male	3rd year university
9	Anishinaabe	46	Male	1st year university
10	Gitxsan	50	Female	3rd year university

Data Collection

Nine of the ten participants initially contacted the researcher through email to reply to the recruitment poster. One participant initially phoned the researcher; however, future contact with this participant occurred via email. Each of the participants was emailed the informed consent form (Appendix B) for their review prior to setting up an interview. Participants were informed that if they chose to participate in the study, the researcher would bring a hard copy of the informed consent form to the interview for further review and for their signatures. This approach to orient the participants to the study is in accordance with Woolsey's (1986) recommendation.

Data was then collected through semi structured open ended interviews (see Appendix C for the interview protocol). The interview protocol used in this study followed the example set out by Butterfield et al. (2009) in using the Enhanced Critical Incident Technique (ECIT). All interviews took place in a private room either at the Native Education College or at UBC in one of the counselling rooms provided by the Psychoeducational Research & Training Centre. Interviews were conducted between July 2012 and March 2013. On the average, interviews took approximately 90 minutes. All interviews were audio recorded and transcribed in full.

At the beginning of each interview, participants were provided with the informed consent form to review and sign. The researcher reviewed the informed consent form with participants to make sure they understood all aspects of their involvement in the study and to field any questions they may have. The informed consent form covered the study's purpose, research procedures, risks, benefits, confidentiality, compensation, and participants' rights.

Each interview began with a review of the purpose of the research study. Then participants were informed about the three main sections to be covered: helping, hindering, and

wish list items. The addition of wish list items is a relatively new area covered in the ECIT (Butterfield et al., 2009). Participants were informed demographic data would be collected at the end of the interview. The researcher started by asking participants to tell a little bit about themselves at which time the researcher would sometimes share some information about himself (such as his place of employment or about his own Aboriginal ancestry). Next, participants were asked to describe some of their general counselling experiences. These initial questions helped provide a contextual component to the research interview and are in line with the ECIT formulated by Butterfield et al. (2009). After the contextual component was covered, participants were asked about helping experiences with a starting question such as, "What helped the counsellor build a positive counselling relationship with you?" Then participants were asked about hindering experiences starting with a question such as, "What hindered or did not help the counsellor build a positive counselling relationship with you?" Finally, participants were invited to consider wish list items, yet they were told they did not have to contribute to the wish list if they could not think of anything for that section. Butterfield et al. (2009) explain the wish list items as those items not present at the time of an experience, yet may have been helpful in the situation under study. The wish list was introduced after a brief review of the helping and hindering sections. For the wish list, a typical starting question would be, "If you could choose a counsellor or build your own counsellor, what kinds of things would be important for them to have that would help you in terms of building a positive relationship?" Participants were informed during this process the wish list items entail an ideal version of a counsellor or counselling situation. Although the helping section of the interview was the typical starting point, participants were informed they could start anywhere they wanted and usually as

participants explored their counselling experiences, they would move into a helping or hindering experience. After gathering helping, hindering, and wish list items, the interview would move to a review of the information gathered; the researcher would refer to his notes taken during this process. Finally, demographic information was taken to end the interview.

Participants were invited to tell their stories of experiences in counselling, and they described detailed accounts. During the interview, the researcher used basic counselling skills, such as empathy and active listening, to help participants explore their experiences. The interviewer remained as neutral as possible to avoid leading participants in any way. However, Rossman & Rallis (2003) maintain it is not possible for the researcher to remain completely objective and neutral. It was important for the researcher to allow participants to tell their stories of experiences in their own fashion and direction. To achieve these standards, the researcher continually considered the influence he might have in the process of participants constructing their stories. Furthermore, the researcher was conscientious about making sure the questions and comments were not leading or more representative of the researcher's own experiences. To aid this process, the researcher would paraphrase some of the participants' information and ask them if what was paraphrased was accurate. Upon completion of the interviews, accounts representing significant contributions to counselling relationship experiences were analyzed for thematic content.

The researcher believes it is valuable for readers to know a little bit of information about the researcher in order to help provide a context for the research process. For this study, the researcher maintains the research process is inescapably a mixture of subjectivity and objectivity. The researcher self identifies as an Aboriginal person from the Haida Nation. Furthermore, I

acknowledge I am of mixed ethnicity as I also have French and Ukrainian ethnic roots. The researcher grew up in the urban setting of Vancouver. I have been involved in Aboriginal education for 14 years and professionally consider myself to be a counsellor, teacher, and program coordinator (of a counsellor training program). The researcher believes this information is relevant in terms of providing some context for how the data was collected and analyzed.

Data Analysis

Analysis of the ECIT data involved analyzing thematic content and formulating categories. Thematic content with critical incidents were sorted into succinct tentative titles to aid the categorization process. Critical incidents were extracted from the transcribed audio recordings. Following an inductive approach, the researcher sought to identify concepts based on themes that emerged from the participants' stories. The researcher moved back and forth from the text of experiences to categories to ensure a saturation of themes and the non emergence of new themes. The initial categories were generated with the help of the research supervisor. After the tentative categories were created, the researcher went through several rounds of reviewing the numerous critical incidents for their placements into categories. Categories were narrowed during this process and descriptions of the categories emerged.

Trustworthiness and Credibility

Although generalization was not my goal, I was still concerned about the trustworthiness and credibility of my results. My hope for the results of this study is they will have practical use for counsellors and mental health service providers. To ensure trustworthiness and credibility, this study followed the nine credibility checks recommended by Butterfield et al. (2005) for CIT and Butterfield et al. (2009) for ECIT.

Independent Extraction of the Critical Incidents

This check involves having someone familiar with the CIT independently extract critical incidents from recordings or transcripts (Butterfield et al., 2005). This check is typically limited to the extraction of 25% of the total events due to time, cost, and effectiveness (Butterfield et al., 2005). The purpose is to examine the level of agreement between the researcher and an independent reviewer with the assumption being the higher the agreement rate, the more credible the claim of incidents would be (Butterfield et al., 2005).

The research supervisor, who has conducted extensive research using the CIT research method, was used to perform this check. Initially, transcripts for the first, third, and sixth interviews were emailed to the research supervisor. Initial agreement was 90% for the first interview, then 93% agreement for the third interview, and 95% for the sixth interview. After discussing rationales for extraction, agreement became 100% for all interviews. Eventually, all transcripts were sent to the research supervisor, including events and themes, for feedback from the research supervisor. The researcher would still check intermittently with the research supervisor throughout the extraction process regarding critical incidents for particular transcripts, especially if the researcher believed it was prudent to receive further guidance on specific events.

Participant Cross Checking

This check involves a follow up, or a second interview, with the participants for their analysis of the data after it has been placed into tentative categories (Butterfield et al., 2005). Participants are asked about three things: does the categorization makes sense; does it accurately represent your experience; and would you like to make any additions, deletions, or amendments (Butterfield et al., 2005)? All ten participants were emailed the categories with their data placed into particular categories as well as the three questions noted above. As of the time of this

writing, seven of the ten participants have provided feedback. All seven of these participants

provided email feedback and one of them also met with the researcher in person to further

elaborate on the email feedback. With the in person feedback, a clearer critical incident was

identified by the participant. Three of the participants made a few modifications to critical

incidents in terms of further description. Three participants made no revisions. Otherwise, all

seven participants agreed their data was accurately represented. Unfortunately, the fact that three

participants have not provided any feedback is a limitation of this study.

Independent Judges Placing Incidents into Categories

This check entails an independent judge placing 25% of the critical incidents, randomly

chosen, into categories formed by the researcher (Butterfield et al., 2005). The independent judge

is provided with the category titles, descriptions, and a random assortment of 25% of the events

for each category (Butterfield et al., 2005). The idea is the higher the agreement between the

researcher and independent judge, the more solid the categories are thought to be (Butterfield et

al., 2005).

For this study, a fellow Master's level graduate student was enlisted who is also using the

CIT research method in her research. The initial agreement rates were as follows: 92.9% for

helping categories; 80% for hindering categories; and 100% for the wish list categories. The

differential placement of incidents was discussed to see if consensus could be reached. During

this process, the independent judge admitted one of the incidents was placed in error while going

through the helping categories. The researcher and independent judge each provided rationales

for incident placement. The end result of the discussion was that 100% agreement was reached in

all categories.

Exhaustiveness or Redundancy

  This check involves tracking the point at which the data stops eliciting new categories which is viewed as sign the particular domain has received adequate coverage (Butterfield et al., 2005). For this study, exhaustiveness or redundancy was achieved by the eighth interview.

Expert Analysis

  This check refers to submitting the categories to at least two experts in the related field for their feedback on the categories in relation to if they find them useful, if any of them are surprising, and if they believe anything is missing (Butterfield et al., 2005). The belief is that credibility is heightened if experts agree with the categories.

  Two experts were enlisted for this validation check. Both have extensive experience in the counselling field. The categories with descriptions were given to these experts for their feedback. Both counsellors agreed the categories made sense and only slight modifications were made to the descriptions of two categories.

Participation Rate

  For this check, participation rate is calculated, number of incidents cited by a participant divided by the total number of participants, for each of the categories (Butterfield et al., 2005). Borgen & Amundson (as cited by Butterfield et al., 2005) maintain a participation rate of 25% is the typical standard to consider a category valid. However, Andersson & Nilsson (1964) cautioned a low participation rate does not necessarily mean the category in unimportant.

  In this study, the researcher decided to use a participation rate of 20% or more to consider the category valid. A rationale for each of the categories with participation rates of 20% is presented in the results section. It will be left to the reader to determine the validity of the

category and rationale for each. The participation rate of 20% meant at least two participants had to contribute at least one incident to a category for it to be considered a valid category.

Theoretical Validity

Theoretical validity refers to finding support for the categories within the existing academic research literature (Butterfield et al., 2005). Theoretical agreement is attained if there is literature supporting the categories (Butterfield et al., 2005). However, if there is no literature support, it does not necessarily mean the category is invalid as it might be a new area requiring further research (Butterfield et al., 2005). The present study examines the theoretical validity of the resulting categories in the Discussion chapter.

Descriptive Validity

This validation check refers to the accuracy of the researcher's account of the participants' data (Butterfield et al., 2005). In this study, the researcher took extensive notes during the interview process; audio recorded the interview; and transcribed the interviews in full to ensure the accuracy of participants' experiences. Critical Incidents were extracted from the transcripts while using the notes as an extra guide. Finally, once the categories were formed and participant data were placed into the categories, participants had follow up contact by the researcher to ensure their accounts were being represented accurately.

Interview Fidelity

The final, and ninth check, refers to having an expert in the CIT research method review the audio recording of the interview to make sure the research method is being upheld (Butterfield et al., 2005).

The research supervisor was enlisted for this check as he has extensively used the CIT research method in his research. As was mentioned previously, the research supervisor received the transcripts for all ten participants, starting with the first, third, and sixth interviews. In addition to incident extraction, the research supervisor was able to advise the researcher on following the CIT research method.

CHAPTER 4 - RESULTS

Overview of Categories

The ten study participants identified 112 incidents that were helpful, 63 incidents that were hindering, and 26 incidents for the wish list, for a total of 201 incidents. The incidents were sorted into 13 helping categories, 9 hindering categories, and 5 wish list categories. Ten categories in total were excluded from the results due to insufficient participation rate: 1 helpful, 6 hindering, and 3 wish list. Table 2, 3, and 4 present the distribution of incidents by category. Categories are listed in order of descending participation rate and number of incidents. Categories are listed alphabetically if the participation rate and number of incidents are equivalent.

