Community as Client: An Investigation of What Helps and What Hinders the Integration of Social Justice into Counselling Practice

by

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Abstract

The purpose of this study is to shed light on the factors that promote or detract from the integration of social justice (SJ) into counselling practice. Research shows that psychological well-being is contingent on the presence of SJ (Prilleltensky, 1999; 2012), therefore, it must be a priority in the practice of counselling psychology. Over the past ten years there has been an increasing amount of literature written about the importance of integrating SJ into counselling practice (Lewis, 2011), but there appears to be a gap in applied research that explores the factors that promote or detract from successfully integrating SJ into counselling practice. By using the enhanced critical incident technique (Butterfield, Borgen, Maglio, & Amundson, 2009), this investigation sought to answer the following research question: How do counselling psychologists successfully integrate SJ into their practice? Six registered counsellors and two counselling psychologists from North America, who reported that they feel that they are doing well at integrating SJ into their practice were interviewed. Data analysis and interpretation identified contextual issues, common factors among positive and negative incidents of integrating SJ into counselling practice, as well as wish list items of resources that were not present at the time of integrating SJ, but that participants felt would have helped them to effectively integrate SJ into their counselling practice. To increase the trustworthiness of the research results, nine credibility checks were conducted throughout the study (Butterfield et al., 2009).
Preface

This dissertation is an original intellectual product of the author, C. Crucil. This study was approved by the University of British Columbia Behavioural Research Ethics Board on April 15, 2014 (H14-00873).
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Chapter One: Introduction

Research Problem

Social justice (SJ) includes the concepts of advocacy, empowerment, and social action work (Beer, Spanierman, Greene, & Todd, 2010). Within counselling psychology, SJ seeks to address the “social, political, and economic conditions that impede on the academic, career, and personal/social development of individuals, families, and communities” (Ratts, 2009, p. 161). SJ can play a significant role in promoting change for both clients and communities (Lewis, 2011; Ratts, 2009) as there is an explicit link between subjective well-being and justice (Prilleltensky, 2012). As Prilleltensky (1999) argues:

Psychological problems do not exist on their own, nor do they come out of thin air; they are connected to people’s social support, employment status, housing conditions, history of discrimination, and overall personal and political power. [Therefore,] promoting complete health means promoting social justice for there cannot be health in the absence of justice. (p. 99)

Prilleltensky’s conceptualization of psychological health has major implications for the field of counselling psychology by asserting that individual functioning is rooted in the social systems (i.e. family, community, and society) that clients and counsellors live within. Most importantly, this conceptualization reminds us that SJ must be a priority in the practice of counselling psychology as psychological health is contingent on the presence of SJ.

Counselling psychology has attempted to incorporate SJ as a central part of practice since its inception as a discipline (Fouad, Gerstein, & Toporek, 2006). The last
ten years have marked a movement towards more action-oriented and applied SJ research (Arthur, Collins, Marshall, & McMahon, 2013; Lewis, 2011; Lewis, Toporek, & Ratts, 2010; Ratts, 2009): the American Counselling Association’s (ACA) Six Advocacy Competencies were introduced (Lewis, Arnold, House & Toporek, 2002) as well as a multitude of other articles and books that address topics such as rural SJ counselling (Bradley, Werth & Hastings, 2012), SJ counsellor training models (Collins, Arthur, McMahon, & Bisson, 2014; Collins, Arthur, & Brown, 2013; Collins, Arthur, Wong-Wylie, 2010; Goodman, Liang, Helms, Latta, Sparks & Weintraub, 2004; Brady-Amoon, Makhija, Dixit, & Dator, 2012; Ali, Liu, Mahmood, Arguello, 2008), and community applications of SJ within counselling, to name a few (Wheatley, Christman, & Nicolas, 2012). However, counselling psychology graduate students still report that there is a lack of information and guidance within their training programs surrounding how to integrate SJ into counselling practice (Beer, Spanierman, Green, & Todd, 2012; Singh, Hofsess, Boyer, Kwong, Lau et al., 2010). This is problematic because counselling psychologists receive both limited preparation and enter the workforce without fundamental training in SJ practice.

While some counselling psychologists appear to be integrating SJ into their counselling, there is a critical need to gain empirical evidence surrounding the process of SJ work in counselling and the factors that promote or detract from its effectiveness. The objective of this study was to investigate what helps and what hinders the integration of SJ into counselling practice at the individual, familial and societal levels.

Rationale

Although researchers have shared their experiences of integrating SJ into
counselling practice, this body of literature is based on single case examples or anecdotal accounts (Bradley, Werth, & Hastings, 2012; Goodman et al., 2004). Learning from the experiences of others can be a meaningful way to understand new practices, and gauge effective ways to implement them with success. Therefore, doing a study that focuses on the common factors that promote or detract from the effective integration of SJ into counselling would shine light on best practices, and could help the discipline move forward in making social action a central part of the counselling profession.

In addition, this type of research (and practice) responds to some of the ethical responsibilities outlined in the Canadian Psychological Association’s Code of Ethics (CPA; 2000). The CPA state that:

Psychologists, both in their work and as private citizens, have responsibilities to the societies in which they live and work, such as the neighbourhood or city, and to the welfare of all human beings in those societies (p. 28)

SJ work provides one way of responding to this ethical responsibility as it can promote positive change on an individual, community or societal level. In this regard, having an awareness of SJ issues and the potential ways that counsellors can respond to them also serves as a professional responsibility.

The methodological approach used for this study was the enhanced critical incident technique (ECIT), a qualitative research approach that examines critical incidents or factors that promote or take away from the effective performance of an activity, in this case, the integration of SJ into counselling practice (Butterfield et al., 2009). The participants included six counsellors, and 2 counselling psychologists from across Canada who felt that they were doing well at integrating SJ into their practice.
This study provides direct insight into the integration of social justice into counselling practice and its applications at a grassroots level; the implications reach far beyond the field of counselling psychology and could impact the social sciences as a whole.

**Research Questions**

This investigation seeks to answer the following research question: How do counselling psychologists successfully integrate SJ into their counselling practice? To answer this overarching research question I investigated three sub-questions: (1) What are the factors that help counsellors integrate SJ into their counselling practice? (2) What are the factors that detract from the effective integration of SJ into counselling practice? and (3) What additional resources might make it easier to effectively integrate SJ into counselling? The purpose of these questions is to gain an understanding of the factors that promote or detract from the successful integration of social justice into counselling. They seek to investigate what is going well, and what could be done to better equip counsellors-in-training, and the profession as a whole, to participate in social action work with their clients and within their greater communities.

**Assumptions**

Research surrounding SJ and counselling psychology carries a number of assumptions. Firstly, the construct of SJ makes the assumption that everyone should have an equal opportunity to reach their academic, professional and personal/social goals regardless of their race, ethnicity, sex, sexual orientation, gender identity, gender expression, economic status, and physical abilities. In addition, the research surrounding the intersection between counselling and SJ assumes that particular groups of people, including counselling clients, are impacted by social injustices within multiple systems
that directly impact their mental health and functioning. Furthermore, it assumes that by integrating SJ into counselling practice, barriers can be acknowledged, challenged, and broken down to promote a more inclusive and fair environment for clients, and the greater community.
Chapter 2: Literature Review

In this chapter, I present an examination of the existing literature related to the integration of SJ into counselling psychology. This review of the literature further justifies my proposed research. I begin by defining SJ and SJ counselling. I then outline the history of SJ within the counselling profession and the professional perceptions of practicing SJ work. And finally, I offer case examples of SJ in counselling practice by shedding light on examples from the literature.

Defining Terminology

In the literature, SJ within counselling practice is referred to as SJ advocacy (Bradley, Werth, & Hastings, 2012), working as a social change agent (Goodman et al., 2004), SJ in counselling (Niegock, Mastroainni, Hurley, Green, Gerstein et al., 2012), SJ work (Ali, Liu, Mahmood, & Arguello, 2008; Ivey & Collins, 2003), activism, consulting (S.D. Smith et al., 2009), and SJ counselling (Lewis, 2011). It has even been referred to as the fifth force in counselling (Ratts, 2003; 2009). While the terminology is inconsistent, these labels share important, overarching similarities. They all refer to the integration of advocacy, empowerment, and social action work into the roles of the counselling psychologist. These labels, and the pertinence of this body of research, acknowledge that issues of power, privilege and oppression do impact counselling clients, and the greater community (Ratts, 2009).

The construct of SJ is based on the principle of justice. There are two main types of justice: distributive and procedural (Prilleltensky, 2012). Distributive justice refers to the fair and equitable distribution of resources, privileges, rights, and responsibilities in society. In contrast, procedural justice refers to the process of fair, informed and
participatory decision making procedures. One of the most contentious issues in justice is determining what is fair and equitable. Criteria of need and/or merit are typically used to ascertain who deserves or needs what to survive and to thrive (Prilleltensky, 2012). These criteria are meant to guide the distribution of resources and decision-making processes in a fair and equitable way, however, there continues to be great debate about the fair and equitable distribution of resources and power. Theoretically, justice seems straightforward, however, in our society it doesn’t seem to unfold as it should. Marginalized populations still experience oppression, societal underemployment, and unfair distribution of income (Ivey & Collins, 2003), all of which reflect a lack of justice.

**Integrating SJ into Counselling**

SJ is an umbrella term that includes concepts such as advocacy, empowerment, and social action work (Beer, Spanierman, Greene, & Todd, 2010). Integrating SJ into counselling practice requires both a goal and a process (Lewis, Ratts, Palodino, & Toporek, 2011). The goal is to address the “inequitable social, political, and economic conditions that impede the academic, career, and personal/social development of individuals, families, and communities” (Ratts, 2009, p.160). This goal is achieved through the use of advocacy, activism and empowerment *on behalf of* and *with* clients. The process of SJ counselling is meant to be collaborative between the counsellor and the client. It should result in the client developing and refining skills that allow them to become better equipped to navigate their many environments effectively. In addition, SJ work seeks to make changes in the multiple systems that clients (and counsellors) live within. These changes are meant to result from both client-driven action and counsellor-driven action.
The ACA’s Six Advocacy Competencies offer guidance around integrating SJ into counselling practice (Lewis, Arnold, House & Toporek, 2002). They propose a model in which advocacy is carried out with clients and/or on behalf of clients at the individual, community/school, or public levels. Within this model, advocacy is defined as “an action taken by a counselling professional to facilitate the removal of external and institutional barriers to clients’ well-being” (Toporek, 2000, p.6).

At the individual level, interventions include empowerment or advocacy. Empowerment refers to helping the client to identify the external barriers that affect his or her development. It might also involve helping a client to develop self-advocacy skills or an action plan to address the impeding issue at hand. Advocacy at the individual level refers to advocating on behalf of a client. This might include assisting a client gain access to needed resources such as food or housing.

At the school and community level, interventions include community collaboration or systems advocacy. In community collaboration, counsellors work with individuals from a certain group to determine systemic barriers or oppressive issues that impede the development of that particular group. In this type of intervention the counsellor acts as an ally and a facilitator. The expertise in communication and interpersonal skills that counsellors possess becomes very helpful for community collaboration.

Systems advocacy includes scenarios when it is suitable for a counsellor to advocate on behalf of a group in the community or a school setting. This might take place if individuals in the group do not have access to particular resources, or do not have the privilege of being in a position where they can make change. This type of intervention
may also be carried out within a counsellor’s own organization.

At the public level, interventions include public information and social and political advocacy. Public information includes raising public awareness in collaboration with the individual or group to address external barriers. This requires counsellors to have an awareness of effective communication sharing strategies, which might include developing electronic resources or online campaigns. At this level it can be beneficial to also partner with other professionals or groups seeking to address the same cause. Social and political advocacy includes advocating on behalf of populations in an attempt to make policy change.

The ACA’s Advocacy Competencies offer a tangible and applied way to operationalize SJ work within the counselling profession (Lewis, 2011). Particular examples of SJ work within this framework will be offered towards the end of this literature review.

The History of Social Justice in Counselling Psychology

SJ has been a central part of counselling psychology in the United Stated and Canada since its inception as a discipline (Fouad, Gerstein, & Toporek, 2006). Parson’s work in vocational guidance in the early 1900s has been credited as being some of the first social justice work in the field (Goodman et al., 2004). He worked with immigrants seeking better career opportunities, and has been described as “a tireless social advocate” (Ratts, Lewis, Toporek, 2010, p.5). During the social and political revolution that marked the 1970s, terms such as social advocacy and social action became more prevalent in the Canadian and American counselling research (Ratts, 2006). Around this same time psychological feminist theories were also introduced. In the 1980s the emphasis shifted to
gaining a broader understanding of cross-cultural competencies for working with clients from different cultural and social backgrounds (Singh et al., 2010; Sue, Ivey & Pederson, 1996). This resulted in the development of a task force to create the multicultural counselling competencies (Sue et al., 1992). While multicultural competency is an important part of SJ (Goodman et al., 2004), it lacks guidance surrounding ways to create more inclusive and socially just communities.

The 2000s have marked a movement towards more action-oriented and applied SJ work within the counselling profession in North America. In 2001, the Fourth Counselling Psychology Conference was held in Houston. The focus of this conference was on setting an agenda for SJ oriented research, training and practice (Goodman et al., 2004). Two years later, in 2003, The Counseling Psychologist sponsored a forum on social justice and in this same year a task force was commissioned to develop the ACA’s Advocacy Competencies. In November 2010, the first Canadian Counselling Psychology Conference was held in Montreal, Quebec. Participants were asked to reflect about potential areas for growth within the discipline and the following areas were identified: a) professional identity, b) research and scientific issues, c) career development, d) multicultural counselling, social justice, and advocacy, d) training and supervision, and e) wellness and prevention (Young & Lalande, 2011). Of note is the fact that social justice was recognized as an area for further development and growth. While there appeared to be a growing professional acknowledgement of the importance of social justice within the counselling psychology profession, the field was criticised for having a continual theoretical dialogue about SJ, without engaging in enough tangible action (Arthur et al., 2013; Baluch, Pieterse, & Bolden, 2004; Ivey & Collins, 2003).
The last few years, however, have marked a movement towards more action-oriented and applied SJ research (Lewis, 2011; Lewis, Toporek, & Ratts, 2010; Ratts, 2009). In addition, the introduction of the ACA’s Six Advocacy Competencies (Lewis, Arnold, House & Toporek, 2002) has propelled a movement towards more SJ action within the discipline. The introduction of professional organizations such as Counselors for Social Justice, The Journal for Social Action in Counseling and Psychology, and the Social Justice Chapter of the Canadian Counselling and Psychotherapy Association are reflections of this movement towards action. While it’s clear that counselling psychology has a longstanding history with SJ, the past 15 years have been instrumental in creating what has been considered the fifth counselling paradigm (Ratts, 2009).

**Professional Perceptions of SJ Counselling**

Before I introduce examples of integrating SJ into counselling practice, it is important to explore the professional perceptions of this work. Kennedy and Arthur (2014) argue that “social justice cannot be assigned to just one single helping profession (e.g. social work), but instead needs to be located centrally as a core value for all helping professions” (187). Further, they argue that counselling psychology’s focus on areas such as health and wellness promotion, psychoeducation, illness prevention, and remediation of client concern, positions the profession in a strong leadership role towards taking a stance on social justice (Kennedy & Arthur, 2014). The research exploring the professional perceptions of SJ counselling is quite sparse, however, the body of literature on SJ counselling can help to draw inferences regarding the professional stance on this matter.

Based on the breadth of articles in the literature advocating for the importance of
operationalizing SJ within counselling, it appears that counselling psychologists support integrating this work into their practice (Goodman et al., 2004, Ivey & Collin, 2003; Lewis, 2011, Ratts, 2009). Furthermore, at the Fourth Counselling Psychology Conference in 2001, a vote was taken at a town hall meeting at the end of the conference. 88% of the individuals in attendance voted that counselling psychology should readopt an agenda for social justice and advocacy (Goodman et al., 2004); this was a fairly overwhelming vote.

The professional bodies seem to support SJ counselling as well. The introduction and promotion of the ACA’s Advocacy Competencies asserts a strong statement about the ACA’s stance on SJ counselling. Developing this resource and making it available to the counselling community reflects support for the integration of SJ into counselling practice.

Within Canada there also appears to be unwavering support for social justice within the professional counselling and psychology bodies. In their code of ethics, the Canadian Psychological Association (CPA) appears to take a strong stance in regards to psychologists’ responsibilities to society. As mentioned earlier, SJ counselling provides one way to acknowledge and respond to this professional responsibility. In addition, the Canadian Counselling and Psychotherapy Association takes a strong stance on the importance of social justice, which is reflected through the creation of their Social Justice Chapter in 2007.

The mission of the Counsellors for Social Justice Chapter of the CCPA is to advocate for social justice and social change through the role of the professional counsellor. The Chapter promotes equity and human rights for individuals and
societies through action, education, training, consciousness-raising, advocacy, and conscientious objection. The Chapter is dedicated to working across borders, boundaries, professional disciplines, and differences in the pursuit of peace and wellness for all (Canadian Counselling and Psychotherapy Association, 2015).

The American Psychological Association (APA) has also made a commitment to SJ. In her presidential address, Melba Vasquez (2012) summarized the profession’s history with SJ and its promise to continue to address issues of SJ in society and in the counselling office.

Doctoral students in counselling psychology training programs also appear to be in support of integrating SJ into counselling practice. When consulting the literature, I found two studies that explored the experiences of counselling psychology students in regards to SJ (Beer et al., 2012; Singh et al., 2010). In 2010, Singh and colleagues examined the experiences of 66 American doctoral students with SJ initiatives by administering an online survey. They found that 85% of their participants reported that they did not have access to coursework related to SJ in their APA accredited doctoral programs. Their findings also indicated that participants struggled to define SJ and that there was a desire to engage in more social action work; the doctoral students had a desire to not only “talk the talk,’ but to also “walk the walk.”

Beer and colleagues (2012) noticed similar themes emerge in their research. They had 260 American doctoral students participate in their web-based survey. In addition, they conducted qualitative interviews with seven participants. One of their major findings was that doctoral students desired more training in SJ. In addition, findings indicated that if the doctoral students perceived their training program to be supportive of social justice
they reported a greater commitment to engaging in SJ work both personally and professionally. This finding in itself points to the importance of having training programs advocate for and teach about SJ counselling as it might have a direct impact on their students’ developing a commitment to SJ issues.

Both of the studies listed above prove the importance of social justice training being supported and available to students in counselling psychology programs. They also suggest that counselling psychology students have a desire to receive social justice training and to engage in social justice work.

Examples of Social Justice in Counselling

This section will summarize examples of ways that SJ has been integrated into counselling interventions. This section is organized based on the six ACA Advocacy Competencies. First, I will introduce an example of client empowerment at the individual/student level.

Ming Liu and Estrada-Hernandez (2010) recount their experiences of working with a family living in poverty. They describe an example of working with a Latino family that suddenly lost their housing and came to the homeless shelter that they were working at:

The father was distraught at the prospect of being considered homeless and felt deep shame associated with being homeless. The mother was distressed and focused her attention on distracting and attending to the two small children (p.46). In working with this family the counsellor worked with the parents to discuss their experience of homelessness and the trauma associated with losing their housing.

Ming Liu and Estrada-Hernandez (2010) underscored the importance of helping
this family come to terms with the fact that losing their housing was not a character flaw, but instead a situational event. By reframing this situation, the parents became more open to accessing other resources in the community and developed hope to overcome their current situation. This hope was also instrumental in empowering this family to advocate for themselves in seeking out additional resources.

An example of advocacy and collaboration at the community level is Wheatley, Christman, and Nicola’s (2012) community-focused dialogue series. They held an event called the “Days of Dialogue” in which community members came together to talk about the needs of their particular community as well as potential strategies to address them. In this article, they highlighted an event held for the Aboriginal community within a university in Miami. They facilitated dialogue among community members and found that individuals shared a number of experiences. For example, they identified that there was a lack of Aboriginal professors on campus as well as an absence of an American Indian student organization, to name a few. These factors led to aboriginal students (as well as administrators, and other aboriginal community members) feeling both isolated and unsupported at their university. By facilitating these dialogues, participant-initiated action was encouraged, and the community was able to connect over common experiences. This Day of Dialogue resulted in the establishment of an American Indian Student Organization on campus, a full-day American Indian cultural and heritage celebration, as well as the formation of strong relationships where intimate cultural issues could be discussed. This is an excellent example of a way in which counsellors can use their interpersonal and communication expertise to facilitate conversation, connection and ultimately social action.
Ratts (2009) describes an example of SJ counselling at the multiple systemic levels in relation to combating homophobia. He describes a scenario in which a school counsellor frequently hears homophobic comments being made, such as “that’s gay,” in the hallways of a high school. According to Ratts (2009), this in itself is a call to action. At the individual/student level he suggests forming a focus group in which the effects of such comments can be discussed among students and staff. At this level, it would also be appropriate to work with students to develop skills in confronting anti-LGBT comments to empower them with advocacy skills. At the school/community level, Ratts (2009) suggests facilitating a school climate survey to determine the impact of homophobia on students and staff. In addition, he suggests that the development of a gay-straight alliance group is also an effective intervention, as it would provide a space for students and teachers to collaborate to combat homophobia and receive support. Finally, a public intervention could strengthen the other SJ counselling interventions. Counsellors could coordinate the development of a program about LGBT issues for school board members to attend. Also, public lobbying against harassment legislation through letter writing to legislators could also fulfill a public level intervention and create wide spread change in the community.

These three cases provide excellent examples of SJ work done through counselling practice at the multiple systemic levels. These interventions represent a movement away from the traditional one-on-one client work that has historically characterized counselling psychology, towards more community-based work. Goodman and colleagues (2004) allude to some of the implications of doing this work: They suggest that engaging in SJ work can be both emotionally and professionally taxing
because it often requires more time and patience in working with a particular social issue and population. In addition, Bradley, Werth and Hastings (2012) remind us that integrating SJ work into counselling practice in more rural settings can bring with it another set of unique challenges. Since the community is smaller, challenges with dual relationships can exist, as the psychologist may be both a community member and a professional within that same community. Their involvement in certain projects may therefore detract community members from seeking out their services as they might create a basis for dual relationships, and clients might see them in more than just their professional role. In addition, SJ work has the potential to affect the entire town and surrounding areas making it vital that counselling psychologists take action with intention and consider the potential harm that could result from such work.

It becomes vital that we understand the particular factors that help or hinder the integration of SJ into counselling practice. While the research is limited in this domain, the pre-existing contributions point to the importance of building a community of support for practitioners. Creating an understanding of the best practices is certainly warranted. As a profession, research guided practice has always been encouraged, therefore, developing a strong foundation in best practices for integrating SJ into counselling psychology is a must.
Chapter 3: Research Method

The enhanced critical incident technique (ECIT) was be used to investigate the experiences of clinical counsellors and psychologists who feel that they are doing well at integrating SJ into their counselling practice. This chapter will outline the methodological background of ECIT. It will then present the rationale for its fit within this investigation as well as a detailed breakdown of the research design and procedure, which will be framed within the five steps involved in carrying out an ECIT study. Finally, it will discuss the ethical considerations of carrying out this study.

Methodological Background

The ECIT method falls within the umbrella of qualitative research. It focuses on examining “critical events, incidents, or factors that help promote or detract from the effective performance of some activity or the experience of a specific situation or event” (Butterfield, Borgen, Maglio, & Amundson, 2009, p. 266). ECIT aims to investigate what helps or hinders in a specific experience or process by examining critical incidents and wish list items including resources (people, supports, information, etc.) that were not used at the time of the participant’s experience, but that they feel would have been useful in the situation being examined (Butterfield et al., 2009).

Butterfield and colleagues introduced the ECIT in 2009. This enhanced methodology builds on the foundation of Flanagan’s (1954) pre-existing critical incident technique, which was originally developed by the World War II Aviation Psychology Program of the US Army Air Forces to select and classify aircrews. Its roots are in industrial and organizational psychology, however, the critical incident technique method has become widely used in various disciplines (Butterfield, Borgen, Amundson, &
Maglio, 2005). Furthermore, it has been noted for its applicability to the field of counselling psychology (Butterfield et al., 2005, Butterfield, Borgen, Maglio, Amundson, 2009; Woolsey, 1986). The ECIT differs from the critical incident technique as it emphasises the importance of collecting contextual details about the participants at the beginning of the interviews, it seeks to elicit wish list items from participants, and it also encourages conducting nine credibility checks to ensure trustworthiness. There are five major steps in carrying out the ECIT: 1) determining the goals of the process to be studied, 2) planning, 3) data collection, 4) data analysis, and 5) data interpretation and reporting findings (Butterfield et al., 2009).

**Rationale for the use of the Enhanced Critical Incident Technique**

ECIT is a good fit for this investigation, as it focuses on understanding a distinct process or activity. In this case, the integration of SJ into counselling is the process that is being investigated. By using ECIT, the researcher will be able to shed light on what helps and what hinders the integration of SJ into counselling practice at the individual, familial and societal levels. In addition, the researcher and counselling psychology discipline can gain a stronger understanding of what activities constitute SJ within counselling. This study could help the discipline move forward in carrying out SJ work on a larger scale by providing insight regarding examples of SJ in counselling, gaining a better understanding of what can be instrumental in doing successful SJ work, the particular challenges that arise when integrating SJ into counselling, and finally what might be helpful in making SJ work more successful.
Research Procedure

In carrying out the first step of ECIT, Butterfield and colleagues (2005) suggest answering two questions: “(1) what is the objective of the activity; and (2) what is the person expected to accomplish who engages in the activity? (p. 478). This study focuses on the integration of SJ into counselling practice at the various systemic levels (i.e. individual, familial, community and societal). The objective behind integrating SJ into counselling practice is to make sure that clients have an equal opportunity to achieve their academic, personal/social and professional potential without unwarranted barriers. This goal is achieved by engaging in the activity of advocacy at the various systemic levels. When a counsellor engages in advocacy, they are attempting to remove unwanted social barriers that impede clients from reaching their potential, including forms of oppression or discrimination within various social systems.

Participants

Within the ECIT method, the number of participants in a sample is determined by the number of critical incidents reported in an interview and whether those incidents provide sufficient coverage of the process being researched (Butterfield et al., 2005). Participant interviews continue until exhaustiveness is met in the data. Once exhaustiveness has been established, Amundson, Borgen, and Butterfield (2014) suggest conducting half again more interviews to confirm that exhaustiveness has been achieved. Two counselling psychologists, and six clinical counsellors participated in this study. Exhaustiveness was met after the completion of the sixth interview as no new themes emerged. Two additional interviews were conducted to confirm that exhaustiveness had been achieved, and within those two interviews no new themes emerged.
Participant Selection and Recruitment

Upon receiving approval from the University of British Columbia’s Behavioural Research Ethics Board, contact was made with local programs, groups, and practitioners that openly took an SJ stance in the services that they offer. These organizations included local community counselling organizations as well as the Canadian Counselling and Psychotherapy Association’s Social Justice Chapter. Contact was made in person and through e-mail (see Appendix A). Through this contact, individuals connected to these organizations were given information about the study including the methods, study significance, time commitments of involvement, participation criteria, and potential outcomes.

Potential participants were asked to contact the principle investigator directly, who then asked them a number of questions (see Appendix B) to insure that they met the study criteria. Once a participant was deemed eligible for the study they were given/sent a consent form (see Appendix C). Once this consent form was signed and returned, an interview was arranged at a mutually agreed upon time and location.

Participant Demographics

Six clinical counsellors and two counselling psychologists who were currently practicing in Canada, and felt that they were doing well at integrating SJ into their counselling practice were interviewed for this study. Four of the participants had a Masters in Counselling, one had a Masters in Marriage and Family Therapy, one had a Masters of Arts in Counselling Psychology, and two had doctoral degrees (one EdD, and one PhD) in Counselling Psychology. Four of the participants were female, and four were male. The average age of the participants was 54 years, with a range of 36 years to 66
years. The average amount of time in practice was 11 years, ranging from two years to 21 years. The participants worked in a variety of settings including non-profit organizations, a university, governmental organizations, health authorities, private practice, and a combination.