Table 2

Helping Categories by Participation Rate and Number of Incidents

Helping Category	No. Incidents	No. Participants	Participation Rate
Culturally Appropriate Knowledge and Methods	14	8	80%
Counsellor Focuses on Client Needs	13	8	80%
Appropriate Self-Disclosure	11	8	80%
Effective Communication Skills	15	7	70%
Counselling Environment	12	6	60%
Empathy	9	6	60%
Counsellor Provides Feedback, Insight, and Guidance	9	5	50%
Nonjudgmental	7	5	50%
Confidentiality and Safety	7	4	40%
Counsellor Provides Resources, Homework and Information	6	3	30%

Helping Category	No. Incidents	No. Participants	Participation Rate
Encouragement	3	3	30%
Ethnic Match	3	3	30%
Counsellor Competency	2	2	20%
Total helping incidents	112*		

* One category with one incident was excluded from the categorization scheme due to insufficient participation rate.

Table 3

Hindering Categories by Participation Rate and Number of Incidents

Hindering Category	No. Incidents	No. Participants	Participation Rate
Counsellor Not Focused on Client Needs	14	7	70%
Ineffective Communication Skills	7	6	60%
Cultural Incongruence/ Lack of Cultural Knowledge	9	4	40%
Counsellor Not Providing Enough Feedback, Insight and Guidance	7	4	40%
Lack of Counsellor Competency	6	4	40%
Lack of Process Checks	4	3	30%
Gender Mismatch	3	3	30%
Environment Did Not Work	4	2	20%
Poor or Awkward Boundaries	3	2	20%
Total hindering incidents	63*		

* Six categories with one incident each were excluded from the categorization scheme due to insufficient participation rate.

Table 4

Wish List Categories by Participation Rate and Number of Incidents

Wish List Category	No. Incidents	No. Participants	Participation Rate
Counsellor Has Knowledge about Aboriginal Culture	9	6	60%
Counselling Environment	4	4	40%
Intake Session/ Orientation	4	4	40%
Suggestions and Guidance	4	4	40%
Good Self-Care	2	2	20%
Total	**26***		

* Three categories with one incident each were excluded from the categorization scheme due to insufficient participation rate.

Helping Categories

Slightly over 55% of the critical incidents provided by study participants were helping incidents. These incidents were divided into 13 categories. Listed in order of descending participation rate they include the following: Culturally Appropriate Knowledge and Methods; Counsellor Focused on Client Needs; Appropriate Self-Disclosure; Effective Communication Skills; Counselling Environment; Empathy; Counsellor Provides Feedback, Insight, and Guidance; Nonjudgmental; Confidentiality and Safety; Counsellor Provides Resources, Homework, and Information; Encouragement; Ethnic Match; and Counsellor Competency. Each of these categories is subsequently described and a number of sample incidents in proportion to the participation rate for the category are provided.

Culturally Appropriate Knowledge and Methods

Participation rate: 80% (8 participants)

Incidents: 14

Culturally appropriate knowledge and methods is one of the three largest categories including participation rates of 80%. This category is considered the largest of the three based on the number of incidents at 14 incidents contributed by participants. Eight of the ten participants contributed at least one incident to this category.

This category emphasizes the importance participants placed on the counsellor possessing knowledge of Aboriginal culture and using methods or practices reflecting this knowledge. The counsellor working with the client in a culturally relevant manner involves the counselor helping provide an appropriate Aboriginal cultural context for the client's healing journey. It is beneficial

for counsellors to have an awareness and understanding of current barriers and oppressive systems in society impacting Aboriginal clients. Aboriginal methods or practices include the following: the use of the circle format for healing and talking circles; smudging; creating cultural tools such as medicine bags, drums, and rattles; and the use of storytelling. Some aspects of cultural knowledge include knowing about the history of colonialism, residential schools, intergenerational trauma, and Aboriginal identity. Some participants found it helpful for the counsellor to provide a spiritual base and have spirituality be a part of their healing process. The overall impacts were participants felt more connected to their culture and to the counsellor. A sample of participant incidents for this category is given below.

I think one of the things that was valuable to me was that the counselling had a spiritual base and spiritual reference. So that when an issue came up, there was a reference maybe to a spiritual quote or a spiritual writing or a traditional Aboriginal teaching. So that you could interface the problems that you are having with both the counselling guidance you are getting and also a spiritual framework that makes sense to me. I'm very much in the traditional Aboriginal spiritual framework, but I'm also a member of the Baha'i faith. I don't see a whole lot of conflict in those, so I feel I gain strength and guidance and wisdom from both of them. So, to have a counselling situation where those are being considered, so that the decision is not just a cognitive decision, it's a cognitive and an emotional and a spiritual decision. Things are being considered in different realms. As well as, of course, your physical health. I thought that was very helpful.

I would say talking circles. For me that was the best therapy that I experienced was the cultural therapy. So, sitting in a circle and smudging and having someone explain why we are using this medicine that comes from the land and plants. Someone teaching what they're doing while they're doing it; we sit in a circle because of this reason and pass the feather around, so everyone is going to have their turn to talk. I've seen the most beautiful things come out in that kind of setting because it's not aggressive; it's more comfortable. It made me more comfortable. I just opened everything up and let go. Doing things that make you feel good; we made our own drums, we made our own rattles, and we made our own medicine bags. Those were tools that helped me to deal with my emotions that I was still holding onto from the past. Those tools were really important to me because when I was at home and if I wasn't able to go to counselling or if I would wait a couple of days before going back to the talking circle, I'd pick those up and I would pray at home and express my grief that way.

The last counsellor I did go to was through, like my sessions were through the residential school. I just found it very refreshing that she understood that aspect. The traumas, the intergenerational, just the whole lasting effects from contact. So that it wasn't ever just something that just happened, you know.

(*Response to being asked if being involved in Aboriginal cultural practices has helped with relationship building*) It does help build the relationship, for sure. Not only builds the relationship between us and the facilitator, but with ourselves too and the other participants as well. It's a relationship knowing that you're putting yourself and others in hands that are trustful,

and to trust them and for them to trust you as well. It creates a relationship where we're able to be honest with each other. It really helps with not feeling shame anymore, not to feel guilty for any reason.

Counsellor Focuses on Client Needs

Participation rate: 80% (8 participants)

Incidents: 13

Many participants found it helpful when the counsellor focused on their needs in some way. This category of the counsellor focuses on client needs is the second of the three largest categories including participation rates of 80%. This category is considered the second largest of the three based on the number of incidents at 13 incidents contributed by participants. Eight of the ten participants contributed at least one incident to this category.

This category involves the counsellor addressing the current needs of the client in some way. It is meant to capture a wide range of actions and behaviours on the part of the counsellor. For some participants, they found it important their counsellor challenged them; however, for others they appreciated when counsellors recognized their discomfort, so they did not push or dig for details, especially early in the relationship. A client-centered, gentle, and supportive approach was appreciated by some participants. Other elements of this category included the counsellor not engaging in labeling or diagnosing of the client, being accommodating, engaging in advocacy, and exploring the client's past. A sample of participant incidents for this category is given below.

Little things that I mentioned, like really liking music, my current therapist took interest in the actual bands and she would listen to the music outside of work. She did this so there would be like a touchstone when I mentioned the music, and she could be like, "Okay, I can see what you're talking about." (*Participant was asked about the impact*) I use music as a way to cope with my emotions, and it's a big part of my life. I think it made, well, I already liked her a lot, but it made me like her a bit more.

It's good that he [the counsellor] pushes me sometimes.

Or like some of them [counsellors] would be like you should do this and this and this and I just wouldn't do it. I'd do the opposite. But he wasn't one to inject his "shoulds" in there, so that was helpful at that time.

She [the counsellor] just called me on my stuff, right. And I liked that because it's helpful. If I can take advantage of you, that's not very helpful is it.

Appropriate Self-Disclosure

Participation rate: 80% (8 participants)

Incidents: 11

Many participants appreciated counsellors who shared some personal information about themselves. Conversely, a couple of participants appreciated when counsellors did not reveal much information about themselves and maintained a strict focus on them as clients. This

category of appropriate self-disclosure is the third of the three largest categories including

participation rates of 80%. This category is considered the third largest of the three based on the

number of incidents at 11 incidents contributed by participants. Eight of the ten participants

contributed at least one incident to this category.

This category involves counsellors providing the client with some sort of personal

information about themselves. The amount of self-disclosure participants found helpful ranged

on a continuum from some self-disclosure to very limited self-disclosure. Some participants

appreciated knowing a bit about their counsellor as it helped build trust. Others did not want to

know anything or very little as they believed it helped maintain a professional relationship and

helped keep the focus on the client. Finding something in common with the counsellor helped

some participants determine if the client/counsellor fit was right for them. Self-disclosure helped

some participants with relating and feeling more prone to opening up. Some examples of things

counsellors might reveal to a client include the following: their theoretical background; where

they did their training; their own personal struggles with an issue in the past or present; sexual

orientation; involvement in sports activities or a favorite sports team; and ethnic background. A

sample of participant incidents for this category is given below.

I think it's [the counsellor's self-disclosure] good. Okay, yes, I understand. Counsellors

are only supposed to, they're not supposed to give personal stuff, really. But it's kind of nice

having a little bit of personal stuff because they're giving a tiny little bit about themselves. They

trust that you won't or they trust that you're okay with it and you're not going to go stalker. You

know and just the fact that they're open, they're okay with giving you a little bit of information. It makes me trust him [the counsellor] a little bit more as well.

I think it's helpful to not know anything about them [counsellors] because you're not trying to pick out things to relate with them. Right, you don't go, "Oh, yeah, I know you had this to deal with and I had something very similar," so here's us being in common in some way. It's not like a robot that just listens. There is emotion expressed back, but there's no reciprocity in that they're giving you back something from their own experience, right. The information they give you is directly to helping you, and not knowing more about them, just kind of doesn't have you think about them as anything but the person who is helping you.

You know, I've always related to counsellors more when they're like, "When I was younger I went through this; this was my struggle." You know, telling me their own personal stories to help. It helped me out when I heard those kinds of stories.

What helped me to open up was she [the counsellor] would partially disclose some of her own experiences with her past relationships, and her current relationship with her daughter. She would partially disclose some of those, her relationship and how it was kind of up and down with her. I guess, even her own issues too with anger, which she partially disclosed, kind of helped me start easing up and leading me into my story as well.

Effective Communication Skills

Participation rate: 70% (7 participants)

Incidents: 15

The majority of study participants found it helpful when their counsellors communicated with them in an effective manner. This category of effective communication skills had the highest amount of incidents of all the helping categories at 15 incidents contributed by participants.

This category involves the counsellor actively engaging, verbally and nonverbally, with the client in some way. Some of the counsellor's communication skills include the following: active listening, active engagement, mirroring, not interrupting, reflecting, taking notes, and paraphrasing. Communicating counsellor conditions are also included in this category such as being congruent, genuine, and respectful. Some participants found it helpful when they could pick up on the counsellor's authentic desire and interest to help them. One participant found it helpful if the counsellor injected humour into sessions. The overall impact was participants felt like they became more engaged in the counselling process. A sample of participant incidents for this category is given below.

Generally, they [the counsellors] were good listeners. I know they are paid to do that, but they were really outstanding in their ability to listen. (*Participant asked about the impact*) Well, if not within that session, the next session, I'd be willing to tell them a bit more. Or I'd actually put more effort into the session.

Just the fact he's [the counsellor] engaged and he's talking to me and even just the body language as well. I find that body language is a big thing because when you open yourself up, right, and your therapist is also open, like he is facing you, his arms are open, he's not looking away. He's obviously engaged and listening, right, because you can always pick up on people's body language. You know like whether or not they're bored out of their gourd and could care less about what you're saying.