Participants of all cultural backgrounds were invited to participate in this study. Although cultural information was not collected in the demographic section, none of the participants appeared to be from visible minorities. All of the participants appeared to be Caucasian. Within the interviews, one participant disclosed that she was Metis. In addition, another participant reported that he had immigrated to Canada as a child from the South Pacific.

**Data Collection**

Butterfield and colleagues (2005; 2009) recommend preparing an interview guide or protocol to provide interview consistency. For this investigation, an interview protocol was developed (see Appendix D) to solicit information about particular situations in which participants carried out SJ counselling with their clients. The protocol was designed to elicit information about critical incidents, wish list items and examples that include descriptive details and information about the importance of each item, or experience to the participant (Butterfield et al., 2009).

Data collection was carried out through one semi-structured qualitative interview. Five of the interviews were conducted in person, two were carried out by telephone, and one was conducted over Skype. All interviews were conducted in English. Each interview took approximately 1.5 hours to complete. Before interviews commenced, the principal investigator read through the consent form with the participant. The participant was
reminded that they could withdraw from the study at any time and that their confidentiality would be honoured. They were also reminded of the limits to confidentiality. The participants were then briefed about the purpose of the study and the interview protocols. After the participant had signed the consent form and had been given their own copy, the interview began.

Butterfield and colleagues (2009) have found that building rapport, allowing space for the participant to share their story, and following-up with probes and questions have yielded rich data when using the ECIT method within counselling psychology research. In line with these recommendations, all participants were asked to share their story of how they began integrating SJ into their counselling practice. They were also asked about demographic information, as well as general information about how long they have been practising for. These initial questions facilitated opportunities for the interviewer to follow-up with probes and questions, build rapport and start to develop a space where the participant could share their story. Soliciting this information at the beginning of the interview also provided important contextual information about the participants helped to frame the particular critical incidents that they reported.

As the researcher moved through the interviews, she tried to examine the same content areas in the same depth with all participants, as recommended by Butterfield and colleagues (2009). This was facilitated with the use of follow-up questions and probes. In addition, the interview protocol also guided the direction of the data collection. All interviews were audio recorded and transcribed verbatim. In addition, the interviewer took notes.

As per the recommendations of Amundson, Borgen and Butterfield (2014), the
researcher conducted a formal interview summary process with each participant as a part of their interview. This summary process served as an internal credibility check, by confirming the interview content and data with participants within the same interview.

Following each interview, an e-mail verification process was used to carry out content verification through participant crosschecking. All 8 participants agreed to carry out content verification, and they were all in 100% agreement with the interview summaries.

Data Analysis

Analyzing the data included three steps: 1) determining the frame of reference, 2) formulating categories, and 3) determining the level of specificity or generality to be used in reporting the data (Flanagan, 1954; Butterfield et al., 2005; Butterfield et al., 2009).

The researcher organized the data based on Butterfield and colleagues (2009) suggestion of using an electronic word document. Three interviews were randomly selected and the helping critical incidents, then the hindering critical incidents and finally the wish list items in all of the interviews were electronically extracted. For an incident to be considered critical (and to be included in the research findings) the participant must have shared examples that depict the incident and also frame the importance of the particular incident as it relates to the participant and the integration of SJ into counselling practice.

Next the researcher coded the helping incidents, hindering incidents and wish list items electronically. In carrying out this stage it was vital for the researcher to be clear about the goals and use of the research findings (Butterfield et al., 2005). For this investigation, the goal of the research findings was to enrich counsellor training and to
inform best practises surrounding SJ work in the counselling profession. Therefore, it was important to include specific details surrounding what led to or detracted from effective SJ work within counselling practice during this categorization stage.

To begin categorization, the helping critical incidents were copied and pasted into a new word document under a subheading called helping critical incidents. The participant number was labeled at the beginning of each critical incident as it was pasted into this new document. The similarities and differences between the helping critical incidents were then examined, and categories were created. As data were sorted, categories were named, renamed and merged together to reflect the incidents. This same process was then carried out for the hindering critical incidents, and finally for the wish list items.

Butterfield and colleagues (2009) suggest creating a “working table” to monitor the amount of new categories created for each interview. This process was carried out following the first interview. The working table was updated continually throughout the analysis process. In addition, the category names were constantly revisited and broken down into more specific categories. For a category to be deemed as viable, at least 25% of participants must have identified an incident that fit within it (Borgen & Amundson, 1984). An operational definition was also created for each category. Nine credibility checks were carried out during data interpretation to increase trustworthiness of the research results (Butterfield et al., 2009). These nine checks included: a) audiotaping interviews, b) interview fidelity, c) independent extraction of critical incidents, d) exhaustiveness, e) participation rates, f) placing incidents into categories by an independent judge, g) cross-checking by participants, h) theoretical agreement, and i)
reporting the results. Each of these checks will be explained in the proceeding paragraphs.

**Audiotaping interviews**

As mentioned earlier, all interviews were audio recorded. This allowed the researcher to conduct analysis using the exact words that the participant used which helps ensure that the data is accurate. It also accounts for descriptive validity, and increases the robustness of the findings (Butterfield et al., 2009).

**Interview fidelity**

Interview fidelity includes making sure that the ECIT research method was followed, that leading questions or prompts were not used, and that the researcher is adhering to the interview protocol. Expert checks were conducted by Dr. Norm Amundson, an expert in the ECIT method, through ongoing discussions throughout the data collection process.

**Exhaustiveness**

The emergence of new categories was tracked in a working table to determine when exhaustiveness was reached. As noted, Amundson, Borgen, and Butterfield (2014) suggest adding an additional credibility check to confirm that exhaustiveness has been realized. They recommend conducting half again more interviews to confirm that exhaustiveness has been achieved. Exhaustiveness was reached at six interviews. Another two interviews were then conducted which confirmed that exhaustiveness had been realized.
**Participant crosschecking**

To ensure that the categories were representative of the participants’ responses, participant crosschecking was carried out. This took place after the data analysis had been completed from interview one and it gave participants an opportunity to confirm the critical incidents, wish list items, as well as the categories. All of the participants agreed that the incidents and categories accurately reflected their experiences.

**Independent item extraction**

Independent item extraction of critical incidents included having an independent researcher randomly choose 25% of the interview transcripts to identify what they feel are the critical incidents and wish list items. The principal investigator then compared the independent researcher’s identified critical incidents and wish list items. Discrepancies were discussed, and both the principal investigator and the independent researcher were in 100% agreement on what was identified as a critical incident.

**Participation rates**

Participation rates were generated by adding up the total number of participants who provided items under each category and dividing it by the total number of the participants in the study. This calculation yielded the participation rate in each category. The rates are reported in Tables 1 – 3 in Chapter 4: Findings.

**Placing incidents into categories by an independent judge**

An independent researcher from the University of British Columbia was asked to place 25% of the critical incidents and wish list items into the pre-existing categories. The researcher then compared the independent researcher’s placement with hers. The agreement rate between the independent judge and the researcher was 98% for the
helping incidents, 100% for the hindering incidents, and 100% for the wish list items. According to Butterfield and colleagues, at least 80% of the categorizations must match (Butterfield et al., 2009).

**Expert Checks**

To complete the eighth credibility check, I submitted the categories to two experts in the field of social justice and counselling. Both of the experts have conducted research on the topic of social justice and counselling, and both actively practice social justice within their counselling practice. Both experts confirmed that the categories aligned with their understanding of the research and the discipline. One expert was surprised that there weren’t more incidents related to safety. He noted that he works extensively over seas doing counselling work, and that the presence of safety helps him to do that work. In contrast, he stated that feeling a lack of safety while over seas interferes with his ability to practice social justice.

**Theoretical agreement**

During theoretical agreement, the underlying assumptions of the study and the overall categories are compared and contrasted with relevant published literature. Exploration of the categories is carried out in the Chapter 5: Discussion.

**Ethical Considerations**

Using the nine trustworthiness checks described above will help to ensure that my findings and research methods are carried out in a valid and ethical fashion. Through conducting the preliminary research, the researcher has been struck by how small the SJ counselling community appears to be; the body of literature has been developed by a relatively small group of the same authors in North America. In making this reflection, it
becomes vital that the anonymity of my participants is protected; therefore, all identifying information will not be included in the report of research findings.

Finally, the researcher feels that this research could be instrumental in helping the counselling profession move forward in the paradigm of SJ. That being said, she feels that she has an ethical obligation to disseminate her research findings in a way that makes them accessible to counsellors at a grassroots level. Her goal is to disseminate her findings through publication, but also through the professional bodies that community counsellors are a part of. Since having access to research journals isn’t always possible, and can be a barrier for the access to information, an electronic resource of findings will be created in an effort to reach counsellors working on the frontline across North America.
Chapter 4: Findings

In total 219 incidents were described by research participants including 157 helping incidents, 43 hindering incidents, and 19 wish list items. The incidents were organized into the following helping, hindering, and wish list categories, which are listed and described below.

Contextual Details

Before describing the helping and hindering incidents of social justice, it is vital to understand the context of social justice for the participants in this study. When asked to describe what social justice meant to them, most of the participants described a sense of fairness in which individuals have equal access to resources and opportunities, regardless of their social background. As one participant explained “[social justice] is a just society for all so that everybody is treated the same. They have the same opportunities, regardless of, you know, where they fall in life.” Another participant stated:

[Social justice is] equality and fairness, I guess for all people, for everybody to have access to resources or opportunities in similar ways. I guess it has something to do with honesty about our feelings, or our shortcomings, as communities and societies, as a group.

Participants also identified that social justice has an interactional or relational component since power dynamics and power differentials often exist within relationships. More specifically, participants identified that the role of counsellor is equated with significant social privilege, which also brings with it a sense of responsibility to that power ethically.

When describing what it means to be doing well at integrating social justice into counselling practice, participants described that social justice is something that they do:
Justice is not a state of affairs. Justice is something that you do and by doing it and treating people justly and encouraging them to do the same, then the justice we want to see in the social environment also comes from them.

Participants reported that they integrate social justice into their practice predominantly at the individual and familial levels. This is reflected through the ways that they work with clients from a collaborative and client-centered approach. As one participant explained, every interaction is an opportunity for social justice:

You're having a conversation focused on identity construction with the person … it’s a critical conversation where there’s the possibility of contributing to constructions of identity that are empowering and acknowledging, or contributing to some that are disempowering, normative, prescriptive pathologies. So, hmm, I see every part of conversation as an opportunity for social justice.

While participants reported that social justice is applied through advocating for, and empowering their clients, they also stated that it influences other facets of their practice such as the way that they conceptualize their clients. As one participant explained, “[social justice is] advocating for clients, but also the way that you conceptualize your clients in terms of what they bring into session or what needs they have that need to be met maybe first.”

Most of the participants explained that the majority of the work that they do is at the familial and individual levels, however, three of the participants specifically explained that for them, social justice isn’t just about doing one-on-one work with clients, but it also includes trying to make change within the greater community and societal
contexts. One participant who works with women who have been sexually abused, explained:

We’re not here to make women sting and then send them back into the community with no safety, right? To get beat down again? So, we’re about social change and social advocacy and doing that work that we need to do to create that societal shift, in order to not just make the women here stronger but to make our community stronger.

**Helping Critical Incident Categories**

157 helping incidents were reported by participants. Within these incidents, nine categories emerged including personal factors, systematic knowledge, support, community engagement, education and training, counselling skills, multicultural knowledge, therapeutic alliance, and safety. All of the categories identified met the 25% participation rate established by Borgen and Amundson (1984).

<table>
<thead>
<tr>
<th>Helping Categories</th>
<th>Number of Incidents</th>
<th>% of Helping Incidents</th>
<th>Number of Participants</th>
<th>% of total Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personal Factors</td>
<td>47</td>
<td>29.9%</td>
<td>8</td>
<td>100%</td>
</tr>
<tr>
<td>2. Systematic Knowledge</td>
<td>23</td>
<td>14.6%</td>
<td>8</td>
<td>100%</td>
</tr>
<tr>
<td>3. Support</td>
<td>20</td>
<td>12.7%</td>
<td>8</td>
<td>100%</td>
</tr>
<tr>
<td>4. Community Engagement</td>
<td>15</td>
<td>9.5%</td>
<td>7</td>
<td>87.5%</td>
</tr>
<tr>
<td>5. Education and Training</td>
<td>14</td>
<td>8.9%</td>
<td>7</td>
<td>87.5%</td>
</tr>
<tr>
<td>6. Clinical Skills</td>
<td>13</td>
<td>8.3%</td>
<td>7</td>
<td>87.5%</td>
</tr>
<tr>
<td>7. Multicultural Knowledge</td>
<td>13</td>
<td>8.3%</td>
<td>7</td>
<td>87.5%</td>
</tr>
<tr>
<td>8. Therapeutic Alliance</td>
<td>10</td>
<td>6.4%</td>
<td>6</td>
<td>75%</td>
</tr>
<tr>
<td>9. Safety</td>
<td>2</td>
<td>1.3 %</td>
<td>2</td>
<td>25%</td>
</tr>
</tbody>
</table>

Total number of helping incidents: 157
Personal factors

Incidents related to personal factors informed the largest group of incidents with 100% of participants identifying 47 incidents. Personal factors have been defined as internal factors that the participants identified helped them to integrate social justice into their practice. These include worldview, attitudes, values, models of care, lived experiences, self-awareness, and self-care.

Seven of the participants noted that they identify as having a social constructivist worldview. They explained that this impacts the way that they understand the world, and it helps them to conceptualize their clients within the social systems that they live in: a fundamental part of social justice. One participant explained:

I have social constructionist values. I think of identity or stories as being socially constructed and so I think that just has caused me to be aware of the influence of things that maybe historically, or even currently, are given value and are uncritiqued or unreflected on. I just don't want to go along in my practice without questioning my own ways of practicing, and if clients are interested in it, equipping or helping them, empowering them towards that same sort of critical questioning.

As this participant explained, social constructivism informs her practice by encouraging her to be critical of her own work, and the dominant narratives within society. Another participant described an example of a time that his social constructivism helped him to better conceptualize a client:

So, I worked with a woman who had been diagnosed as bipolar and it was a diagnosis that in some ways she welcomed because it helped to provide some
understanding of some pretty intense and unusual experiences that she was having. And it also led to professionals identifying an effective dose of a medication that kept it in check. But a diagnosis like that potentially also comes with a whole range of discourses about mental disorder, discourses of stigma that could be encouraging of a sense of discouragement or hopelessness. So we had a lot of conversations that were focused on helping here to adopt the critical analysis of some of those traditions of pathologizing and helping her to weigh out all of the medical and psychiatric responses to her situation to sort out that which, you know, she felt was useful from that which she felt was not.

All of the participants described their model of care as being informed by a client-centered approach, in which they tried to “meet the client where they’re at,” and foster client-directed goals and service. One participant reflected, “I approach my clients by not thinking that I’m the expert, but that they’re the expert of their life and their situation, and that I want to know more about that.” Participants felt that working collaboratively with clients was vital in helping them to integrate social justice into their practice because it helped them to foster a respectful, caring and just relationship between them and their clients.

Another aspect of working collaboratively with clients included being transparent. Most of the participants explained that transparency and openness plays a vital role in social justice for them. Transparency took many forms, from making self-disclosures in session to sharing session notes with clients:

P: With some clients I regularly give them copies of my notes or email them copies of notes.
I: What do you find helpful about doing that with clients?

P: Well, there’s a number of reasons that I think that it can be helpful. One is that it lets clients know that we think about them after they are gone, and there’s a suggestion that they ought to be thinking too about the session after they’re gone. And by getting the notes it’s hard not to be thinking about the session post-session, it also allows for reflection. Often, as counsellors in our office in our role we are in a role of listener, and in written notes you are able to do psychoeducation at an individual level. And provide some of the counsellor’s thinking into the dialogue so that the counselling doesn’t become just a didactic process but so that the notes can do that. As well, from the standpoint of practice building, what I’ve found is that it’s a really good practice builder and people have a sense of being cared about and that you’re involved with their story. There are some people who see therapists and counsellors as people who get to share and be witnesses, in a sense, to people’s lives. You know, I’ve always said that I don’t need to read fiction because I get to have a box seat on the lives of so many people and to see how they solve problems and overcome adversities. So writing as well, reminds me of those sorts of things and if I share it with clients it forces me to write more from a strength-focused perspective. And the more that I practice that, the more that it becomes something that is engrained and integrated for me.

For this participant, sharing notes not only helps to create a collaborative process but it also encourages him to write from a strengths-focused perspective.
When describing self-awareness, a number of the participants described the importance of acknowledging their own social privilege, as well as the power that they hold within the counselling relationship as a counsellor:

It’s very easy to take over. I mean there’s a lot of privilege that comes to me in my position [as a counsellor], and I have to be really careful that I am not steamrolling people with that privilege. But by acknowledging my privilege and by acknowledging what I have, I’m using it for good instead of evil, if you want to put it in super hero terms, right?

While an awareness of privilege was identified as being a helping factor, many of the participants also identified that having a sense of self-reflexivity within their counselling work was helpful. One participant spoke about the importance of being able to examine his own biases and “agendas” to insure that he isn’t imposing his own values on his clients.

I have to be really conscious, of any motivations or potential issues, ideas, agendas that I might potentially bring inappropriately. And so, if you will, it makes me look at myself harder to make sure that I'm not bringing anything extraneous, inappropriate, unethical into that relationship and I'm genuinely working with them within the frame of reference they have and their system of values. And yeah, sometimes we need to do reality checks, that's part of the process.

Self-care was also categorised as a personal factor. Participants identified that social justice work can be exhausting, and if they didn’t take proper care of themselves they wouldn’t be physically or emotionally able to effectively do the work. Participants
reported self-care to include things such as exercise, mindfulness, connecting with their culture, and spending time with friends and family. In addition, participants identified that self-care included setting boundaries for what they can and can’t do:

I’m not just jumping into everything and, you know, doing everything and stressing myself thin. I take care of myself, I have a good balance in my life. It’s hard work that can be all encompassing at times, so it’s finding that balance and not throwing away the rest of everything that’s going on for you, right. So, this job is 40 hours a week but in reality it’s more than that because of the work that we do outside of it. And that’s part of our passion and our drive and that’s not stuff we’re mandated to do its stuff we do, because we see the impacts of society by the women who come in. We know the root causes of what is bringing these women into this office, and those root causes need to be addressed.

As noted above, social justice work can be all encompassing and exhausting, and almost all of the participants reported that this made it vital that they not only practise self-care, but that they also need to have passion for the work that they do. All of the participants reported that they have a strong passion for social justice, and because of this they cannot imagine practising any other way. For most of the participants, this passion was largely informed by their lived experiences. One participant, who works predominantly with first responders stated:

I love working with these people, who have the courage to stand in the most awful, physical, psychological places this world has to offer, and say, “I’m here to help.” I love working with them. Does that make sense? ...I'm now in a position if you will, to make meaning of much of what I went through because having
been through that, it gives me a voice now. It gives me a breath of experience now. It gives me motivation now, to seek to meet the needs of those, who frequently are not being well served.

Another participant, who works predominantly with families, explained that his experience of immigrating to Canada as a young boy has largely informed his passion for social justice. After reflecting on his family’s experience of arriving to Canada he stated, “I guess it’s those kinds of stories or experiences that informed me to want to really give these families more than a fighting chance.”

Finally, participants identified that personal values, such as courage, persistence, curiosity, hope, and sense of community, all played a very strong role in helping them to integrate social justice into their practice. One participant who works with clients struggling with addiction and homelessness emphasised the importance of persistence and not giving up:

I get questions like, “why aren’t you giving up? Why are you doing this for me? Why do you care so much about me?” and I say, “you would do the same”. And I believe that.

For this participant, persistence and “never giving up” played a large role in her work with individual clients as well as her organizational and community-based advocacy.

Another participant explained the role that curiosity plays in her practice:

I try to come to my clients with a … from a place of curiosity. And not thinking that I’m the expert, but that they’re the expert of their life and their situation, and I want to know more about that.

**Systematic knowledge**
Incidents related to systematic knowledge informed the second largest group of incidents with 100% of participants identifying 23 incidents. Systems knowledge and an awareness of community resources was placed within this category.

Systems knowledge includes having an understanding of the various social systems and the ways that they inform the attitudes and behaviour of individuals, families, schools, organizations, communities and societies. One of the participants described this as having “a social lens”:

[The media was reporting that] rape skyrocketed, sexual assaults skyrocketed. And it’s like no it hasn’t, the reporting has sky rocketed, not the occurrence and we know that, right, but if you don’t have that social lens you’re like oh why all of a sudden are women getting raped. Is there one guy going around doing this all, right? It’s that educational piece.

Having systems knowledge helped participants to better situate their clients problems within a broader social context, not merely within their client. While this knowledge helped the participants conceptualize their clients’ problems, it was often integrated into the counselling conversation as well. One participant shared an example of this:

A woman was coming in and she’s like, “everywhere I go men touch me and men think they have the right to tell me I’m beautiful and smile at me and ask me for a date. And if I say no they call me a bitch.” And so we talked about how that’s a societal thing and the roots causes … and the woman actually left feeling better because she learned that it wasn’t her personally, as one individual walking on this earth, encountering all this. Those root causes needed to be addressed.
Another participant also explained the way that he uses systems knowledge with his clients. He explained how he invites his clients to think more critically about where some of our social norms and expectations come from:

You know I’ve had conversations with men about dominant discourses associated with being macho, or being a “real man” and in this case those conversations might be about how tough you are, or how non-vulnerable you are. Hmmm and so in inviting an exploration of where those ideas come from, and helping to situate them within the wider culture, and in men’s culture, I feel that I’m engaged in a practice of social justice by kind of inviting an interrogation of unjust discourses that positioned, in this case, a man as less than according to some standard which does not fit for the man in the first place.

While most of the participants discussed the role that systems knowledge plays in their interactions with clients, one participant specifically acknowledged that she also uses this understanding to advocate for herself within her organization. This particular participant works for a health authority and shared her experience of persistently writing letters to the CEO of the organization, advocating for more therapists on staff. She explained that having an understanding of the structure of the health authority helps her to strategically write letters to the “right people”, and as a result she was able to create change:

It is happening and it’s because I was curious, I didn't give up! I wrote a letter. I didn't sit still and I got what I wanted. I might get a reputation for being um, uh, I wouldn’t say it on that (points to audio recorder) [Laughter] but I’m finally seeing it happen.
It’s important to note that a person factor (i.e. persistence) also interacted with systems knowledge to help this participant be successful.

Another important theme that emerged within systematic knowledge is having an awareness of the pre-existing resources within a specific system or community. The participants reported that knowing about community resources helped them to connect their clients to additional supports or programs. It also helped them to empower their clients to navigate through community resources, and to advocate for what they need. One participant explained:

I think it’s important for people to be connected to resources, and that’s probably one of my strengths. I kind of make it my business to know these things and if I don’t know I’ll try and find out. I feel good doing that, connecting people to the resources that they need or want, and modeling that, you know, even when I’m with my clients, so that they can see how I’m advocating on their behalf or alongside them.

This same participant went on to give an example of a time when her awareness of community resources helped her to integrate social justice into her counselling practice with a client:

I had a client, a young woman, and she had a very, um, rocky life for a variety of reasons. She had involvement with the legal system, she was involved in drugs, and there had been prostitution in her past. She had, at that time, three children from three different fathers, um, she was on welfare, I mean, she had always kind of had a life of just barely kind of scraping by and there was mental health issues also. So I was just trying to keep her stabilized; she needed housing she was
leaving an abusive relationship, and so I had worked with her to find new housing to get her stabilized and to get her furnishings for her new place… She wanted to go back to work and one of the barriers for her going back to work was her teeth. Her teeth were all rotting, and so I found a dentist that was willing to do the work for nothing and she had all of her teeth extracted, she got dentures, and um we worked so hard at all this stuff.

For this participant, she was able to use her knowledge of community resources to help her client access housing, furnishings, and dental work.

Another participant also shed light on the importance of being able to connect her clients to resources in the community. This counsellor works with people within a mental health and addictions context, and emphasised the importance of “helping people to find their meaning”. She shared a story of a client that she always saw walking around town with his bicycle. One day he showed up to his appointment without his bicycle because it had gotten stolen. This was devastating for her client. This counsellor was aware of a non-profit organization that helps people learn about bicycle mechanics, and donates bicycles to community members who cannot afford a bike. She was able to advocate on behalf of her client to get him a new bike:

It’s a community bike shop. You phone and you have a conversation and they say, “Well, send me an email and let me know, you know, how um, how we can help this person with a bike.” And they didn’t advertise. It was just a matter of me, kind of knowing about this resource, and talking to this person after seeing that [my client] lost their bike. I let the bike mechanics know that this person has been homeless for a couple of years um, but they really enjoyed their bike. And so, you
go to the things that they love and um, and you look on ground in the community for that.

**Support**

100% of the participants identified 20 incidents within the category of support. Firstly, participants identified that having access to meaningful, social justice oriented supervision helped them to integrate social justice into their practice. One participant explained that her supervisor had experience working as a counsellor and as an activist, which she felt made her an ideal supervisor for social justice based counselling:

My clinical supervisor, she’s a political and social activist, and she supports that work. So she not only is open to hearing about it, but she also supports us in doing it in a good way, and making sure that we’re continuing to do it in a good way.

She’s been doing [counselling and activism] a lot longer than we have.

This participant identified that because of her supervisor’s extensive background in both activism and counselling, she was able to provide invaluable insight into ways that she can create social change at the community and societal levels, not just within the counselling room.

Another participant also discussed the impact of having a supportive supervisor in helping her to work more effectively with culturally diverse populations. This counsellor identifies as being Caucasian Canadian and works at a community organization with many First Nations clients. She sought out a supervisor who specializes in First Nations health and wellness, because she reported that she was aware that she would sometimes “tip toe” around particular cultural topics in fear of offending a client or imposing her own values within the counselling work. Receiving meaningful and culturally relevant
support from this supervisor made a significant impact on this participant, and she noted that it helped her to integrate social justice into her practice in a culturally relevant way. She recounted:

I remember asking her questions and just treating it really delicately about, for example, residential school history and experience…And so I remember just thinking I had to be so delicate and this was so fragile and [my supervisor] was great because she just said “look, if you have a client who potentially or definitely has ancestors like Grandparents or even parents who were part of the Indian residential school system you almost have a responsibility to bring that out of the closet” and I was like, "no, I can’t that's unethical. Like, that'll be me imposing my values” and she's like, "well if you don’t who's going to?" So that was revolutionary for me in terms of thinking about rather than just thinking of like oh I have to run away from any power that I might have, I have to totally like minimize or diminish or get rid of any sense of like expertise or power over people like I can’t let that exist and she was like "you have it use it. If you can use it for the good, if you can use it to unearth things or to breathe life into things that need healing that nobody ever talks about and everybody is accustomed to burying, why wouldn’t you?"

Most of the participants also explained that having support from their colleagues was very instrumental in helping them practice social justice. This support took many forms. One participant explained that she and her colleagues had started a narrative practice group in which they meet at least once per month and discuss a social justice article, or other things that are relevant to their practice. She explained that this support is invaluable in helping her to do this work:
So [the narrative practise group] really helps me because this group of people I have a lot of respect for, we all work in very different settings, we all come from different educational and training backgrounds, but we all come to this place where it's like we want to be integrating social justice ideas, postmodern ideas, collaborative ideas, creative ideas into the work of being counsellors, and some of us aren’t even counsellors. Some of us are social workers; some of us even work in justice… all sorts of different fields. So I think to do this kind of work well and to sustain it, I actually don’t… like I'm sure maybe there are people who can do it without a supportive colleague or peer or friend group to sort of be always cheering for each other, but I don't know how I could do it without that… like I would lose interest, be absorbed into what is the dominant way of thinking around me I think.