Kind of like an expression of, you know, I want to hear what's on your mind and I want to hear what you feel and how you feel about it and what's going on, like an expression of a legitimate desire to help you and to understand you. I don't feel like they are just saying that because it's their job; I feel like it's a legitimate desire on their behalf. (*Participant asked about the impact*) It kind of gives you no reservations. You know you can say whatever it is you have to say despite how awful it may be or how ever hurtful it may be or how ever emotionally impacting it may be on yourself. You feel, just kind of, the ability to be transparent. You have no reservations on holding anything back.

Counselling Environment

Participation rate: 60% (6 participants)

Incidents: 12

A slight majority of study participants found the actual counselling environment helpful. This category of the counselling environment had a high amount of incidents within the helping categories at 12 incidents contributed by participants.

This category reflects where the actual counselling sessions take place and how the counselling space is set up. Common environmental factors include the following: being in a well lit room; displaying books, artwork, and pictures; having smudging materials available; candles; wood paneling instead of white walls; a spacious office; a quiet office; and a waiting area with information pamphlets and posters. Client comfort items noted were things such as having a couch, a comfy chair, and pillows in the office. Some participants liked that they did not have to stare at the counsellor during sessions and their natural gaze could be elsewhere in the environment, especially when discussing a sensitive topic. Hospitality is also included in this category which includes things such as the counsellor offering the client tea or water. The overall impact was client comfort. A sample of participant incidents for this category is given below.

Also, I like that she has a couch in her office. The couch has played a part in marking my comfort level throughout my therapy sessions with her. When I first started, I sat in the corner of the couch and I had a pillow over me all the time. I also like that there are pillows there as well, by the way. Anyway, as time went on, I felt comfortable taking my shoes off or like bringing food into the office. I was able to relax more and took up more space on the couch.

The offset chair placement I kind of thought was interesting. I thought it was good in a way because you had that natural gaze of direction that was off center of them, so if you were saying something that made you feel uncomfortable and you broke eye contact to kind of look away, you were in your natural gaze any way and you weren't staring at them to kind of look over here and talk about something that was kind of important than kind of stare off to the side.

But it wasn't uncomfortable because your head had to only tilt a little bit to be right at eye

contact level. So it was formulated in a way that you could kind of speak without having a gaze

directly set on you. I think that made me more comfortable. I would say that it did. But that's

definitely a distinct physical property that I could definitely remember noticing initially.

I think what was helpful was that she had some of her personal Native art in the office

and personal pictures of her family and that kind of made it more of a home base as well to have

that in there. It was comforting to see that she valued her culture and she valued her family. So

that was nice to see.

Empathy

Participation rate: 60% (6 participants)

Incidents: 9

A slight majority of study participants found the counsellor's empathy helpful. The main

idea of this category is the counsellor understands the client in some way. Participants ranged

from feeling understood to hearing explicit statements of empathy. Impacts include the

following: not feeling so alone; feeling more open to continuing the process; feeling heard; and

feeling validated. For some, just hearing their issue actually verbalized demonstrated the

counsellor understood them, and it helped them understand themselves better. A sample of

participant incidents for this category is given below.

And she said, "Yeah, it sounds like you were disappointed. You were disappointed." That little point opened everything up for me. Because I hadn't known what my frustration was, so she was able to name it. Right. She was able to name some of these things. That made every difference.

Yeah, I can think of specific examples of somebody [a counsellor] saying, "Yeah, I could understand that being extremely hard to deal with." You know like you said, empathy. Definitely a good part, some examples of saying, "I hear how that can be very hard to deal with. I can see how that would be troubling for you or how that would make you upset." Things along those lines where it's, you understand that they're getting the emotional aspect of what you're saying and not just giving the words and connecting a sentence out of it. (*Participant asked about the impact)* It just kind of further solidifies your comfort in continuing to express things because when I first started doing individual counselling, I wasn't sure how to go about saying the things I wanted to say, what the format was, and even at the end of the first session, I felt very comfortable that I knew what I was saying was being recognized and that I was being heard and like empathy towards me, so when you get those justifications early, it just helps to build that kind of professional relationship and the reason you're here is being accomplished. What you're saying is being heard and you're getting information back.

And the understanding and to actually to be heard and for the [group] facilitator to say that I understand what you're going through; I hear what you're going through because I was

there and I've walked in your shoes. To hear that, made me feel more inclined to open up and explore more of myself and what was going on.

Counsellor Provides Feedback, Insight, and Guidance

Participation rate: 50% (5 participants)

Incidents: 9

Half of the study participants found it helpful to receive feedback, insight, and guidance from their counsellor. This category is about providing the client with an actual response of some kind. Aspects of this category include the following: giving actual feedback; providing insight; sharing of the counsellor's notes; providing validation; providing a summarization; and offering up options or solutions. Getting feedback helped some participants gauge their progress and being provided with insight really helped open up some participants to a different outlook. For one participant, it was helpful when solutions were provided and the counsellor followed up on the participant to see if the client has invoked any of the possible solutions. A sample of participant incidents for this category is given below.

She read every single thing to me or summarized what she wrote, so that was helpful because I was able to like see what was going on or to see the progress that I had made.

Every once in awhile, like every one or two sessions, she provided insight or a comment which would open up my way of seeing it which I hadn't been able to see before.

He really did give me some good feedback. He made me feel very validated. I remember walking away thinking I felt like I was being heard. Like he was actually interested in what I had to say. And he gave me extremely like very good feedback.

Nonjudgmental

Participation rate: 50% (5 participants)

Incidents: 7

Half of the study participants found it helpful for their counsellor to be nonjudgmental. This category involves the counsellor not judging and not being opinionated about the client's issue or story. Participants appreciated feeling they could say whatever they wanted and not feel like the counsellors were judging them in any way. The impact of not being judged led participants to feel more confident and be more open in discussing their stories. This category also includes unconditional positive regard, meaning nonjudgmental acceptance of the client. A sample of participant incidents for this category is given below.

I think definitely like the unconditional positive regard for me [from the counsellor]. (*Participant asked about the impact*). I think I leave feeling a bit more confident within myself.

I really picked up on that and I really realized that I could probably tell him the worst things that happened or things that I did. And it was totally not, he wasn't going to look down on me. I guess, just the fact that I knew that he was unbiased and nonjudgmental. That was a big thing that I really picked up on.

I mean they're welcoming and you don't feel any judgment for whatever you may be feeling. You obviously have something really deep going on inside you and you need to be speaking about it and you're not feeling like you're being judged for it at all.

Confidentiality & Safety

Participation rate: 40% (4 participants)

Incidents: 7

Slightly under half of the participants found it helpful for their counsellors to address client confidentiality and safety in some way. This category promotes privacy between the counsellor and the client. The client is assured what is spoken in session will stay in session and not be shared with others. Safety and security were important in terms of creating an atmosphere of privacy. As well, the counsellor checks with the client to assure client safety during the therapeutic process. Confidentiality helps maintain a professional relationship with the client. A sample of participant incidents for this category is given below.

It's this kind of set up where there's the sliding door and it's opaque, so you can't see through it, so it's kind of like you step in there and all of a sudden you're safe now and once you're on the other side, there's no feeling of, you know, anybody staring at you or seeing what's going on. They just kind of build the atmosphere of confidentiality and comfort.

Every circle I attended they [group facilitators] did state that your story and experiences stay in the circle. If we're not in your story or your name will never be taken out of the circle,

confidentiality is upheld to the most respect. Essentially, eventually, it helped me to trust the

circle which led in turn to me to open up more with my life.

Counsellor Provided Resources, Homework, and Information

Participation rate: 30% (3 participants)

Incidents: 6

Three participants found it helpful when their counsellors provided them with some sort

of resource, homework, and information. This category involves providing the participant with

sources of support outside of the counselling sessions and communicating information about

therapy. Aspects of this category include resources such as referrals, homework exercises, and

information sharing such as providing a bit of an orientation to a therapy or technique or

providing a list of symptoms for a particular issue. Participants primarily identified a good

feeling about being provided with these various types of information. A sample of participant

incidents for this category is given below.

The other good thing about her [the counsellor] was the fact that she was willing to point

me out to the EMDR [Eye Movement Desensitization and Reprocessing] counsellor which was

good. It was a good thing because it was right for the moment.

And so she would have me do a lot of homework type stuff at home. You know,

whenever I would feel really resistant to something, I would try to incorporate her method until

the feelings on both sides, like if I covered up one eye, I would feel one way, and if I covered up

the other, I would actually feel different. And so as she explained it's because of that disconnect between the two sides of the brain. So, she gave me a lot of guidance of helping me to become aware of when to do that and just trying to make those connections again so that I'm able to make decisions from my adult self, which sometimes I'm not fully aware of. Yeah, so she was really helpful. She would also insert like if I was talking about relationships, she would be able to give me different ways of looking at things and incorporate it in, more in an information giving.

Encouragement

Participation rate: 30% (3 participants)

Incidents: 3

Three participants appreciated encouragement of some kind from their counsellors. This category involves the counsellor engaging the client with a sense of hope. Counsellors encouraged things such as growth, further education, and a sense of efficacy. The counsellor supports and reinforces the client's strengths and accomplishments. Encouraging clients led to them feeling more capable of pursuing certain options. A sample of participant incidents for this category is given below.

He was always really encouraging in terms of the stuff that would help me grow and the things that would help me become more educated. (*Participant asked about the impact*) It has a good impact because I believe what he has to say.

It was just understanding that that was then and I don't always have to be defined by my past. I'm at a different place in my life now and I'm looking at all of my accomplishments. If I'm really struggling, my counsellor did that with me many times, she's like, "Look at how successful you are. You can't say that you're not doing good in life because you've gone to school and you've graduated from how many different programs. You have good dreams that are happening."

Ethnic Match

Participation rate: 30% (3 participants)

Incidents: 3

Three participants found it helpful to have a counsellor matching with their own ethnicity. This category refers to having a counsellor of Aboriginal ancestry or of mixed ethnicity. For some participants, an automatic connection was built by having a counsellor matching their ethnicity. A sample of participant incidents for this category is given below.

I found that I feel more comfortable dealing with our own people [Aboriginal] in counselling because you don't have to explain to them the effects of intergenerational trauma. You know, give them a brief history breakdown of Canada, like a 45 minute history lesson of what Canada has done to our people. I'm not trying to be racist, but I've had counsellors that were asking questions about First Nations people and they weren't really good questions.

So, we went through the steps and the relationship between the counsellor and I, it was there. She was on the status of becoming an Elder, so she was First Nations as well. So, the connection was there.

Counsellor Competency

Participation rate: 20% (2 participants)

Incidents: 2

In the final helping category, two participants found it helpful to have a competent counsellor. This category has a low participation rate of 20%; consequently, some people may not consider this category valid. However, this category does have a valid counter hindering category in terms of participation rate, lack of counsellor competency. Therefore, it is being left for the reader to determine the usefulness and validity of this category.

This category involves the counsellor having the adequate abilities, qualities, and knowledge to produce desired counselling outcomes. The two main themes involve the counsellor seeking continued professional development and demonstrating a flexible approach to addressing client issues. The impact on participants included feeling interested and engaged as well as believing in the capabilities of the counsellor to address their issue. A sample of participant incidents for this category is given below.

And the other thing is the interest in updating yourself [counsellors] or upgrading or like taking a course here and there and so on, just so that you have ways to logically analyze or just to analyze where you are in your field. I was aware that this woman [the counsellor] does other

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types of sessions. So, you know, I just had the faith that she would be understanding of different types of methods. She stayed broad, which is good. Having a broad outlook, you know.

Hindering Categories

Slightly over 31% of the critical incidents provided by study participants were hindering incidents. These incidents were divided into 9 categories. Listed in order of descending participation rate they include the following: Counsellor Not Focused on Client Needs; Ineffective Communication Skills; Cultural Incongruence/Lack of Cultural Knowledge; Counsellor Not Providing Enough Feedback, Insight, and Guidance; Lack of Counsellor Competency; Lack of Process Checks; Gender Mismatch; Environment Did Not Work; Poor or Awkward Boundaries. Each of these categories is subsequently described and a number of sample incidents in proportion to the participation rate for the category are provided.

Counsellor Not Focused on Client Needs

Participation rate: 70% (7 participants)

Incidents: 14

The largest hindering category, in both participation rate and number of incidents, pertains to the counsellor not focusing on the client's needs in some way. Seven of the ten participants contributed at least one incident to this category. At 14 incidents, it is the only hindering category to go into double digits.

This category involves the counsellor not adequately addressing the current needs of the client in some way. This category is broad and is meant to capture a wide range of not helpful

actions and behaviours on the part of the counsellor. Some hindering factors include the following: the counsellor engaging in placating (soothing or appeasing the client); blaming of the client; and devaluing of the client's issue, or not making it a priority. Some counsellors are seen as being too pushy and asking too many questions or digging too much into an issue which resulted in participants becoming closed off or guarded and even in some instances discontinuing counselling. The counsellor allows his/her own egocentric needs override the client's needs such as going off on a tangent or becoming overly fascinated with the client's story whereby the interest changes from helping the client to advice giving. For some participants the sessions lacked depth or stayed too surface level even when the client provided signals that he/she wanted to get to the underlying deep rooted issues. Overly enthusiastic help was not helpful especially when it seems the counsellor is pushing his/her own agenda. The counsellor is too time conscious or puts on a time constraint and the client feels rushed or does not think there is enough time to open up about an issue. The bottom line is that the counsellor is not meeting some sort of client need. A sample of participant incidents for this category is given below.

In the beginning I think he didn't quite know how to take me, so he was kind of pushy. He was like trying to push. He was really asking a lot of pushy questions. Like he was trying to go hard at it, right. But that didn't work for me because the more somebody pushes, the more closed off I become and I'm like, um, I'll answer questions, but it's very guarded.

So, I just basically went on, and then at the same time, she became extremely fascinated with my story. She was more fascinated with my story than, you know, why I need to talk about

it or something like that. She was a young person. She would say things like, "Oh, you should really write this down. You should try to publish it. It's such a wonderful story. It's so inspiring." But that was not the response I would expect of a counsellor, right. So, that's as far as I went with that one. Because the woman I was speaking about was a very close friend who had, after all, passed away.

And I kind of mentioned that I kind of had more things to speak about and she said, "Yeah, in a while if you want to schedule another appointment or anything like that just come back and let me know." So I kind of felt that I was being, you know, she kind of ticked off, like put a check in the box for me as a client with that issue. The feeling of being, I wouldn't say passed over but kind of not prioritized was a little upsetting.

Yeah, it got to the point where I was having sessions with her, but I was even wondering why I was going. Like I got to go and complain about whatever was going on that I didn't think was fair. It was just really conversational. So, even though I felt I was having still some struggles, you know, with the abuse and how it was still affecting, it was like we were never going anywhere near it.

Ineffective Communication Skills

Participation rate: 60% (6 participants)

Incidents: 7

A slight majority of study participants found the counsellor's communication skills ineffective. This category involves the counsellor not adequately engaging, verbally and nonverbally, with the client in some way. Some examples include poor or narrow suggestions and poor nonverbal responses, such as a disapproving facial expression. This category includes lack of communication or no communication at all. One example involves the counsellor's lack of attention to the client such as not following up with the client after a missed session. Another example is the counsellor nonverbally tuning out on the client by not looking at the client and continually checking his watch. For one participant, unreliable technology in terms of distance counselling hindered communication. For another participant, it was the fact the counsellor was too agreeable or too compliant. Overall, the counsellor has poor and ineffective communication with the client. A sample of participant incidents for this category is given below.

She'll [the counsellor] agree with me on things I wish she wouldn't agree with me on (*participant refers to an issue with her dad*). Like that really made me feel guilty and it made me not want to tell her anything more. That was a little bit of a misstep I think on her part.

Yes, it was actually a huge factor because I had the sense that, you know, when I did partially open up with some of the stuff I was doing, I could see, what kind of made me back off a bit was her facial expression. So, which kind of made me think, okay maybe I shouldn't go because just from telling from her facial expression that she did not approve of my anger behaviour, I guess. (*Participant asked if it was a facial expression of disapproval*) Yes, exactly.

Disapproval and, you know, kind of like when you frown your eyebrows or something like that. You know, just like you said, disapproval about your actions.

And then I just didn't go to the next session and they [the counsellor] didn't call me back. They don't care about me. And that's the disturbing part. What am I just a paycheque to you? I'm a man with a heart and soul. It's disturbing. What it does is to someone that's willing, you know, it's hard to be willing sometimes, but once you're willing, it just makes you feel like you're not worth it.

At the beginning he seemed to be interested in what I was saying. Maybe I talked for about fifteen minutes and he was jotting notes down. Then he sat on another chair where he wasn't near a table, wasn't taking notes down, and he kept looking at his watch. I'm like, okay. Yeah, he kept looking at his watch on his wrist and I just felt like okay, he's getting bored, is my time up, I asked him, "Is my time up?" He said, "No, we have another half an hour yet." You know, he kept looking at his watch. I just felt like he had mentally checked out of the conversation. So, I said, "Well, I'm going to go early. There's nothing more to say." Never went back because he wasn't interested in what I had to say.

Cultural Incongruence/Lack of Aboriginal Cultural Knowledge

Participation rate: 40% (4 participants)

Incidents: 9

Slightly under half of the participants found it hindering when the counsellor did not possess knowledge of Aboriginal culture or when the counsellor's and client's cultural values did not match. This category refers to the counsellor's lack of Aboriginal cultural knowledge as hindering the counselling process in some way. Some participants felt they had to do too much training and educating of their counsellor within session about Aboriginal culture, history, and identity. It is not helpful when there is an incongruence of cultural values between the counsellor and client which leads to misunderstanding of the client and his/her issues. The use of Western counselling tools was viewed as ineffective by one participant. Some participants encountered counsellors with stereotypical or racist views of Aboriginal people. One participant described the experience as being put in a racial box, meaning being seen as a Native person first and a human second. This participant described the racial box further as not meaning the counsellor is racist but that counsellors too often think in racial terms and it limits the client's potential, so viewing people in cultural terms is better. A sample of participant incidents for this category is given below.

There are times that I feel like I have to contextualize my experience too much, especially if I'm talking about certain issues that are connected to a bigger picture, like if I'm talking about maybe like family violence. I have to go back and talk about, like, well this happened a long time ago, so this is where I'm at now. Like it's not so much just me I am talking about, but all these little things around me, or that happened before I was born, that have affected me. With my [Aboriginal] background as well, I feel like I have to explain myself within the context of colonialism, which they might know about, but they might not realize how big of an impact it

has on me or their other Aboriginal clients. It gets kind of exhausting and I feel like it takes up too much of my time to talk about these things. I feel the burden of responsibility and representation.

When I'm trying to get counsel on how to deal with an ending of the marriage, yet still maintain a good relationship [with the marriage family] and the counsellor is coming from a very individual view of self, like you're a person, you can do anything you want. Not realizing that really in the Native world that sense of individualism is not as highly emphasized. Your identity is seen as more, for me anyway, my identity is seen more as a family, clan group identity. Rather than as an individual, I'm on my own, I do whatever I want kind of identity. To make major life decisions, I have to consider how it's going to affect the people I'm related to and in relationship with.

It could have been race based too because I remember explaining to the counsellor where I came from and then he just didn't get it. He was kind of rude to me and ignorant and tried making me feel bad about my cultural identity. It didn't make me feel good at all and it got me really angry. Maybe that was something I didn't acknowledge at the time. Because he phoned me and asked, "Are you going to come back in?" and I was like, "For what?" Like why should I come see you? You don't understand anything that I was saying to you. It's like we're from two different worlds and speaking different languages.

Counsellor Not Providing Enough Feedback, Insight, or Guidance

Participation rate: 40% (4 participants)

Incidents: 7

Slightly under half of the participants found it hindering for the counsellor to not provide enough feedback, insight, or guidance. This category is about the counsellor not providing the client with an actual response of some kind. The continuum ranged from no responses to poor responses. The counsellor would either be too quiet and not say much or engage in his/her own monologue. Not effective responses included providing no feedback and not providing any insight. A sample of participant incidents for this category is given below.

But I found that his style of therapy wasn't the greatest because he would rarely talk. He wouldn't give any feedback. He would just be quiet and he would just listen. It was sort of like talking to a brick wall because he gave no feedback. He gave no indication, good or bad.

I didn't feel like, there was no connection between myself and the counsellor, so that I could understand that anything would be useful or if she had any insight. She did not provide any insight whatsoever.

It [the counselling session] was mostly me talking and no solutions. It pissed me off. If I'm talking, right, and you're not offering solutions, all I'm doing is talking. I can just talk to myself; I do that all the time.

Lack of Counsellor Competency

Participation rate: 40% (4 participants)

Incidents: 6

Slightly under half of the participants found it hindering to encounter an incompetent counsellor. This category involves the counsellor not having the adequate abilities, qualities, and knowledge to produce desired counselling outcomes. Elements of this category include the following: the counsellor not being credentialed or the client not feeling like the counsellor is credentialed; the counsellor demonstrating ambivalence which led to the client questioning the counsellor's ability to help; the client assuming too much control over the session; the counsellor proceeding too slowly through the counselling process; and the counsellor not being able to properly assess the client's situation, so leading to premature termination of the counselling relationship. A sample of participant incidents for this category is given below.

She wasn't like, ah, she didn't have the education, I think. She just had like, I don't even know what she had at the time. But I don't think she had a Master's. I don't think she had the education. I just got that sense that she didn't have her full credentials behind it. And maybe too that also made me think otherwise. With the fact that I didn't maybe take it as seriously as I thought.

She was a young person and fairly energetic and so on, but the second meeting I went there, she just told me at the end of the session that I was fine and that I didn't need to worry about anything. And so, I thought that was really a ridiculous assessment.

I guess, one that I kind of, she [the counsellor] fired me. She basically told me I was fired because I was fine. I didn't feel fine. So, I don't know if it's, you know, it made me question, "Am I just kind of addicted to my own story?" Kind of like, "Where am I then?" if I didn't really feel fine; but she's sitting there going, "You're fired. I don't need to see you anymore. Everything you're going through is normal." Yeah. And I was like, "Okay." I felt very abandoned. She didn't really explain it. She just said that I was fine. And I kind of took offense to that. You know, I left kind of wondering, it just kind of left me in a weird type of space. Like on one hand I was like, "Oh, okay, maybe I am fine." But on the other hand, I don't really feel fine. I mean, I still think I have some things I need to work through and talk about.

Lack of Process Checks

Participation rate: 30% (3 participants)

Incidents: 4

Three participants found it hindering when their counsellors did not conduct adequate counselling process checks. In this category, the counsellor has not adequately checked with the client about what's happening during the counselling process. For one participant, the counsellor's approach to handling spiritual questions did not work due to the lack of checking with the client previously about spiritual matters. For another participant, the counsellor did not seem to see the importance of the maintenance of mental health and cut back the client's sessions without the client's input. There was also a misappropriation of the stages of the healing process for this participant due to the counsellor not providing a process check. For one participant, the lack of guidance during the intake process was not helpful as the intake package included very

personal questions, yet the intake process itself was not facilitated by a counsellor. A sample of participant incidents for this category is given below.