For this participant, the support of her colleagues not only helped “cheer her on” but it also helped her to think critically. Another participant identified the excitement of being connected to other like-minded people:

The passion of other people is kind of inspiring… when you start getting into this kind of activity with other people, their passion is inspiring, but you also become a bit of a community and there is a certain excitement about that.

Finally, two of the participants reported that having support from their organization was important in helping them to integrate social justice into their practice. One participant explained:

[Social Justice is] actually part of the mandate here so that’s very helpful (laughter), um, I mean obviously social justice is always easier when you have the
support of the people that you’re working with and for. So that’s been a huge part of the work that I’m doing.

For this participant, the fact that her employer is oriented towards social justice and encourages it helps her to feel supported in doing the work.

**Community Engagement**

87.5% of participants identified fifteen incidents related to community engagement. Community engagement includes having a strong relationship and connection with the community in a professional and/or personal capacity. It includes collaborating and partnering with other organizations to support the community (e.g. running groups, sitting on committees, and advocacy groups). It also includes doing client outreach. Participants identified that community engagement not only helped them to network within the community, but it also helped them to gain the trust of marginalized populations that they were working with, because they were seen as an ally.

One participant, who works predominantly with women in or leaving abusive relationships, engages with the community in various capacities through committee work as well as protests. She shared the impact that community engagement has on her practice:

Okay so, I mean many of the women that I work with on the [streets] know me because of the social justice and social advocacy that I’m doing, so, the work that the committee I sit on for murdered and missing aboriginal women. Because of that committee and other family members that sit on that committee, we’ve created those relationships, so they already know that I’m active and interested in helping their community and helping their families. And so that creates that trust
that they need in order to approach me on the [street] and have those conversations…because otherwise I’m just seen as one more person who works there and doesn’t live there, a visitor to the area. It’s a very hard community to integrate into; not a lot of trust, so that work specifically has helped me help the women and the families that need that.

Other participants also echoed the sentiment that community engagement, especially through working groups and committees, was helpful for them. They stated that it not only helped them build relationships, but it provided a reminder that they were not alone in doing this work. They reported that this created a sense of community.

**Education and Training**

87.5% of participants reported 14 incidents related to education and training. Education and training included formal education at university, reading research and literature, and attending conferences and clinical training. Education and training helped the participants understand the ways that social justice can be tangibly applied within their practice.

Five of the eight participants reported that their universities openly took a social justice orientation. One participant shared the impact of attending a program like this:

P: So to me, how I managed to find a good way to integrate [social justice] into my practice was from doing the education I received. I think I would have found it more difficult, although not impossible, but I think I would have found it more difficult if I had gone to one of the other institutions.

I: Mm-hmm, so that was a really big factor?
P: Mm-hmm, yeah, every professor I had at [my university] was about social justice and social change whereas some of the other institutions I was looking at there were only one or two professors. [They] pride themselves on what they’re doing and they hire people that are doing that work in the community. They have a community practicum that they do as well as their clinical practicum. So you have to do two practicums but the idea is that you’re integrating into the community and you’re making a difference while you’re going to school. It’s huge. It’s a big part of it.

For this participant, attending a program that openly took a social justice orientation and “practiced what they preached” was very meaningful. It helped her to understand the application of social justice to counselling practice, and also made her feel like she was contributing to her community.

Within formal education, three of the participants also emphasised that learning about social constructivist theories and therapies, such as narrative therapy, played a significant role in the development of their social justice work. One participant explained his memory of first learning about narrative therapy and how inspirational this was for him:

In graduate school I have a distinct memory of being introduced to narrative therapy and I kind of experienced a big shift there and the shift had to do with, that movement away from making sense of the problem or problems that people experience as expressions of their deficits and seeing them in a different way: Conceptualizing people in a way that separates them from their problem. So I found that very inspiring.
This participant’s experience was very similar to that of the other two, who also felt that learning about social constructivist theories significantly impacted their worldview, and model of care.

Many of the participants also discussed that reading social justice and counselling research and literature was helpful. As one participant explained,

Reading in the literature, for example, of how other programs are empowering clients just inspires the imagination. You start thinking about, well, what are the possibilities? I guess it taps into one’s creative juices and thinking that you might like to try that. I think about every time that I read some of the narrative therapists I think just how beautiful their approach is, and it almost seems to be a very loving approach to human beings, and it’s exciting to be a part of that.

Counselling Skills

87.5% of the participants identified 13 incidents in which their counselling skills helped them to integrate social justice into their practice. Participants identified skills such as empathy, conflict resolution, psychoeducation and basic communication skills helped them to integrate social justice into their practice. The participants also identified advocacy and empowerment as being a part of their core social justice skills, because when paired with their counselling skills and knowledge they were able to “get through” to people, especially those in leadership roles, in a way that is directive yet non-confrontational. As one participant described, advocacy means “speaking up” in a non-aggressive way because “being silent can suggest that you agree with the oppression.”

One participant who works in a leadership role within a governmental organization spoke about how he uses his advocacy and counselling skills to “make the
powerful care”. He shared an example in which he advocated for a colleague who was
returning from disability leave:

We have an employee clinician who is returning to work after about two years.
And there is a team that comes around this person as they are doing work
hardening as they return to work and they kind of build up from partial days and
all that kind of stuff. And so, my approach with this person is to say, “you know
yourself best, I know that you want to return to work and you know what your
limits are, so we are going to take the lead from you, and whatever works for
you.” And I was on a conference call with this person last week and there was her
manager in the room and then a couple of rehab people and the tone was
essentially, we know what’s best for you because we have seen this before, and so
I felt that I was able to say, “you know, this employee really wants to return to
work, they are doing all they can, plus they are a full grown person and they know
what will work for them” So I really wanted to make sure that whatever plan we
have, we listen to this person first. And so being able to give her that validation in
this meeting I think helped to shift the dialogue somewhat.

Another participant who works clinically with women leaving abusive
relationships, explained that she considers the work that she does in helping women to
leave abusive relationships as being social justice: “We’re empowering women and we’re
working … we’re helping women through sexualized violence, um, and that is huge
social justice for our women, right.” Most of the participants shared this perspective that
their counselling skills significantly helped them to integrate social justice into their
practice by helping them to provide ethical care to clients, and to advocate with or on behalf of clients.

**Multicultural knowledge**

Multicultural knowledge was identified as being a helping factor by 87.5% of participants in 13 incidents. The participants identified that multicultural knowledge helped them to integrate social justice into their practice in a culturally meaningful and respectful manner, especially with marginalized populations. Multicultural awareness has been defined as a counsellor’s awareness of their client’s worldview and culture. It also includes the use of culturally appropriate interventions. The participants explained how multicultural awareness helps them to approach their clients with more empathy and understanding. One participant shared an example:

I can think of a family you know that moved here from the Philippines and their ideas of child rearing are different, and what’s acceptable in the Philippines compared to Canada is totally different. They didn’t, um, knowingly harm their children because they were mean awful people. What they were doing was what they had been taught to do, what they had lived through themselves as children. And it was an acceptable practice. So when a social worker is coming down hard on them and you have to do this and you have to do that and you have to do the other thing, I think first of all my role is not to be that judge but to be a person understanding where they’re coming from, and then help them to understand that, you know, the laws in Canada are different and the expectations in Canada are different. Nobody taught them that.
Another participant explained that having multicultural knowledge allows her to provide culturally meaningful individual therapy with her First Nations clients in the various settings that she works in:

I work with the First Nations community and that counselling looks very, very different. It sometimes is 20 minutes, it’s sometimes three hours, um, and we sometimes do ceremony and that’s our session. And we sometimes sit in silence and that’s it. So the healing looks very different in that community than it does in the other one. It’s also the teachings from the elders, which help me sit with people in a good way, that help to do that work and help this particular population feel like they’re doing the work that they need to do because so many of them have been colonized and taught that no, we do our healing this way and this is how we do it, and they come they sit in the chair and they … I don’t even know what they’re supposed to do in that chair. That’s not the way I want to work with them, you know, we go out and we go down to the ocean and we put our hands in the dirt and we spend time with mother earth and we bond with the part of their spirit that needs to bond with her and that’s work. I can only practice those teachings from teachings with my elders. Yeah, so in an empowering way we’d talk about structural changes and structural impacts on their lives and how they’re so disconnected from their earth and all of that, but it all comes from teachings from somewhere.

This particular participant identified as being Metis. She reported that being rooted to her own culture was instrumental in helping her to do this culturally informed work with her clients.
Another participant who works in a community organization explained the importance of cultural understanding in working with new immigrant families. This particular example was about working with Middle Eastern families. He said:

For example, if I’m at a family’s home or a client’s home and there’s a group of men in the living room and I’m sitting with them but I really need to speak with the mom, but the mom is in the kitchen with some daughters or some other aunts or stuff, I’m not going in the kitchen. No, I’m sitting with the men and drinking tea and I’ll come back another time, I’ll wait for another time because the moment I step up and say to the husband I need to speak to your wife or I go into the kitchen all of a sudden everything just stops, so you know. Having that understanding of how, um, within certain cultures those unspoken rules yeah. I think for most of the families that I work with I need to feel like I have an understanding of how they operate to be able to help them.

Participants identified that cultural competency extended beyond having an awareness of cultural norms within a particular ethnic group, to even understanding the cultures within a profession. One participant spoke about the value of having cultural competency to help him to create a resource to help promote first responders seeking counselling. He worked as a first responder for many years before becoming a therapist, and developed a strong understanding of the culture that exists within first responders, especially that surrounding the stigma of seeking support and counselling. He used this cultural awareness to help professionals understand the needs of first responders, and he also created a ‘First Responders Guide to Choosing a Counsellor’:
[First responders] are reluctant, and legitimately so, reluctant to go to counseling to begin with. Hopefully they will have a better chance of knowing what to look for to find a person who is going to be right for them, that they are going to have a healthy relationship with.

**Therapeutic Alliance**

75% of the participants reported 10 helping incidents related to therapeutic alliance. These participants stated that they couldn’t integrate social justice into their counselling practice at the individual level without a strong therapeutic alliance. As one participant explained:

It comes down to relationship because it’s relationship that gives me permission to ask those questions that only a relationship can. Because if you ask those questions out of relationship then you’re positioning yourself as an outsider, an intruder.

Another participant also echoed a similar sentiment:

[Social justice] has to do with how you think of the client and how you think about and pay attention to the way that you position yourself in relation to them in your interactions with them.

This participant went on to explain that having a strong therapeutic alliance helps him to ask narrative questions, and challenge the dominant social scripts with his clients.

It was identified that across cultures (and even across clients), the therapeutic relationship and the role of the therapist is viewed very differently. One participant explained that he is always trying to be ultra sensitive to the equalization of power within the helping relationship, but for some cultures that doesn’t work:
As much as I’m committed to equalization of power I know that in some cultures that just doesn’t work. There needs to be, uh, a structure, there needs to be someone who you report back to. And so I’m trying to be ultra ethical and create equality and they’re like no, no that doesn’t work for us because we need to know who is in charge.

Participants also identified that fostering a strong therapeutic alliance characterized by compassion and empathy for clients, helped model empathy and compassion for self and others: As one participant explained,

I just feel like I am kind of part of the forces that are trying to save our communities through developing a more compassionate approach. And I see that at the individual counselling level because it encourages people to have more compassion for themselves and others.

**Safety**

25% of the participants reported 2 incidents regarding the positive impact of knowing that they are safe while doing social justice work. Safety has been defined as physical and emotional safety while working with clients in various settings. One participant works for a feminist organization that primarily services women in or leaving abusive relationships:

We’ve had women come here and they’re being stalked by their exes, and they’re like, “I tried to lose him I don’t know it he saw me come in.” And they’re terrified to be here and now we have to put extra alert out because if there’s a stalker there’s more chance for violence, especially if he thinks that we’re turning her against him and that kind of stuff.
She shared her concern and stated, “it’s not good if you’re always worried about your safety, if every time the door opens you’re wondering who it is and who is having access to your office.” This participant underscored the significance of having a locked, unmarked office, especially when working with clients who are trying to leave dangerous relationships.

Safety protocols also included having regular telephone check-ins with colleagues when doing outreach work:

When I do my work [on the streets] I mean there’s not a locked facility, there’s no nothing. I’m walking around the streets, um, and I have my cell phone somebody knows where I am they know what I’m doing I check in at certain intervals. I mean that safety is in place. That work needs to be done.

This participant emphasized the importance of doing outreach work, and the role that safety protocols played to help her feel safe while doing it.

**Hindering Critical Incident Categories**

47 hindering incidents were reported by participants. Within these incidents, nine categories emerged including imposed models, personal factors, systemic barriers, lack of support, lack of resources, bureaucracy, lack of collaboration, client factors, and challenging work. All of the categories identified met the 25% participation rate established by Borgen and Amundson (1984).
Table 2. Hindering Categories

<table>
<thead>
<tr>
<th>Hindering Categories</th>
<th>Number of items</th>
<th>% of Hindering items</th>
<th>Number of Participants</th>
<th>% of total Participants</th>
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</thead>
<tbody>
<tr>
<td>Imposed models</td>
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<td>62.5 %</td>
</tr>
<tr>
<td>Personal Factors</td>
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<td>18.6 %</td>
<td>4</td>
<td>50 %</td>
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<tr>
<td>Systemic barriers</td>
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<td>6</td>
<td>75 %</td>
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<tr>
<td>Lack of support</td>
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<td>50 %</td>
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<tr>
<td>Dual clients</td>
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<td>25 %</td>
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<tr>
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<td>7.0 %</td>
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<td>Lack of collaboration</td>
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<tr>
<td>Client factors</td>
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<tr>
<td>Challenging work</td>
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<td>2</td>
<td>25 %</td>
</tr>
<tr>
<td><strong>Total number of Hindering Incidents</strong></td>
<td><strong>= 43</strong></td>
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**Imposed models**

One of the most prevalent hindering categories that emerged for participants was imposed models which included 10 items reported by 62.5% of participants. This category has been defined as counselling goals, models of care, or client conceptualizations that are imposed on a therapist and client by an outside party or system. Participants reported that imposed models of care often stemmed from working within a system in which the medical model is the dominant model of caring.

Participants reported that they felt constrained working within the medical model for a number of reasons. Firstly, almost all of the participants explained that they prefer to practise counselling in collaboration with their clients, because they view their clients as the experts on their own lives; however, this conceptualization directly clashes with the medical model, which views the clinician as the expert. One participant explained the impact of the medical model, and a case that he is currently supervising. He stated:

P: What I see in my workplace with the clinicians is that they’ll often come from university thinking systemically, and they’ll be thinking families, systems, and
stuff like that, and then they’ll get into practice within our system, which is a children’s mental health system and then they’ll start becoming like mini psychiatrists, and seeing only individuals. Or they’ll become empowered or enamoured with a new therapy like DBT. And DBT is very skills focused, psychoeducational in nature in my opinion, and so they are excited to see success in their clients and to feel some sense of power that they’ve got some tools that make them feel competent, and then they forget about the family and the other stuff, which is very messy and often slow in progress. So, like, I’m supervising a student right now who is, she is working with a youth who is cutting and she is using DBT with the youth. But, the youth’s mother abandoned her when she was about 7 and the mother did that after one of her kids died by suicide and then, so the mother just fell apart then and drank and all this stuff and left, and so this girl has basically grown up without her mother, and now her mother is on her feet again, and doing fine, but not living in the community. And so, I’m saying to the student, well, do you think that this girl’s core issue is really her relationship with her mom?
I: Some major attachment wounds there?
P: Exactly! And I’m saying if that’s the core thing… then how come we’re not dealing with that relationship, instead of just teaching this kid skills about how not to cut. So I see that as the medical model, and the kind of notion of having power and being professional because social justice stuff often seems, well…. Because it empowers others it may seem like it’s not as professional. In some ways it could
be seen as disempowering the professionals, you know because when you’re the professional, you’re Doctor so-and-so and you listen to what I say!

I: So you’re the expert?

P8: Exactly, you’re the outside expert.

As depicted above, participants also reported that they often felt that working within the medical model seemed to miss the root causes of their client’s difficulties. Many of the participants explained that manualized treatments, such as Cognitive Behavioural Therapy (CBT) or Dialectical Behavioural Therapy (DBT), are awarded more value within a medical model, but that these approaches often fail to address the root causes, and the unique social and cultural needs of their clients. Another participant explained:

Sometimes [integrating social justice into counselling practice] is really difficult, because of the--again, the medical model, and what I see in mental health and addiction -- I don’t know how to say this. Uh, it’s easier to apply a bandage, than it is to do the foundational work that helps them get off--that helps to launch them.

Participants also identified that working for some of the larger systems, such as the Ministry of Children and Family Development (MCFD), hindered the integration of social justice into their work because they felt bound by the parameters put in place, such as the goals and/or number of sessions:

MCFD is very focused on certain things. Focused on getting the assessment done, or focused on the best way to just get, um, you know the father agree that [he] will no longer hit [his] child anymore, right. And so the focus is on stopping a
certain behaviour, getting an agreement in place. Sometimes that same brush that they paint the scene with kind of catches us sometimes. So as much as I try to create some distance between myself and MCFD, or the other powers that be, it’s difficult sometimes.

While only one of the participants reported that he worked internally for MCFD, three participants reported that they work in affiliation with MCFD through contracts to help support families involved with child protection. These three participants explained that their clients are often mandated to attend counselling, and the goals (and models of care) are often established by social workers. The participants reported feeling pressured to work within MCFD’s model of care. One participant explains how she feels that this hinders her practice:

The social worker wants to see something specific and wants to know that every time that client comes in, you’re working on that goal. And so you have these limits put on you and this is the work that you have to do, yet you can see that there’s so much more work that could be done here. It kind of ties your hands.

This participant went on to say:

An example would be a woman whose children have been taken away from her, and the social worker wants her to be working on understanding the developmental milestones of her children. But she is so worried about her children being in foster care that she cannot focus on those goals… because in her mind those children aren’t being taken care of the way she wants them to be taken care of. They’re not eating properly or being dressed properly or you know if … they’re not being taken to activities, or whatever. So the mother’s focus is totally
on her children. And whether that concern is real or imagined it’s what is real for her in the moment. And so for her to be able to focus on the development milestones of her children is unrealistic, when she comes to session in crisis all the time. Then the social worker may be saying, “that just proves she’s unstable.” Well, I’m not sure whether that’s proof of that. But those are the parameters that you sometimes have to work with.

Another participant shared that he faces similar challenges when working with employee assistance programs (EAPs):

[EAP work is] very tightly controlled by the payer. So very often you’re working with someone and you think that likely they could benefit from more sessions but the payer won’t do it, or you’re put in a bind because if you keep asking for more sessions for people the payer starts to see you as someone who is creating dependencies and isn’t getting people off the roll quick enough.

This example demonstrates the challenge of working with a third party and balancing the needs of the client, with the expectations of the third party.

**Personal factors**

62.5% of participants identified eight incidents related to personal factors that hindered the integration of social justice into their counselling practice. Within these incidents the participants identified that they were aware of their own internal processes impacting their work.

One of the factors that came up for two of the participants was having a desire to fix their client: “I’ve been in situations where I, I just kind of wanted to fix or get the desired outcome and I may have been a little bit less invested in building that relationship
for whatever reason.” These participants explained that this desire came up more frequently when they were new clinicians. They explained that it might have been related to a lack of confidence as a new therapist: “in my younger days my lack of experience, my lack of patience, my lack of understanding, made it difficult.”

Another two participants also spoke about feelings of incompetency hindering their ability to integrate social justice into their practice. These participants noted that practicing social justice as a young clinician took a lot of courage because it wasn’t the dominant way of working and it went against what “the experts” said to do. This caused them to doubt themselves and their abilities: “Certainly as a young therapist it was just sort of like this internalized response. Something like, yeah I'm probably wrong. I probably shouldn’t pursue this. Those people really are the experts who am I, you know?”

They identified that these feelings might have gotten in the way of them being as effective as they would like to be.

**Systematic barriers**

75% of the participants identified that systematic barriers, such as ineffective policy, stigma regarding mental illness or seeking counselling, and socio-economic challenges (e.g. poverty) hindered their ability to integrate social justice into counselling practice. As one participant stated,

People can’t do counselling, people can’t heal emotionally and mentally and physically and spiritually if they don’t have their basic needs met, okay? Housing, food, clothing, financial stability… people can’t heal if they don’t know where
their next meal is coming from, if they have no roof over their head. They’re surviving, they’re not thriving anymore.

The participants identified that they can see the impacts of the broader social context on their clients, but that these were often felt like very difficult and overwhelming barriers to address, especially if they were trying to address them in isolation. It became evident that participants were overwhelmed by the enormity of some of the social barriers that their clients were facing. As one participant explained,

A lot of the big issues are like that. You know, it’s about capitalism, like, okay, am I gonna change capitalism? How am I gonna do that? So, that the sense of being daunted by the scope of these things… being daunted by the scope of the changes that have to happen in the world. Like hmm what could my little letter to my MLA or my phone call to a city councilor really do to change these fundamental issues in the world you know?

Another participant shared similar sentiments when describing efforts to create social change outside of the counselling room, “I can easily feel like whatever thing that I do is kinda like a needle in a hay stack.”

Participants also identified that particular social policies impacted their work. One participant spoke specifically about her frustration with Canadian immigration policies and the difficulties that some of her clients face with underemployment once they arrive in Canada, despite being skilled workers.

One of my biggest complaints is about immigration and the way it’s done. I think the system is flawed, in my opinion. One of the things that really, really bothers me is when people apply to come to Canada, US or wherever it is, and it is on a
point system. So they’re given so many points for all the good things in their life: their education, their money, their this their that, they’re given points for all of that. And so then “yay” you’re going to be accepted to come to Canada, and people are basing their hope and their life on something new and something different. Not only for themselves, but mostly for their children. They want a better life for their children, and then they get to Canada and then their jobs aren’t recognized. And you know, their money isn’t worth what they thought it was and there are so many barriers that they face. We’ve got so many well educated immigrants that are doing menial or less than menial jobs: driving cabs, cleaning somebody’s toilet or whatever, when they’re well educated people but they’re not recognized when they come to Canada. So, then it causes problems in the entire family where maybe it’s, um, you know the man has been the bread winner in his country and the wife hasn’t worked for many years or whatever. Then they come here and his skills are worthless so then, you know, he feels useless maybe depressed the women goes out and gets a job because maybe it’s easier for her to do child care or cleaning or whatever it is. And they don’t have the language skills and then their children are put in positions where they have to translate adult conversations that they shouldn’t be involved in. So it’s just … I could go on but I won’t [laughter] those are my issues around the immigration system, and for me that’s part of social justice.

**Lack of support**

50% of the participants identified five incidents related to lack of support. Participants reported that they experienced a lack of support from colleagues,
management, and their organization. This included not having access to social justice oriented supervision, experiencing a lack of “allyship” among colleagues, and management being unsupportive of social justice practice. For example, one participant works within mental health and addictions and she explained that all of the management are nurses, which makes it difficult for them to “be on the same page” and truly understand the work that she is trying to do:

I don’t know that they actually understand [the significance of] having someone to talk to, being able to connect with someone. They'll say it's all about the relationship but that relationship has to be a healthy relationship. It has to be an informed relationship, just the same way that the antibiotic has to be the right kind of antibiotic. You know what I'm saying?

**Lack of Resources**

50% of the participants identified four incidents related to a lack of resources. They reported that there was a lack of resources both within their organizations, and also within the community. The participants explained that they feel that the demand or need for counselling far outweighs the supply. Within their organizations, participants identified that there was a lack of counsellors on staff. They also identified that there is a lack of funding for training for social justice oriented training. As one participant explained, “big organizations, or places that actually have money for training, they won't invest it in things that don't have a lot of an evidence base.”

Within the community, participants identified that they sometimes face barriers to connecting their clients to the necessary resources due to long waitlists, or nonexistent programs. Further, one participant identified that he feels frustrated by the lack of
prevention programs that are currently in place. He shared a story that beautifully depicts this gap:

Imagine this little town, at the foot of a mountain and there’s a beautiful lookout spot at the top, and people would go there to lookout over the top, but every once in a while someone would fall. So they started buying ambulances to pick people up at the bottom. And then eventually, someone said, “well why don’t we build a fence at the top so that people don’t fall?” And then the debate broke out: “do we spend the money on fencing or do we buy another ambulance?” And that’s the kind of dilemma that we are often in, where when we see something bleeding we are provoked to do something urgent, when there could be a less costly solution around building prevention, you know, building a fence.

This participant identified that having a lack of preventative services results in our services being allocated to crisis management, instead of developing stronger, more resourced communities.

**Bureaucracy**

Bureaucratic aspects of organizations in which participants were employed were viewed as impediments to them integrating social justice into their practice. 37.5% of the participants identified three incidents related to a lack of resources. Bureaucracy was mostly represented through organizational reporting procedures and policies that participants felt restricted the ways that they practiced. The participants reported feeling frustrated about some of the policies that were enforced within their workplace because they viewed them as being disempowering to clients. For example, one participant recounted:
I remember a job I had about 4 years ago, where I came in after my first or second week there and I was wearing jeans. And so my boss called me into the office and said you know, maybe you didn’t read the dress code policy but we aren’t allowed to wear jeans here". And I said, "oh I didn’t know that, I'm really sorry, what's behind that?" And she said "well we just really have to offer an example to our clients of professional dress and whatever". And then I just said, " I'm sorry, I can’t go along with that." I just said like the kind of work that I'm trying to do is to sort of reduce barriers…so it turned out it the end the agency wasn’t a great fit for me.

Another participant shared his experience of being hindered by the bureaucratic process:

I used to do reviews of suicides by youth who are on our caseload. So that was my job for the region, and one of the things that I was encouraging was having the parents from a society of parents with kids with mental health be a part of the review so that the parents of the kids who had died would know that there was another parent working on their child’s review of death. [We took] those parents with us to be able to interview the parents who lost a child because some of those parents from the [society] have had that same experience, and uh, so some of the management thought this is just a great idea – this is a very caring thing to do to take someone who’s been there before and who would understand and some people in the bureaucracy thought that you could never do that – that it’s a terrible thing to do because of security of information and that kind of perspective.
The participants appeared to view the bureaucratic process as a barrier to implementing new programs and explained that they often felt frustrated by the risk-adverse nature of the decision makers.

**Lack of collaboration**

37.5% of participants reported that a lack of collaboration across disciplines hindered their ability to integrate social justice into their practice. Participants explained that they often had difficulty collaborating with psychiatrists or other mental health professionals to provide support for clients. They identified that working as a team can be a powerful way to foster change at the individual, familial and even societal levels, however, they often experience a divide between the counselling arts, leaving professionals working in silos versus collaboratively.

One participant described her frustration with having psychiatrists refuse to parallel treat alongside her counselling work. She works in mental health and addictions, and reported that despite a significant body of research that advocates assessing for, and treating ADHD in the midst of addiction, she faces a lot of resistance:

P: That’s a big piece of frustration that I have is that, the research is out there and it’s big and it shows how it needs to be treated together, addiction and ADHD. That addiction is often um, a symptom of ADHD. But finding someone who will treat that while they are using is really difficult.

I: Um-hm.

P: So, I continue to pile the research up. And um, you know, writing letters to people and um, saying, “*We really gotta get on to this you guys.*” Yes, they have you know, HIV here or they have you know, they have you know, Psychosis or
this or the other. They have Cellulitis. But you guys, let’s look at what brought them down here.