I'll tell you what bothered me the most, I know what it is. It was, at the time, she said, "What would you say to this person if they were here now?" And it was shocking. I couldn't possibly, you know, talk that way because I don't do that. It's not in my nature to think like that, right. And so, that basically sealed my, that was the key. That was the thing that stopped me because I thought I am not going to go through that talking like that about people who have passed away. What would you say to them, they're not here now; they're in the spirit world. If they're going to talk to me, I'm not going to discuss what that might be with anybody. I'm not going to discuss hypotheticals.

For myself and I'm sure for others because the way the [intake] package is presented, you know, there is some of that loss of the communication. I can see now why, you know, participants would be a little apprehensive to fill in the sheets. You are losing that connection of that human connection in between someone explaining to you and what's to be followed next instead of just somebody giving you a package and all you see is, okay your name, your address, and so forth. Then all of a sudden you jump into these questions and you're left in a like shock and disbelief. Wow, this is kind of like a cutthroat process almost.

Gender Mismatch

Participation rate: 30% (3 participants)

Incidents: 3

Three participants found it hindering to have a counsellor not matching their own gender. This category has to do with some clients being uncomfortable with receiving counselling from the opposite gender. A sample of participant incidents for this category is given below.

A lot of times I think I have a hard time, because he's [the counsellor] a man, because of my personal stuff as a child. I found it really hard to be open with him.

Although the relationship was a bit, what would you say, not easy only because she's female and I'm male. On my part, I felt I was more inclined to be a little bit more disconnected only because I didn't want to go in depth with myself in regards to my anger and my abusive behaviours. I was still holding myself up basically due to fear of what she might think or what she might do. Basically, my own assumptions and my mind pattern, survival instincts I guess you could say was just, okay, just only say so much just to give her enough information to work on.

Environment Did Not Work

Participation rate: 20% (2 participants)

Incidents: 4

Two participants found the counselling environment a hindrance. This category has a low participation rate of 20%; consequently, some people may not consider this category valid.

However, this category does have a valid counter helping category in terms of participation rate, counselling environment. Therefore, it is being left for the reader to determine the usefulness and validity of this category.

This category involves where the actual counselling sessions take place and how the counselling space is set up. The primary theme was that the counselling space was too small. Another theme included hospitality where although it was appreciated by the participant, it seemed to needlessly take up session time. One more theme was the environment provided for distance counselling felt awkward. A sample of participant incidents for this category is given below.

So, the next week I made an appointment with him and they put us in a little tiny room. It was suffocating and he was just sitting way too close. I don't know what it was, but I didn't feel like talking. I thought, I feel uncomfortable. And he tried getting me to talk and I said, you know, "This is too uncomfortable."

Poor or Awkward Boundaries

Participation rate: 20% (2 participants)

Incidents: 3

In the final hindering category, two participants found boundary issues to be a hindrance. This category has a low participation rate of 20%; consequently, some people may not consider this category valid. Unfortunately, this category does not have a valid counter helping category in terms of participation rate. Nonetheless, this category is being considered valid in terms of

professional boundaries being an important topic in counselling psychology. Therefore, it is being left for the reader to determine the usefulness and validity of this category.

This category refers to the professional boundary, or lack thereof, created between the counsellor and the client. One participant found the pre-session and the ending of the session awkward in terms of boundary setting. The professional relationship is clear when the client is in session, but the boundaries become less clear, more of a personal feeling, right before the session and at the end of the session. For another participant, there were unclear boundaries in terms of multiple roles and crossing from a professional role into a friendship role. A sample of participant incidents for this category is given below.

At the end of the session, you book another session, then people [counsellors] say, "Okay, I'll see you in two weeks," type idea. And that's what she will say, and then I kind of say, I kind of stop and like okay, "Have a nice day," or, "Goodbye." Again I open the door for myself and I let myself out. I don't know if I should close the door all the way. It's like the maintenance of the professional relationship is very, very clear. But it's the two borders and how thick each of those borders are and where they overlap into here's personal and here's professional. So, it's the beginning and the end. It's not just the beginning. I kind of forgot about that. Now in thinking how this is wrapping up, it's like, yes, at the end, it's like an awkward good bye type thing. So, it is definitely the beginning and the end, in kind of transitioning in and out of that professional relationship. Because it's super clear when you're in there. There's no ambiguity. It's very set. But it's getting in there. Like I said, the borders on either end. How thick are they and whereabouts are they.

<center>**Wish List Categories**</center>

Slightly over 12% of the critical incidents provided by study participants were wish list incidents. These incidents were divided into 5 categories. Listed in order of descending participation rate they include the following: Counsellor Has Knowledge about Aboriginal Culture; Counselling Environment; Intake Session/Orientation; Suggestions and Guidance; Good Self-Care. Each of these categories is subsequently described and a number of sample incidents in proportion to the participation rate for the category are provided.

Counsellor Has Knowledge about Aboriginal Culture

Participation rate: 60% (6 participants)

Incidents: 9

The largest wish list category, in terms of both participation rate and number of incidents, involves the wish for the counsellor to possess knowledge of Aboriginal culture. In this category participants placed importance on the counsellor having knowledge of Aboriginal culture which includes history, ceremony, and values. Some participants would like a counsellor who has knowledge of Aboriginal history and is able to implement cultural knowledge into the therapeutic process. Knowledge of ceremony is also seen as important such as knowing about the sweat lodge, pipe ceremony, Yuwipi, and Sundance. Some participants would like a counsellor who adopts a holistic approach congruent with Aboriginal cultural values. A sample of participant incidents for this category is given below.

I think knowledge of values, I don't think that every counsellor can be aware of every different tribal culture there is. But, I also believe that Aboriginal values are, there are a lot of similarities from all across North and South America. The values tend to, lots of research that shows this, be similar. You know, the value of relationship, the value of giving, respect, family, and family orientation. I think if a person is going to be counselling Aboriginal people, it makes for much better client outcomes if they're aware of client values.

It's nice for someone to know a little bit about ceremony because I participate in that a lot. But also that they, not necessarily that they've experienced it, just know of it, I guess. But also don't pretend to know. It's just nice to, like you say, really not have to explain the sweat lodge. Like sitting in a session and I bring that up in our session and not have to stop what I'm talking about to explain what it means, just kind of know that they kind of get it. They understand it a little bit. And the importance of it, you know, and not discredit, I guess, the spiritual aspect of ceremony because, you know, that's important to my overall healing and sometimes unfortunately, you know, non Aboriginal people don't really emphasize spirituality in that aspect. So, if they know of the culture and they can maybe have a little bit of respect for that part of it. Validate it and understand when I talk about it and the importance of it for me or something came to me in a sweat lodge and they don't look like, you know, look at me, "Maybe we should work on that. Something came to you?" You know, because things happen, right. Things come to me. It's like other people who experience ceremony, everybody experiences it differently. Somebody might have a vision and it's nice to be able to bring that into a session without feeling like it's wacky or new agey or being judged.

There are a couple of ideas I would like to add from my current position right now. You know, with what we're learning can be applied to either the one on one counselling or whatever services offer helping and guidance basically, even in social services. I believe a holistic approach to approaching anybody in terms of help and approaches such as using cultural values to help establish a relationship for trust and to be honest and open. You know, and also maybe, I guess for your wish list, also is to add, or to anybody's wish list, is to add somehow to develop cultural tools that reflect the individual. So that it's not basically adding to the label to their own label. I mean, they know why they're there. They don't need the Western tools to further add to that to make them, you know...that only adds...that defeats their confidence and self-esteem is lowered basically. Indigenous practices I believe which would help anybody from diverse ethnic cultural backgrounds, for sure. I mean, it would definitely show the person that is seeking help; it'll show that, okay, the counsellor or helper or so forth is, has, and comes from a cultural background. This may be imperative to them or it would help them to be open to as well to establish that trusting relationship. You know, when I say Indigenous practices or tools, I'm thinking incorporating more of the medicine wheel to help work on areas that you need working on. The medicine wheel can be applied to pretty much everything you need to help with yourself to be balanced.

Environment/Counselling Space

Participation rate: 40% (4 participants)

Incidents: 4

Slightly under half of the participants had some sort of wish list item involving the counselling environment or space. This category reflects the wish for a welcoming, relaxed counselling environment. Participants mentioned the wish to have a culturally welcoming environment including things such as Native artwork, the medicine wheel, and smudging materials. Some other environmental factors include the counselling space being well lit but not with glare lighting, and not having white walls, as wood paneling was viewed as preferable. One participant mentioned a solution for the awkward boundaries of pre-session and it is to make use of a receptionist to aid the process of entering the counselling environment. A sample of participant incidents for this category is given below.

For me, personally, when I go into a counselling unit, or any unit really, I first look for signs that I'm welcome. So, I look for something welcoming in an environment that welcomes me as a person. So I look for, you know, Native art or something that indicates they've given some thought to Aboriginal people.

And also less, what's the word, hospitalized settings, I guess. You know, the white walls. They have to move away from that. Yeah. I don't like that. (*Participant responds to the type of setting she would choose*) Well, no bright lights. It has to have soft lighting. Smudging, because I relate to smudging. Even the four colours I've seen, you know. The four colours hung up (*The researcher confirmed that the participant is referring to the four colours of the medicine wheel*). Yeah. Something like that where I can relate to as an Aboriginal woman. I can relate to those types of healings or you know the medicine wheel or smudging sort of thing.

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Intake Session/Orientation

Participation rate: 40% (4 participants)

Incidents: 4

Slightly under half of the participants had a wish list item involving the counselling intake session or orientation. This category explains the wish by some participants for some information being provided prior to the beginning of a session or use of a therapeutic technique. Participants identified the following items: the counsellor explains their theoretical orientation prior to engaging in therapy; the counsellor discusses the context of using a therapeutic technique prior to actually using it; and the need to have a facilitated intake session to help introduce the client to the therapeutic process prior to engaging in it. One participant mentioned a less threatening introduction to the counselling process such as meeting in a public location first, such as a coffee shop, and then graduating to the counselling office. A sample of participant incidents for this category is given below.

I would have liked if they would have explained to me more about their theoretical orientation, like right in the beginning of the relationship. Like I could only guess. Like that was my thing. I would have to really listen to them and figure out how they approached things; figure out what they were doing a lot of the time.

Yes, I do believe that would have made a huge difference if we did have the intake session. You know, someone to explain what the group is about first hand and how they lead into it and maybe follow it up and then lead into what's to expect and a quick brief of what the

questions are going to be about and someone to say you may answer or you may not have to answer. I think that would have made a huge difference.

Suggestions and Guidance

Participation rate: 40% (4 participants)

Incidents: 4

Slightly under half of the participants had a wish for suggestions and guidance from the counsellor. This category involves offering up some solutions, suggestions, or options to the client. The counsellor provides culturally appropriate suggestions and solutions to the client. A sample of participant incidents for this category is given below.

And then another aspect of an ideal counsellor is someone that can guide you; that can one, deal with the hurt that you might have in a given situation and help you to discharge some of that hurt and to release it in a way that enables your own thought process to come to your own set of solutions. That it works for you. And, of course, having the value knowledge would really be essential in that process. If a person is a skilled enough counsellor and they're really clear and they're able to engage with you in a way that gets your hurt out and brings you to your own decisions, that's going to be beneficial. And if they can do that and know the values and know a little bit about the culture, they know something good about the culture and they don't have a lot of negative issues with the culture. They're not dealing with their own stuff. They don't waste the first ten minutes of the session trying to let you know that they know about Native people or that they've known some Native people, or this, that, and the other thing.

And I think further on into the relationship, I think, what I always kind of felt would have been nice is if I ask someone what to do, that they would just offer me something because I used to do that, right. I would feel like just stuck. Like I don't get it and I'm all in my head a lot. I remember I would be sitting there and be like, "Just tell me what to do!" You know, and it would have been nice for them to maybe give me a few different things. I think I was just needing a push. Not saying that I would do it. But if I feel stuck and I'm just rolling and rolling around in my head, you know, sometimes all it takes is that one suggestion or two or three suggestions that would allow me to look at the situation differently. And a lot of the times, I think, that's just what I wanted. I don't think I was looking for someone to tell me what to do and I'd run out and do it because that's just never been where I come from.

Counsellor Models Self-Care

Participation rate: 20% (2 participants)

Incidents: 2

In the final wish list category, two participants identified wish list items involving the counsellor engaging in good self-care of some kind. This category involves counsellors modelling healthy self-care and working on themselves so their own biases and beliefs do not interfere with the counselling process. A sample of participant incidents for this category is given below.

I want them [the counsellors] to be sober and not be using drugs and alcohol because that changes your psyche and how you see things and how you interact with them. So something like

a healthy helper is having good values and being honest. And being caring and compassionate, role modeling.

Excluded Categories

One helping category was excluded due to insufficient participation rate. The one excluded helping category was Good Self-Care.

Six hindering categories were excluded due to insufficient participation rates. The six excluded hindering categories were the Cost of Counselling, Counselling Sessions Recorded, Ethnic Mismatch, Lack of Confidentiality and Safety, Lack of Empathy, and Poor Self-Care.

Three wish list categories were excluded due to insufficient participation rates. The three excluded wish list categories were a Gender/Ethnic Match, Humour, and Versatile Counselling Skills.

CHAPTER 5 - DISCUSSION

Overview

This chapter begins with an examination of the study's categories in relation to theoretical validity by comparing them with existing literature. Findings are identified and discussed. Limitations of the study are presented, followed by implications for practice and future research.

Theoretical Validation of Categories

Theoretical validation of the CIT research findings involves analysis of the categories in light of relevant literature on the subject matter to find out if there is support or lack of support for each of the categories (Butterfield et al. 2005). The search for relevant literature included topics covering Aboriginal culture, multicultural counselling, counselling skills and concepts, therapeutic approaches, and the therapeutic alliance.

Categories Supported by the Literature

Helping Categories

Culturally Appropriate Knowledge and Methods

There is plenty of literature addressing the topic of Aboriginal culture in counselling. Portman & Garrett (2006) identified four constructs important in Aboriginal healing practices: spirituality, community, environment, and self. McCormick (1997) identified the importance in connecting clients to family, community, spirituality, and nature. The importance of spirituality in counselling with Aboriginal clients has been addressed (Chansonneuve, 2005; Duran et al., 2008; McCabe, 2007; Wyrostok & Paulson, 2000). Participation in ceremonies and rituals are important to the healing process for Aboriginal clients (Chansonneuve, 2005; McCabe, 2007).

Duran et al. (2008) explains that a culturally competent counsellor possesses knowledge of the culture of the clients they serve. A variety of researchers have addressed the importance of considering Aboriginal identity within the counselling context (Garrett & Pichette, 2000; Goodwill & McCormick, 2012; Scholl, 2006; Weaver & Brave Heart, 1999; Winderowd et al. 2008). Some researchers have addressed the importance of traditional healing practices for Aboriginal people (Chansonneuve, 2005; McCabe, 2007; Wyrostok & Paulson, 2000). Wyrostok & Paulson (2000) state counsellors need at least a basic knowledge of Aboriginal culture to successfully counsel Aboriginal clients.

Counsellor Focuses on Client Needs

The need for challenge was a need a few participants mentioned. McCabe (2007) maintains Aboriginal clients seek to be challenged in the helping context in order to facilitate learning and change. Good & Beitman (2006) believe challenging the client is important to the therapeutic process as long as it is based on an established strong working alliance. Challenging can be quite effective for addressing inconsistencies from the client and can help the client further understand themselves and create awareness (Egan & Schroeder, 2009; Rowan, 2005). At times, clients may need to explore their past as a way of tracing an issue of current concern (Rowan, 2005) which is in line with a couple of identified participant needs. Some of the participants needed a gentle, nondirective, client-centred type approach. There are many research articles on nondirective and person centred approaches (Joseph & Murphy, 2013; Kramer, 1995; Merry & Brodley, 2002; Motschnig & Nyki, 2003; Quinn, 2013).

Appropriate Self-Disclosure

There are several studies addressing the issue of counsellor self-disclosure (Audet & Everall, 2010; Carroll, Gauler, Relph, and Hutchinson, 2011; Cooper, 2009; Kempler, 1987; Knight, 2012; Kottsieper, 2009; Redlinger-Grosse, Veach, and MacFarlane, 2013; Zur, Williams, Lehavot, and Knapp, 2009). However, it is interesting to note these studies tend to support the use of counsellor self-disclosure as a counselling technique and do not tend focus much on lack of counsellor self-disclosure as beneficial. Appropriate self-disclosure can be an effective technique as long it maintains focus on the client (Egan & Schroeder, 2009; Good & Beitman, 2006; Paré, 2013; Rowan, 2005). Self-disclosure can help balance the therapeutic relationship whereby the power dynamic is viewed as equal (Good & Beitman, 2006). There is no one rule governing counsellor self-disclosure as its use will depend on the client and the context (Paré, 2013).

Simpson & Bedi (2012) conducted a study into the development of the therapeutic alliance using CIT as their research method. Some of their categories correspond to some of this study's categories. As such, they will be listed under each of this study's categories. Simpson & Bedi (2012) list Sharing the Counsellor's Personal Experiences as a helping category in their research. The researcher considers their category to be synonymous with counsellor self-disclosure.

Effective Communication Skills

Good & Beitman (2006) state it takes a mastery of basic therapeutic communication skills, verbal and nonverbal, to work effectively with clients. The main purpose of early and

effective engagement with the client is to help build a solid working alliance (Good & Beitman, 2006). Skills such as attending, active listening, and reflecting are integral to the early stages of therapeutic engagement (Egan & Schroeder, 2009; Good & Beitman, 2006; Paré, 2013; Rowan, 2005). When the counsellor is actively engaged with the client, it sends the message that the counsellor is interested and invested in the relationship and process which helps clients open up more to discuss their issues (Egan & Schroeder, 2009; Good & Beitman, 2006). Duff & Bedi (2010) list the counsellor behaviour of Identifying and Reflecting Back as a significant helping factor in the therapeutic alliance, which is believed to correspond to this particular category. In relation to participants valuing when counsellors communicate authenticity, McCabe (2007) states Aboriginal clients have identified genuineness of their healers as a very important factor in the healing process. Trimble (2010) states characteristics such as genuineness and congruence are beneficial for working with all clients and are valued by Aboriginal clients.

Counselling Environment

A few studies discuss the counselling environment (Ebenuwa-Okoh, 2012; Devlin et al., 2009; Nasar & Devlin, 2011; Singh & Burnes, 2009). The counsellor's office environment does impact the client in various ways, especially in terms of impression formation (Devlin et al., 2009). The counsellor's office environment is one factor influencing the likelihood of clients seeking help and continuing in therapy (Nasar & Devlin, 2011). A warm, supportive environment helps build the relationship between the counsellor and client (Good & Beitman, 2006). Hospitality is useful in creating an atmosphere of sharing (Paré, 2013). The comfort and personalization of the counsellor's office space are two main areas of consideration by clients

(Nasar & Devlin, 2011). Bedi (2006) lists the counselling setting as one of the factors clients

view as helpful in the early stages of alliance formation. In a study focusing on males'

perspectives on the formation of the therapeutic alliance, Bedi & Richards (2011) report the

Office Environment as a helping category. Nasar & Devlin (2011) mention the top five positive

characteristics of counselling offices as being comfortable, nice, clean, warm, and inviting.

Empathy

There is no lack of research on the importance of empathy in counselling (Anderson,

2005; Block-Lerner, Adair, Plumb, Rhatigan, and Orsillo, 2007; Bohart, 1991; Egan &

Schroeder, 2009; Elliott, Bohart, Watson, and Greenberg, 2011; Hart, 1999; Huber &

MacDonald, 2012; McNiff, 2007; Myers & White, 2012; Ryback, 2001).

McCabe (2007) identified empathy as one of twelve therapeutic conditions effecting

positive change with Aboriginal clients. Empathy was seen by Aboriginal clients and healers as

an integral part of the healing process (McCabe, 2007). Trimble (2010) contends empathy is one

of the characteristics beneficial to working with Aboriginal clients and non Aboriginal clients

alike. Empathy requires counsellors to get out of ethnocentricity and open themselves up to the

wide array of cultural diversity of their clients (Paré, 2013). Empathy is most effective when it

goes to a deeper level and the counsellor is not defensive (Rowan, 2005).

Counsellor Provides Feedback, Insight, and Guidance

Clients feel validated, supported, and empowered when the counsellor provides a variety

of verbal responses mixed with nonverbal cues (Egan & Schroeder, 2009; Good & Beitman,

2006). Good & Beitman (2006) assert insight helps the client understand the deeper reasons for their own cognitions, behaviour, and feelings. Egan & Schroeder (2009) believe it is important for counsellors to provide clients with both corrective and confirmatory feedback. It can be beneficial for the counsellor to fill in the gaps of something the client has missed which may take the form of providing suggestions (Rowan, 2005). Egan & Schroeder (2009) maintain counsellors should help clients review various options before narrowing down and settling in on just one possibility.

Nonjudgmental

McCabe (2007) identified acceptance in the form on unconditional regard as a very important factor in healing for Aboriginal clients. It is important for Aboriginal clients to not feel judged for the things they have done in the past or present (McCabe, 2007). Trimble (2010) asserts it is helpful for counsellors to be nonjudgmental especially in terms of suspending their own beliefs in relation to traditional Aboriginal belief systems. Simpson & Bedi (2012) list Nonjudgmental as a helping category in their research involving the therapeutic alliance. Overall, it is important for the counsellor to be nonjudgmental (Block-Lerner et al., 2007; McCabe, 2007; Trimble, 2010).

Confidentiality and Safety

A few studies address the issue of confidentiality (Bridges, 2010; Jenkins, 2010; Kress, Hoffman, Adamson, & Eriksen, 2013; Kress, Hoffman, & Eriksen, 2010; Kuo, 2009; Sude, 2013). Much of the listed research also ties in confidentiality with informed consent. Jenkins

(2010) maintains confidentiality is an essential element to effective therapy. McCabe (2007) states trust and safety are important in the creation of comfort for Aboriginal clients.

Counsellor Provides Resources, Homework, and Information

Counsellors typically provide information regarding therapies, psychological issues, diagnoses, skills, and psychoeducational resources (Good & Beitman, 2006). Instructing, teaching, and empowering clients are the intent of the counsellor giving information which will aid with decision making (Good & Beitman, 2006). Information sharing can helps clients with new perspectives and solve problems (Egan & Schroeder, 2009). Homework can help clients use the time in between sessions effectively (Egan & Schroeder, 2009). Simpson & Bedi (2012) list Provided Resources and Homework as a helping category in the development of the therapeutic alliance. Bedi & Richards (2011) have Information as a helping category in their study of males' perspectives on alliance formation.