Client Factors

25% of the Participants reported that client factors impeded their ability to integrate social justice into their practice. Client factors included “clients not being ready to do the work”, which manifested through “no shows” for appointments. In addition, it included factors related to a client and their lifestyle that made it difficult to work with a client. For example, one participant explained a situation in which he was working with a family who refused to come in to meet in the office so he did home visits with them. Their home was very messy, however, and this made it difficult to work with them:

The smell in their home was so bad that I really struggled to be in that house you know, and they weren’t willing to come to the office, I can’t remember the situation but I had to go into their home week after week and it was just really, really awful.

Challenging work

The participants reported that social justice can be emotionally draining work, especially when they are trying to create change at the higher systemic levels. As one participant shared:

It's been nine years asking for these things. The advocacy helps me but it also exhausts me. Um...it's not the outreach and it's not the clients. I know what to do. I shouldn't say that I know what to do. I know how to go about it but it's the advocating piece that is exhausting. Nobody gives you things um, you know, if you need band aids or x-rays or CT scan...Um, but mental health is totally
different and again, you know, it’s not a visible thing, unless someone runs down the street psychotic… working within the system can be exhausting.

Another participant echoed similar sentiments:

I just sometimes feel like we’re doing the work over and over and over and not much is changing, um, but I guess that’s, um, I mean it can feel daunting it can feel overwhelming it can feel, um, like, wow you know I’ve been going to the same protesting rallies for years and nothing is changing.

Participants spoke about the importance of being persistent and not giving up, yet they acknowledged that the work can feel exhausting, especially when they don’t see changes result from their efforts.

**Wish list items**

Nineteen wish list items were reported by the participants. Within these incidents, five categories emerged including education, systems/policy change, resources, collaboration, and support. All of the categories identified met the 25% participation rate established by Borgen and Amundson (1984).
Table 3. Wish list Categories

<table>
<thead>
<tr>
<th>Wish list Categories</th>
<th>Number of Items</th>
<th>% of Wish list Items</th>
<th>Number of Participants</th>
<th>% of Total Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. More education and Training</td>
<td>5</td>
<td>26.3%</td>
<td>4</td>
<td>50%</td>
</tr>
<tr>
<td>2. Systematic Change</td>
<td>4</td>
<td>21.0%</td>
<td>3</td>
<td>37.5%</td>
</tr>
<tr>
<td>3. More Resources</td>
<td>4</td>
<td>21.0%</td>
<td>3</td>
<td>37.5%</td>
</tr>
<tr>
<td>4. More Collaboration</td>
<td>3</td>
<td>15.8%</td>
<td>3</td>
<td>37.5%</td>
</tr>
<tr>
<td>5. More support for SJ within the discipline</td>
<td>3</td>
<td>15.8%</td>
<td>2</td>
<td>25%</td>
</tr>
</tbody>
</table>

Total number of Wish list Items: 19

**Education and Training**

50% of the participants identified wish list items related to education and training. Participants suggested that education and training included social justice conferences and workshops. Further, participants stated that it would be helpful for social justice to be more integrated into their formal training in graduate school; One participant even noted that there should be a mandatory course in graduate school about social justice and counselling. The participants explained that having more education and training would help them to have a more explicit understanding of the ways that social justice can be integrated into counselling practice. As one participant explained:

I think that it is really important that people really understand what the social challenges are, and all the different ways that people are marginalized and oppressed. Counselling isn’t just about sitting in your office. You have to be willing to go out into the community to meet people where they’re at.
Another participant suggested that doing a practicum that focuses on social justice might be very helpful as it would help new clinicians learn more about how social justice principles are integrated into practice. She stated that:

I learned about this [social justice] just from working, from experience. I didn’t have--I didn’t get it in university. So, I think there needs to be more opportunity for students to be involved in practicums to actually get out into the work and actually see what’s going on in practice.

**Systematic Change**

37.5% of participants identified four wish list items related to systems/policy change. The participants reported that based on their experiences of working with clients on the front line, they are continually frustrated with some of the systemic barriers that their clients face, and they would like to see these things addressed through policy.

One participant reported feeling especially frustrated by Canada’s immigration policies, as mentioned in the hindering factors section. When asked what she would change about Canada’s immigration system she stated:

The point system is wrong, like why would you give somebody points for an education that you don’t recognize? So either you have to say okay this is the way it is we’ll give you points for this, but you have to realize that when you come to Canada your education will not be recognized. Or, we have to be able to have a way of testing that knowledge. There has to be easier ways than people retaking their education, because the basis of a lot of educations are the same. You know, accounting, like I mean, the principles of accounting whether they’re here or some other country have to be the same or even engineering. You know the principles
are the same maybe the building codes are different, so okay so test them in some easier way than making them jump through all of these hoops. Physicians, I mean the whole range, but there has to be an easier way for them. Maybe the Canadian government needs to do it before they come to Canada, um, check their transcripts to see the equivalency. Or well, maybe they need to be able to do some kind of practical test where they can test their skills. And then if there is some upgrading that they need to do, give them a period of time and that will allow them to work as an apprentice or an intern kind of thing so that they are integrated, rather than just saying oh sorry if you want us to recognize this you need to go back to law school, or you know medical school or whatever it is.

Another participant stated that he would like to see policy added regarding improving relationships. This participant works with families, couples, and individuals as a psychologist for the Ministry of Children and Family Development. He stated:

I don’t see anything in public policy for improving relationships, and yet, we know that improved couple relationships can improve families and can improve the lives of children, right. And some of it is so basic. Couples communication is so basic, yet even couples with pretty good skills lose it and need that kind of support and refresher. And it surprises me that a ministry like the one that I work in doesn’t kind of seize this and make it a bigger priority. We do prenatal stuff, but even there we don’t venture into what’s the nature of the relationship that the couple has. And I know that there are other ways to have children without having two adults to do it, but that’s the major model still. Doing stuff like massive injections of prevention work around couples’ relationships would make even the
dissolution of relationships much more feasible. I’ve seen that with a lot of folks who have been through couples counselling courses where they decide not to stay together but they are able to handle the parting in a much more civil and less destructive way.

Another participant, who works in mental health and addictions, spoke of her frustration with “the system”. She stated that her client’s are not able to access support for as long as they need it. She said:

We need a system that is, that provides the same thing as that good enough mother, that provides consistent, continuous um, support until they can go. Not band aid support but a system that’s going to continually help them find their own agency. That’s huge. That’s a big, big picture.

The participants recognized that policy impacted their clients, and the availability of support at a grass roots level.

**Resources**

37.5% of participants identified four wish list items related to resources.

Resources have been defined as financial, and professional resources that the participants identified could help them to foster the integration of social justice into their counselling practice. Participants identified that having access to financial resources would help them to get additional training. As one participant stated:

What stops me from going to conferences that I'd be interested in going to is there’s never been money, or time. [Training] would make me even more able and even more competent with social justice though.

This seemed to be a common wish list item across participants.
Participants also discussed how additional financial resources would be helpful because it could help fund additional services within the community. One participant discussed that it would be helpful if community-based organizations received more funding, so that they could retain more skilled counsellors, and provide services that meet the specific needs of its community:

So, my wish list would be that some of this like genuine stuff that actually is from people, like on the ground and in the grass roots and in the communities, would be more valid when it comes to people with big funding dollars and big abilities to actually affect change. What usually happens is like big hospitals or all of this stuff gets funded, you know. So my wish list when it comes to stuff like this is that, I guess people would matter and small community organizations would matter and people like me wouldn't have to go and work for a large bureaucracy. I really do my best work in a small community based place but those people can't afford to pay me, or keep me, or train me, and so then I’m sort of like I have to go work with the big, government organizations.

Another participant discussed the need for more therapists, so that waitlists are shorter and services are more accessible to the community. She is one of two therapists on a mental health team and reported that she is constantly advocating within her organization for more clinical staff.

**More Collaboration**

37.5% of participants identified three wish list items related to collaboration. Collaboration has been defined as professionals, both within counselling psychology and other helping professions, working together to create change at the various systemic
levels. Participants appeared to believe that collaborating was an important factor for them in carrying out social justice at the various systemic levels, but that it didn’t happen enough. They acknowledged that collaborating both within and across professions not only helped them to provide services for their clients, but that it played a role in helping them approach social justice issues with more of a united front. One participant explained one of the ways that he feels that collaborating across the helping professions could be helpful for integrating social justice into practice at the societal level:

It would be possible to have enough of a critical mass to generate enough dollars from memberships to be able to speak to various social issues and I know that the College of Psychologists are often consulted by various government ministries to comment on various documents that are being developed, but if we were a bigger mass of all the counselling arts we could speak with one voice on different policy issues, and it could be a force for change, but it also could be a signal to its members about the kind of society that they want to be part of and want to advocate for.

While this participant focused more on the impact that collaboration could have at the societal level, another participant focused on the individual and familial level. She stated that she sometimes has difficulty collaborating with medical practitioners, such as psychiatrists, and feels that it would be beneficial if there was more multi-disciplinary collaboration to support clients.

**More Support for Social Justice within the discipline**

25% of participants identified three wish list items related to having more support for social justice within the counselling discipline. Participants identified that they might
benefit from having a stronger community of professionals that practice within a social justice orientation both within their local community, and nationally. The participants identified that having this support would help them to feel a sense community, and could also support them in doing the work in a safe and ethical way:

[It would drive] that passion and that desire to make the community change but also … because counsellors can really be grounded and level headed at times and they could ask those right questions at the right time. So also being able to ground you and make sure that we’re doing the work in a good, safe, ethical way, right? Another participant stated that if there was more support for social justice within the counselling profession, it might be more feasible to offer free clinical services to community members who cannot afford them:

Another wish list thing I have is the whole idea of probono service – and the championing of probono service. Certainly, lawyers do that in a certain context, like the free law school kind of stuff, and at some level, let’s say it is sort of a marketing thing, but at another level it’s just a public service.

When participants were explaining the potential significance of having more support for SJ within the profession, they reported that they often feel like their practice is outside of the dominant paradigm for therapy. One participant explained:

There are dominant ideas, right? Like, there are these big researched ideas like cognitive behavioural therapy or like things that are quite science-ish, and so it's going to be hard sometimes if like some people, not a lot of people but some people are just really dismissive of something that’s not evidence based or they’ll start a conversation about some topic like I don't know let's say documentation,
with what did the evidence say, what did the research say? What did the “experts” say?

The participants identified that having more openness for social justice within the counselling profession might help them to feel more supported in practising the way that they do.
Chapter Five: Discussion

Research Question

This investigation sought to answer the following research question: How do counselling psychologists successfully integrate SJ into their counselling practice? To answer this overarching research question I investigated three sub-questions: (1) What are the factors that help counsellors integrate SJ into their counselling practice? (2) What are the factors that detract from the effective integration of SJ into counselling practice? and (3) What additional resources might make it easier to effectively integrate SJ into counselling? The purpose of these questions was to gain an understanding of the factors that promote or detract from the successful integration of social justice into counselling. Six counsellors, and 2 counselling psychologists were interviewed and 219 incidents were reported. Incidents were divided into helping, hindering and wish list categories. Through the research process, the incidents reported and the analysis of those incidents these questions were answered.

Theoretical Agreement

Many themes emerged from the findings that should be discussed within the context of the existing literature to insure that there is theoretical agreement. There are no known studies that investigate the helping and the hindering factors of integrating social justice into counselling practice, however, Kennedy (2013) conducted her doctoral thesis on counselling psychologists’ lived experiences of engaging with social justice. She used descriptive phenomenology and interviewed six Canadian counselling psychologists who were known as being leaders within the social justice and counselling psychology realm. In addition, Arthur, Collins, Marshall, and McMahon (2013) carried out a qualitative research study using the critical incident technique in which they investigated the factors
that helped and hindered career development practitioners in addressing social justice issues with their clients. The findings from the current study will be discussed in comparison to these investigations, as well as the other existing literature on social justice and counselling.

**Helping factors.**

Professional identity is informed by one’s values, historical experiences, theoretical perspective, scope and focus of professional activities, and distinguishing features of a particular profession (Calley & Hawley, 2008; Kennedy, 2013). Within the current study, personal factors were identified as being one of the most prevalent helping factors for the integration of social justice into counselling practice. Attitudes, beliefs, values, ways of being, and lived experiences were all represented within this category. A major theme that emerged was the importance of working from a client-directed, transparent, and collaborative model of care. These factors have also emerged in the pre-existing literature as being a significant factor for engaging in social justice within counselling work.

Arthurs and colleagues (2013) found that attitudinal competencies (i.e., being supportive, nonjudgmental, striving for equity, and passionate) played a large role in helping clinicians to practice social justice. Participants identified that these attitudes helped them to develop relationships with clients, and to understand the needs of their clients within the broader social context. In addition, participants reported that working collaboratively with clients, from a strengths-based approach was helpful (Arthurs et al., 2013). Kennedy (2013) also found that having an attitude that values collaboration and strength-based practice has a positive impact on counselling psychologists’ abilities to
engage with social justice.

Within the current study, it was apparent that having a strong sense of self-awareness played an important role in the participants’ abilities to practice social justice. As one participant noted, this awareness was rooted in having a “social lens” in which they could view one’s self and their role as counsellor within the broader social context. Many of the participants identified their own social privilege both personally and professionally. In speaking about this, the participants also identified that with privilege comes a responsibility to “use it for good, instead of evil”.

This sense of responsibility and duty was shared by participants in Kennedy’s (2013) study. As one of her participants stated, “social justice is about using your power and privilege in a way to be in service to others” (Kennedy, 2013, p.80). Not only was social justice identified as a responsibility, but the counselling psychologists stated that it was difficult to conceptualize their professional identity without including social justice: “I know for me personally, it is a large part of my professional identity. Such that it permeates everything that I do, I feel it is central to my professional identity” (Kennedy, 2013, p. 77).

Systematic knowledge is a foundational part of practicing social justice as clients do not exist in isolation from their society, culture or context (Crethar & Ratts, 2008). As Kennedy (2013) put it, one must have a “willingness to have one’s eyes wide open to see all the social and systemic contributors to the suffering of people in our society” (p.87). Within the current study the importance of having systems knowledge, as well as an understanding of community resources was underscored. The participants identified that having systems knowledge helped them to advocate with or on behalf of their clients
most effectively. Further, have an understanding of resources available at the community level helped the participants to network and connect clients to necessary supports. The practitioners in Arthur and colleague’s (2013) study described similar experiences. They reported that networking plays an important role for them in providing referrals and adequate support to clients.