Encouragement

McCabe (2007) believes encouragement of Aboriginal clients helps them look beyond the present context. Good & Beitman (2006) maintain a sense of hope helps the counsellor build up the client's confidence and it promotes to the client that change is possible. Egan & Schroeder (2009) maintain encouragement is a valuable technique to use with clients, but they caution counsellors to be aware some clients can have difficulty accepting it. Duff & Bedi (2010) identify the counsellor Making Encouraging Statements as a significant helping category in their research involving counsellor behaviours and the therapeutic alliance.

Ethnic Match

There is some research regarding the idea of counsellor and client ethnic match (Cabral & Smith, 2011; Copeland, 2006; Gamst, Dana, Der-Karabetian, & Kramer, 2004; Maramba & Hall, 2002; Whitfield, Venable, & Broussard, 2010). These studies have conflicting results as some tended to find ethnic match was more favourable than ethnic mismatch in regards to counselling outcomes whereas others reported no significant differences in client outcomes attributed to ethnic matching. Copeland (2006) contends the ethnic match of client and counsellor is helpful due to there being more sensitivity and understanding on the part of the counsellor. Another study (Whitefield et al., 2010) attributed the presence of initial trust to ethnic matching. However, some studies did not report significant differences in client outcomes in relation to ethnic match (Cabral & Smith, 2011; Gamst et al., 2004; Maramba & Hall, 2002). Furthermore, there is very little research in relation to specifically Aboriginal clients; some of the above studies included an Aboriginal participant in their studies amongst other ethnicities.

Counsellor Competency

Developing competence in basic counselling communication skills is an ongoing process and takes an awareness of common counselling pitfalls on behalf of the counsellor (Good & Beitman, 2006). Counsellor competency also derives from developing new skills and becoming more aware of one's current skills and using them for a purpose (Paré, 2013). Rønnestad & Skovholt (2003) assert the counsellor's competency is a key factor in successful client outcomes. Chang (2011) asserts competent counsellors work from a theoretical framework which is used to aid in making sense of client's stories and behaviours. Competency and expertise in counselling

involves a variety of factors including experience, personal characteristics (emotional and relational), cultural competence, openness to change, and comfort with ambiguity (Jennings, Goh, Skovholt, Hanson, & Banerjee-Stevens, 2003). Taking a developmental phase approach, Rønnestad & Skovholt (2003) outline six phases of counsellor professional development: the lay helper, the beginning student, the advanced student, the novice professional, the experienced professional, and the senior professional. Regardless of a counsellor's level of experience, optimal development requires counsellors to continually reflect on their own experiences (Rønnestad & Skovholt, 2003).

Hindering Categories

Counsellor Not Focused on Client Needs

Too many questions in the early stages of the counselling process are often not well received by clients (Rowan, 2005). It is important to not push clients who are not ready to discuss certain areas (Rowan, 2005). Egan & Schroeder (2009) state both counsellors and clients can fall prey to devaluing client issues which does not serve the client's needs. It is recommended for counsellors to use open ended questions while at the same time not asking clients too many questions (Egan & Schroeder, 2009; Good & Beitman, 2006). Several participants noted they felt their counsellors were too pushy when asking too many questions or trying to dig too deep into an issue too soon. Some participants felt the counselor stayed too surface level on issues. Egan & Schroeder (2009) maintain some counsellors can identify initial client issues, but then never go beyond that level with the client.

Ineffective Communication Skills

Good & Beitman (2006) contend clients can pick up on when their counsellors are not paying attention, especially via nonverbal cues such as the counsellor not looking at them or doodling instead of writing notes. This sort of disinterest on behalf of the counsellor conveys the message to clients that they are unimportant, and the result is a lack of trust by clients which hinders the therapeutic process (Good & Beitman, 2006). In terms of ineffective listening skills, Egan & Schroeder (2009) list nonlistening, partial listening, audio recorded type listening, and rehearsing.

Cultural Incongruence/ Lack of Cultural Knowledge

Duran et al. (2008) maintain psychology has focused too much on breaking down the individual psyche while ignoring the socio-historical factors important to many Aboriginal clients' healing journeys. Duran et al. (2008) believe Western counselling theories and practices are culturally biased and do not properly serve the needs of Aboriginal clients. Aboriginal traditional healing practices represent a holistic view often incongruent with many Western helping perspectives (Garrett, 2006; McCabe, 2008; Rybak et al. 2004). Wyrostok & Paulson (2000) contend there is a lack of respect for another's worldview if one is too narrow in thinking only about their own cultural values. McDonald & Chaney (2003) assert one of the main things that separate Aboriginal culture from mainstream cultures is the difference in values, such as collectivist and individual values.

Counsellor Not Providing Enough Feedback, Insight, and Guidance

Good & Beitman (2006) state although silence can be a useful technique, too much of it can be anxiety provoking for clients who are not already connected to their counsellors. Silence is more effective after rapport has already been established as it does not help in the earlier stages of relationship building (Rowan, 2005).

Lack of Counsellor Competency

A lack of counsellor competency is often the result of the counsellor overlooking or not being aware of common pitfalls in basic communication skills (Good & Beitman, 2006). Unfortunately, years and experience of the counsellor is no guarantee of competency or expertise (Jennings et al., 2003). Counsellor competency is an ongoing process and not something counsellors simply attain (Chang, 2011; Rønnestad & Skovholt, 2003). Clients will encounter a variety of counsellors, all of them at possibly differing levels of professional counsellor career development which may account for at least some experiences of clients perceiving their counsellors as lacking competency.

Lack of Process Checks

It is important for counsellors to get feedback from clients during the counselling process regarding where the client is at in the process and how he or she is engaging with therapeutic techniques (Egan & Schroeder, 2009). Simpson & Bedi (2012) list Directed Process Appropriately as a helping category in their examination of the therapeutic alliance. Lack of process checks could be seen as an antithesis category to theirs.

Gender Mismatch

Several studies have addressed the topic of gender matching in counselling (Buitenbos, 2012; Greenfield, Cummings, Kuper, Wigderson, and Koro-Ljungberg, 2013; Hall, Guterman, Lee, and Little, 2002; Johnson & Caldwell, 2011; Striley, Margavio, and Cottler, 2006). Within a group setting, Buitenbos (2012) contends the idea of men helping men is quite beneficial in creating lasting bonds and allowing themselves to become vulnerable. Greenfield et al. (2013) compared mixed groups and women's groups in relation to addressing substance abuse issues and found the women's groups had more significant client outcomes. For some clients, it is a matter of safety when working only with one's own gender (Buitenbos, 2012; Greenfield et al., 2013). Johnson & Caldwell (2011) found client and counsellor gender matching in marriage and family therapy resulted in significantly more satisfaction with the therapeutic relationship. Hall et al. (2002) also found gender match to be significant. Amongst the noted studies, only Striley et al. (2006) did not find evidence for the efficacy of gender match.

Environment did not work

Good & Beitman (2006) maintain the counselling space is important and counsellors should not be sitting too close or too far away from their clients. Although a few studies are mentioned regarding the environment in the helping category, there is not much research in terms of environmental factors that do not work for clients. The focus of research on the counselling environment is primarily on positive factors or factors not showing any significance, but is not necessarily detrimental. Although primarily focussing on positive factors, Nasar &

Devlin (2011) do list five frequently client mentioned least liked office characteristics which include offices that are cluttered, cramped, messy, uncomfortable, and unprofessional.

Poor or Awkward Boundaries

Counsellors have a professional, ethical, and legal obligation to manage appropriate boundaries (Good & Beitman, 2006; Haverkamp, 2005). Simpson & Bedi (2012) list Good Boundaries as a helping category in their research on developing the therapeutic alliance. Poor or awkward boundaries could be considered a counter category to theirs.

Summary of Theoretical Validation

All helping and hindering categories in this study received some sort of support from the existing literature base. However, the amount of research varied from ample to very little. Nonetheless, the fact every category has support in some way within the existing research literature lends credibility to the categories. The wish list categories were left out of the theoretical validation because by their very nature the wish list categories entail idealized possibilities. Nonetheless, the wish list categories have corresponding literature support within both the helping and hindering categories. It should be noted some of the research literature was specific in addressing a topic relevant to a category whereas other literature was used as general support for the category. For the Aboriginal specific categories, there seemed to be plenty of research backing and even within some of the non Aboriginal specific categories, there was Aboriginal research pertaining to the category.

Although all of the categories have literature support, it should be noted categories receiving little or no literature support are not necessarily unsound categories (Butterfield et al., 2005). The nature of the CIT is exploratory, so it would not be uncommon for a CIT research study to uncover previously unknown findings nonexistent in the literature (Butterfield et al., 2005).

Discussion

The research question addressed in this study was to identify what helps or hinders the building of a positive counselling relationship with Aboriginal clients. Interviews with 10 participants produced 201 critical incidents and wish list items. These incidents and wish list items were placed into 13 helping categories, 9 hindering categories, and 5 wish list categories. The identification of more helping categories than hindering categories seems to be a common trend within the CIT and ECIT research. The wish list categories represent an ideal exploring what participants have either not experienced but wish they had or have experienced to some small degree but wished they could experience more. The top three helping categories, all with 80% participation rates, were Culturally Appropriate Knowledge and Methods, Counsellor Focuses on Client Needs, and Appropriate Self-Disclosure. The top two hindering categories, the only ones to exceed 50% participation rates, were the Counsellor Not Focused on Client Needs (70% participation rate) and Ineffective Communication Skills (60% participation rate). The top wish list category with a participation rate of 60% was the Counsellor Has Knowledge about Aboriginal Culture.

The resulting categories from this research study seemingly have quite a bit of support from both the literature base and from experts in the field of counselling psychology. In

reviewing the categories, it would probably not be difficult for both counsellors and clients to make sense of the categories. In order to be useful, the categories should be accessible to a wide audience within the field of counselling.

In terms of Aboriginal ancestry, this study was well represented by a variety of Aboriginal backgrounds, including ten distinct Aboriginal Nations. It was beneficial to have a variety of Aboriginal Nations represented as this study intended to represent the diversity of Aboriginal People.

Limitations

The qualitative method of the ECIT was used for this study. Some may consider the lack of generalization of the results by using this method a limitation even though generalization was not the goal of this research. The goal was to explore and describe the experiences of Aboriginal clients in terms of the relationship building process with counsellors. The participants were meant to represent a sample of the urban Aboriginal population of Vancouver. The participants in this research shared their unique counselling experiences. Since there is such a diversity of experiences for Aboriginal people, these results are not meant to be generalized to cover all Aboriginal people. Even amongst this small sample of ten participants, there were considerable differences in experiences. If other Aboriginal participants were interviewed, it is believed many similarities and differences would emerge corresponding to the current research study. Aboriginal people are a heterogeneous people and need to be treated as such. Although the present study is seen to be beneficial in adding to the research base regarding Aboriginal people and counselling psychology, much like other studies, it cannot capture the full scope of Aboriginal people's diverse experiences.

One limitation involves the educational level of the participants. All participants had post secondary education of some kind, from 1st year university to a PhD, which means the results may be more applicable to Aboriginal clients with some sort of post secondary education.

Another limitation involves one of the nine credibility checks, participant cross checking. As noted in Chapter 3, 7 of the 10 participants provided feedback on the results. Although the 7 participants who provided feedback supported the results with very limited modifications required, it is still uncertain what kind of feedback the remaining 3 participants might provide. The researcher may not have provided enough time between follow up contact and the presentation of this research.

Although data redundancy was achieved and many incidents were elicited, further interviews may increase the participation rates of currently low participatory categories. Conversely, further interviews may end up further solidifying the higher participation categories. In CIT, it is the number of incidents, not the number of participants that determines adequate coverage of a domain (Flanagan, 1954). Nonetheless, further interviews eliciting more incidents could hypothetically alter the structure of the existing categories.

Another possible limitation has to do with the self-reporting by participants. Flanagan (1954) maintained the CIT method relies on observations from memory and these accounts are usually reliable if detailed descriptions of events are elicited. For some participants, accounts involved quite recent counselling experiences and for others, they described experiences up to 15-20 years ago. Often what occurred during the interview was one experience would trigger another experience and so on. However, there is no way to be certain what, if any, experiences

were simply not remembered at all. Fortunately, participants did describe a significant amount of critical incidents and provided some very detailed accounts.

Implications for Practice

This study confirms there are important variables to consider when counselling Aboriginal clients. The main point of doing this type of research was to inform counsellors of better practices when working with Aboriginal clients. The results from this study can be used by counsellors to help them to better serve Aboriginal clients. Many Aboriginal people access mainstream counselling services, so it is seen as valuable for mainstream service providers to consider the results of this study. However, practitioners are cautioned these categorical results are not prescriptive in nature; consequently, they are not advised to simply adopt this knowledge and believe they can now be effective with all Aboriginal clients. It is a complex process working with Aboriginal clients which entails many variables. This research has merely explored some, not all, of those variables. The upside is that many of the participants in this research study received valuable and effective help from non Aboriginal counsellors who used a variety of effective skills. This research demonstrates how some of the basic, typical skills of counsellor training are useful in helping Aboriginal clients, such as empathy, basic communication skills (attending, listening, paraphrasing), being nonjudgmental, self-disclosure, and encouragement. These skills can often be used to bridge the gap in cultural understanding, yet they also need to be used within an appropriate cultural context.

One main area of difference stands out and it is that to be effective with many Aboriginal clients, one's approach must be culturally relevant. It is advisable for any counsellor working with Aboriginal clients to possess, or work to possess, some knowledge of Aboriginal culture.

Something valuable to keep in mind for all counsellors is that there is no one Aboriginal experience.

Future Research

This study has added valuable findings to the research regarding Aboriginal clients and counselling. This study purposely set out to explore the client's perspective on relationship building. Although there are some studies taking the client's perspective into account in regards to relationship building, more studies need to be done to include the perspective of Aboriginal clients in order to best serve their needs. Comparatively, it would be useful to conduct similar research from the counsellor's perspective to see what types of categories match up and what categories do not.

The categories receiving little support from existing literature would be good places for future research. Three categories were represented in all three major sections (helping, hindering, and wish list) and they were as follows: Aboriginal culture, the counselling environment, and guidance. There is further research to be done involving these three categories in regards to relationship building with Aboriginal clients.

In the current study, participants were not asked for the reason they sought out counselling; however, some reasons became evident throughout the interview process. It may be valuable to consider the reasons Aboriginal clients seek counselling and the influence they could have on relationship building. Moreover, the type of counselling one receives may also have a role in the relationship building process.

Participants in this study all had experienced at least three counselling sessions which it is believed put them in a good position to discuss relationship building factors. It would be

interesting to conduct similar research with Aboriginal clients who only attended a single session and never went back. It would be valuable to find out what it was about the counsellor and/or the counselling process that led them to discontinue counselling so quickly.

Since all participants had post secondary education of some kind, it would be interesting to interview an even broader range of participants. Furthermore, it would be useful to interview Aboriginal people representing only one First Nation to compare their results with the results coming from research using participants from a mixture of First Nations.

There is further research to be done regarding Aboriginal identity in relation to what may be helpful or hindering in relationship building. The research literature is growing in terms of Aboriginal identity, so it would be useful to find out how Aboriginal identity intersects with any of the categories listed in this study.

Conclusion

This study successfully addressed the purpose the researcher set out to explore. This study explored what helps or hinders the building of a positive counselling relationship with Aboriginal clients. Interviews with 10 participants produced 201 critical incidents and wish list items. These incidents and wish list items were placed into 13 helping categories, 9 hindering categories, and 5 wish list categories. Another purpose of this study was fulfilled by providing Aboriginal clients with a voice within counselling psychology research, especially as it relates to helpful and hindering aspects of relationship building.

A variety of methods were used to validate the categories. Implications for counselling practice and further research emerged from this study. This research was done without pre-existing categories, so the data from the participants were used to create the categories. The

categories emerging from this study can aid counsellors in better serving the needs of Aboriginal clients. The wish list categories can aid all counsellors by having them consider what Aboriginal clients may consider to be an ideal counsellor or counselling situation.

A major conclusion to be drawn from this study is the need for counsellors working with Aboriginal clients to have at least a basic understanding of Aboriginal culture. An understanding of Aboriginal culture is a starting point for the continual building of the professional counselling relationship. Another major conclusion is the basic counselling skills counsellors are supposed to possess as a result of education and training, are quite useful when working with Aboriginal clients. Consideration needs to be made in applying these basic counselling skills within a culturally appropriate context. A final conclusion to draw is for all counsellors to keep in mind the diversity that exists within Aboriginal Peoples. The overall findings of this study have contributed to both the research literature within counselling psychology and research regarding Aboriginal people.

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APPENDICES

A Study Exploring the Counselling Experiences of Aboriginal People

The purpose of this research study is to provide Aboriginal clients with the opportunity to describe their counselling experiences. Specifically, this study will explore what helps or hinders the building of a positive counselling relationship with Aboriginal clients.

The investigators for this study are Dr. Rod McCormick, Associate Professor in Counselling Psychology at the University of British Columbia; and Jason La Rochelle, graduate student in Counselling Psychology at the University of British Columbia.

_____

We would be interested in hearing about your counselling experiences IF:

➢ You are an Aboriginal (First Nations, Métis, or Inuit) adult (at least 19 years of age).

➢ You have experienced at least 3 counselling sessions.

➢ You are willing to talk about your counselling experiences in a confidential 90 minute interview.

If you would like to participate, or would like further information about this study, please contact Jason La Rochelle by email or by phone.

CONSENT FORM

The Counselling Relationship: Effective and Ineffective Ways of Working with Aboriginal Clients

Principal Investigator: Dr. Rod McCormick, Associate Professor
University of British Columbia
Department of Educational & Counselling Psychology, and Special Education.

Co-Investigator: Jason La Rochelle, Graduate Student
University of British Columbia
Department of Educational & Counselling Psychology, and Special Education.

This research study is being conducted as a part of Jason La Rochelle's graduate thesis in the Counselling Psychology Master's Program at the University of British Columbia (UBC). The results of this research will be included in a master's thesis that will become a public document in the UBC library once completed. The results of this research may also be published in appropriate professional and academic journals.

Purpose
The purpose of this research study is to provide Aboriginal clients with the opportunity to describe their counselling experiences. Specifically, this study will explore what helps or hinders the building of a positive counselling relationship with Aboriginal clients.

Procedures
This study will require one interview and a follow up contact. The interview will be approximately 90 minutes long. During the interview, you will be introduced to the purpose of this study and upon giving your signed consent for participation, you will be asked to describe your counselling experiences in an open ended question format. You will be invited to discuss events and experiences that made it easier or more challenging to build a positive relationship with a counsellor. During the final part of the first interview, you will be asked to provide demographic information about yourself. This interview will be audio recorded, transcribed, and given a code number to ensure confidentiality. Upon completion of the study, the audio recordings will be erased.

The follow up contact will be a brief discussion on the initial findings and will take approximately 20-30 minutes. You will be provided a summary of the categories and themes that emerged from your initial interview. This follow up will provide you with the opportunity to

review the summary, so you can give input, feedback, and comments on the content, meaning, and relevance of these categories and themes in relation to your experience. Your feedback can be discussed in person, via email, or by telephone, whichever is the most convenient for you.

Your total amount of time for participation will be approximately two hours.

Potential Risks of the Study
You are asked to volunteer information during the interview and you may stop the interview at any time. The interviewer will only be asking about your counselling experiences, but some questions may remind you of negative experiences. You do not have to answer any question if you do not want to do so. A contact list of free mental health resources will be provided for you.

Potential Benefits of the Study
This study provides participants with the opportunity to tell their personal stories about their counselling experiences. This study will give participants a voice within psychological research. The findings of this study will assist in identifying counselling factors which are helpful in providing Aboriginal people with quality counselling services.

Confidentiality
Any information identifying individuals participating in this study will be kept confidential. Only the principal investigator and the co-investigator will have access to the data. Upon signing the informed consent form, you will be given a code number to ensure the maintenance of confidentiality. Participants will not be identified by the use of names or initials in any reports of the completed study. Computer data files will be password protected. All research study documents will be stored securely in a locked filing cabinet in a locked office.

Compensation
For sharing your time and experiences, you will be given an honorarium of $20.

Contact for Information about the Study
If you have any questions or would like more information about this study, you may contact Dr. Rod McCormick (Principal Investigator) or Jason La Rochelle (Co-Investigator).

Contact for Concerns about the Rights of Research Subjects
If you have any concerns about your treatment or rights as a research subject, you may contact the Research Subject Information Line in the UBC Office of Research Services at 604-822-8598 or if long distance email RISL@ors.ubc.ca or call toll free 1-877-822-8598.

Consent
Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without prejudice of any kind.

Your signature below indicates you have received a copy of this consent form for your own records.

Your signature indicates you consent to participate in this study.

_____   _____

Participant Signature   Date

_____

Printed Name of the Participant signing above

Thank you for your willingness to participate in this study.

Appendix C: Interview Protocol

Interview Guide: Aboriginal Client Counselling Experiences

Participant #: _____

Date: _____

Interview Start Time: _____

Preamble: I am exploring what helps or hinders the building of a positive counselling relationship with Aboriginal clients. In this interview, my purpose is to collect information regarding your counselling experiences in terms of helpful and hindering factors.

Contextual Component

1. As a starting point, perhaps you could tell me a bit about yourself.

2. What have been some of your counselling experiences?

Critical Incident Component

Transition to Critical Incident questions:

1. What helped the counsellor build a positive relationship with you? (Probes: What was the incident/factor? How did it impact you? Can you give me a specific example? How did the incident/factor help you?)

Helpful Factor & What it Means to Participant (What do you mean by..?)	Importance (How did it help? Tell me what it was about…that you found so helpful)	Example (What led up to it? Incident. Outcome of incident)

2. Now turning your attention to some of the hindering incidents. What hindered the counsellor in building a positive relationship with you? (Probes: What was the

incident/factor? How did it impact you? Can you give me a specific example? How did the incident/factor not help you?)

Hindering Factor & What it Means to Participant (What do you mean by..?)	Importance (How did it hinder? Tell me what it was about…that you found so hindering)	Example (What led up to it? Incident. Outcome of incident)

Summarize what has been discussed up to this point with the participant as a transition to the next question.

3. We have talked about what has helped you with building a positive relationship with a counsellor (name them), and some things that have made it challenging to build a positive relationship with a counsellor (name them). Are there other things that would help you build a positive relationship with a counsellor? (Alternate question: I wonder what else might be helpful to you.)

Wish List Item & What it Means to Participant (What do you mean by..?)	Importance (How would it help? Tell me what it is about…that you would find so helpful)	Example (In what circumstances might this be helpful?)

Demographics Component

Age: _____

Sex: _____

Aboriginal Ancestry: _____

Educational Level: _____

Interview End Time: _____

Length of Interview: _____

Interviewer's Name: _____