Kennedy (2013) found that experiencing a sense of community and support is a vital part of engaging with social justice. As one of her participants described,

I have found it has been imperative for me throughout my career to find like-minded individuals to support me and encourage me to continue to grow.

Because, as I say, being on this path is not easy sometimes, right? So it means I constantly need to find a community that support that and is like-minded, or I think I would also burn out. (p. 87).

Further, this sense of support was identified as being a “critical way to maintain self care” (Kennedy, 2013, p.87).

In the current study, having the support of colleagues also emerged as an important helping factor. As one participant put it,

I think to do this kind of work well and to sustain it, I actually don’t… like I'm sure maybe there are people who can do it without a supportive colleague or peer or friend group to sort of be always cheering for each other, but I don't know how I could do it without that… like I would lose interest, be absorbed into what is the dominant way of thinking around me I think.

Social justice work can be actualized through the use of advocacy and empowerment with and on behalf of clients at the individual/familial level, the
school/organizational level as well as the community/societal level (Lewis, Arnold, House, & Toporek, 2002). Within this model, community engagement and activism has been identified as a defining feature of social justice and counselling (Constantine et al., 2007; Vera & Speight, 2003). In this study the counsellors and counselling psychologists provided examples of empowerment and advocacy at all of the systemic levels. While the majority of the incidents pertained to working at the micro level with clients, three of the participants spoke passionately about the role that community engagement and activism play in their professional role as a counsellor.

In Kennedy’s (2013) study, she found that the counselling psychologists identified that they also engage in advocacy and empowerment at the various systemic levels. All of her participants identified activism and social justice to be an important part of both their professional and personal identities. The counselling psychologists identified that their community engagement work takes many shapes and forms:

You know, I’m in the Memorial March for Missing Women, and the next day I’m doing a training at the Rape Crisis Centre. I want to be doing the same work; it’s the same work right? One is your unpaid work, and one is your paid work, but there’s things that are the same in terms of being in solidarity with each other.

It is evident that practicing social justice within the role of counsellor requires working within and outside of the confines of the counselling office.

Within the training and education realm, Kennedy (2013) found that social justice training and work in the field of counselling psychology helped the counselling psychologists to engage with social justice more effectively. Her participants explained that having access to a focused social justice education, within the counselling
psychology context helped them to develop skills, language and the framework that they needed to understand social justice and engage with it more explicitly. Similarly, the counsellors and counselling psychologists in the current study identified that education and training helped them to integrate social justice into their practice. They identified that conferences, literature, and formal education all contributed to their social justice competency.

In addition, the foundational counselling skills lend well to carrying out social justice work (Arthur et al., 2013). Arthur and colleagues (2013) found that counselling skills (i.e. responsible caring, active listening, reflection, open ended questions, positive feedback and positive environment), communication skills (i.e. motivational skills, mediation, advocacy, diplomacy, and writing), and intervention skills (i.e. problem solving and interventions) were all identified as being helpful factors for career practitioners carrying out social justice work. These findings are also consistent with Kennedy’s (2013) study, in which counselling psychologists identified that counselling skills paired well with advocacy and empowerment and helped the participants to engage with social justice. Consequently, it is not surprising that participants in the current study identified that counselling skills, communication skills, advocacy and empowerment all helped them to integrate social justice into their practice.

Having a strong understanding of multicultural counselling competency is an imperative part of understanding one’s biases, and practicing ethically (Arthur et al., 2013). Collins, Arthur, Mcmahon and Bisson (2014) remind us that all guidance work is multicultural in some sense because both the practitioner and the client bring their own unique cultural identities and lived experiences to the relationship. Within the current
study, having multicultural knowledge emerged as an important factor in doing culturally respectful and meaningful work within and across cultures. It included providing culturally relevant interventions, as well as having an understanding of the client’s culture and worldview.

**Hindering factors and wish list items**

Counselling psychologists typically work in systems that restrict their scope of practice in terms of funding, agency mandate, support from administrators, and time and resources available (Arthur & Collins, 2013). This seems to be consistent with the current study. One of the most prevalent hindering categories that emerged for participants was imposed models. This category represented counselling goals, models of care, or client conceptualizations that the participants viewed as being imposed on them or their clients by an outside party or system. Participants reported that imposed models of care often stemmed from working within a system in which the medical model is the dominant model of caring. Participants reported that they felt constrained working within imposed models.

Kennedy (2013) found that the counselling psychologists in her study had many experiences of feeling unsupported, but that this varied depending on the workplace:

Depending on the setting in which I worked, I found social justice was more or less important, more or less valued, and more or less relevant to what was expected. And in other places it was everything. It just wasn’t a great fit when I worked places where SJ wasn’t valued. It wasn’t a good fit for me, to keep being myself when there’s sometimes considerable pressure to be different. (p. 85)
Within the current study, many of the participants shared experiences in which they felt like they had to be different, or conform to an organizational culture that didn’t feel comfortable to them. More specifically, the participants had difficulty with organizational mandates or policies that seemed to disempower their clients or themselves. The counsellors and counselling psychologists also identified that a hindering factor was their lack of access to funding or support from their organization to gain specialized social justice training. The participants reported that their employers seemed to view social justice oriented therapies as not holding as much value as empirically validated treatments, such as CBT and DBT. This finding is consistent with others in the literature, which show that social justice activities often fall outside of tenure track and promotion-based systems, meaning that professionals often have to go outside of their job expectations, or paid time to engage in such activities (Beer et al., 2012; Goodman et al., 2004).

Within the study, the participants spoke about the need for additional social justice resources. These things ranged from having more specialized social justice education (i.e. a social justice practicum, a mandatory social justice course in grad school), to having more support from their workplace and the profession as a whole to embrace social justice oriented practice.

Finally, integrating social justice into counselling practice can be difficult work. The participants in this study reported that it can be emotionally draining, especially when they are trying to create change at the higher systemic levels. Participants spoke about the importance of being persistent and not giving up, yet they acknowledged that
they often leave work feeling exhausted, and if they don’t practice self-care they become easily burned out.

This finding is consistent with the literature which describes that social justice can sometimes feel like an additional responsibility, at a time when counselling psychologists are already overburdened (Baluch et al., 2004; Kennedy 2013). Kennedy referred to this category as “the never-ending story” to reflect the ongoing nature of social justice work. The counselling psychologists in her study explained that social justice work is energizing and empowering, yet it can also feel draining and exhausting. As one of her participant’s stated:

Well I have varied over time from kind of, you know, the enthusiastic, passionate, ‘change the world’ kind of feeling to other times when I have been quite angry and distressed at what I’m seeing, and disempowered. So I think I’ve felt the full range of that, in both the sort of micro level and macro level injustices that I see. And that’s varied over time and varied over situations. I would say that I have tried to escape it sometimes, but it keeps coming back (Kennedy, 2013, p.84).

Limitations

It is important to recognize some of the potential limitations of this study. Firstly, the researcher did not define social justice for the participants within the inclusion criteria. Instead, counsellors or counselling psychologists who felt that they were doing well at integrating social justice into their practice were invited to participate. While this was helpful in the sense that it allowed subjects the opportunity to define the context of social justice for themselves, it also meant that there were varying definitions across
participants, which initially made it difficult to compare the process of social justice across subjects.

Another limitation was related to the ECIT methodology. At times, participants had difficulty remembering specific examples of the helping, hindering, and wish list items. While the use of probes by the interviewer seemed to be helpful, one participant suggested that the researcher disclose the methodology of the study prior to the interview to allow participants time to generate examples beforehand.

Another unanticipated limitation was regarding recruitment. Originally, I had recruited 9 participants, however, the ninth had to drop out do to personal reasons. While I reached exhaustiveness at six participants, and no new themes emerged in the following two interviews, Amundson, Borgen, and Butterfield (2014) would have suggested adding an additional interview to satisfy their newest credibility check, which included conducting half again more interviews (nine total) to confirm that exhaustiveness has been achieved. Due to a restricted research timeline, the researcher was unable to continue recruiting and interviewing participants.

A final limitation was with regards to transcription services. The principle investigator used a low-budget transcription company. After receiving the interview transcripts she noticed that the documents were not transcribed verbatim, and she had to re-listen to the audio files and correct the documents to insure that they were accurate. This took a significant amount of time.

Conclusion

Research shows that psychological well-being is contingent on the presence of social justice (Prilleltensky, 1999; 2012), therefore, social justice must be a priority in the
practice of counselling psychology. Over the past ten years there has been an increasing amount of literature written about the importance of integrating SJ into counselling practice (Lewis, 2011), but there appears to be a gap in applied research that explores the factors that promote or detract from successfully integrating SJ into counselling practice.

By using the enhanced critical incident technique (Butterfield, Borgen, Maglio, & Amundson, 2009), this investigation sought to provide concrete examples of ways that counsellors and psychologists are successfully integrating social justice into their practice. Findings revealed that counsellors and counselling psychologists in Canada are integrating social justice into their practice through the use of advocacy, empowerment, and counselling skills at the micro and macro levels. Further, this process is fostered through a number of helping factors. Despite the growing body of literature arguing for the importance of social justice, it appears that counsellors and counselling psychologists still face a number of barriers that hinder the integration of social justice into their work. In order to create more support for this type of practice, additional research is needed on the topic of counselling psychology and social justice. More specifically, it would be helpful to have additional empirical research that investigates the effectiveness of the integration of social justice into counselling practice.
References


enhanced critical incident technique in counselling psychology research.

*Canadian Journal of Counselling, 43(4), 265 - 282.*


*The Clinical Supervisor, 27, 3 – 16. doi: 10.1080/07325220802221454*


intersection of race, class, and gender in multicultural counseling (pp. 285–413).


Appendix A

Recruitment E-mail

Recruitment Letter to Social Justice Counselling Organizations

**Principal Investigator:** Dr. Norman Amundson, Ph.D., Professor, Department of Counselling Psychology within the Faculty of Education at the University of British Columbia (UBC)

**Co-Investigator:** Courtenay Crucil, MA student, UBC

**School:** Department of Education and Counselling Psychology, University of British Columbia

**Project Title:** Community as Client: An Investigation of What Helps and What Hinders the Integration of Social Justice into Counselling Practice

Dear [insert name of person/organization]:

My name is Courtenay and I’m a second year Masters student in the Community Counselling Program at the University of British Columbia (UBC). As part of the requirements for a degree in a Masters of Arts, I am conducting a research study about the factors that promote or detract from the integration of social justice into counselling practice.

I am contacting you to see if (organization) is interested in helping me to recruit participants for this research project. I am hoping to interview a minimum of 15 counselling psychologists who feel that they are doing well at integrating social justice into their counselling practice.

If you would like to hear more about my research, I would be happy to chat with you further. Below I have included a bit of background information about who I am, why I am passionate about this research topic and why I think it is important and valuable for the potential participants. I have also outlined what participation in this research will entail. Please feel free to contact me directly for more information.

**Research Background**

Research shows that psychological health is contingent on the presence of social justice (SJ). Within counselling psychology, SJ seeks to address the social, political, and economic conditions that impede on the academic, career, and personal/social development of individuals, families, and communities. The integration of SJ into counselling practice can play a significant role in promoting change for both clients and communities, however, counselling psychology graduate students report that there is a lack of information and guidance surrounding social justice within their training programs, and the profession as a whole. In an effort to shed light on what it means to successfully integrate social justice into counselling practice, this study aims to gain and understanding of the factors that help or hinder SJ work in counselling.
Who is conducting this Study?

I will be the primary researcher in this study, and I will be working under the supervision of Dr. Norman Amundson at UBC. I’m currently a second year MA student in Counselling Psychology, with a bachelor’s degree in Psychology and First Nations Studies. In addition to my academic training, I have worked in a number of community settings doing youth engagement work and outreach/support work. In my various roles, I have experienced a frustration with the social injustices that some of my clients faced on a daily basis. Despite my best efforts to empower them to engage in self-advocacy, I was struck by the need for change to occur at the higher systemic levels to make our communities more inclusive and safe places for both our clients and our selves to live in. The main goal of this study is to understand the factors that help counsellors to integrate social justice into their work with individual clients, communities and larger social systems.

What is Involved and Methods:

The time commitment for participating in this study is approximately 3 hours. Interested participants (practicing counsellors and counselling psychologists) can reach me at the contact information included below. Once they contact me I will do a preliminary phone or e-mail screening to make sure that they are eligible for the project and that they have a clear understanding of what participation entails. If we both agree to move forward then we will arrange a time to conduct the main interview. The main interview will take between 1.5 and 2 hours to complete. Following the interview, participants will be sent a summary of the data collected in their interview. They will then be asked to verify the data collected, and add any additional information if they would like. This verification process will take an additional hour to complete.

Dissemination of Information, Consent and the Right to Withdraw:

The information I gather will be included in my final thesis and possibly in additional articles that may be published in academic journals. I will also forward a copy of my final findings to your organization, if you are interested. The identities of all participants will be kept strictly confidential and will not be revealed in any of the research findings. Consent to be part of this research is completely voluntary and participants can stop an interview at any time or choose not answer an interview question. Participants are also free to withdraw from the study at any time without explanation.

Contact Information:

Your assistance and support in recruiting participants would be greatly appreciated.
Appendix B

Call-back/ E-mail Recruitment Script

Hello _________________ (potential participant), my name is Courtenay Crucil, and I am returning your call/e-mail regarding your interest in our upcoming study about the integration of social justice into counselling practice in British Columbia. Participating in this project will require about 3 hours of your time; the first interview will take between 1.5 and 2 hours, and the follow-up verification process will give you a chance to confirm the information that you shared in the first interview and add anything else that you might want to add. This verification process will take approximately 1 hour. Do you think that this 3 hour time commitment will work for you?

If No: No problem. Thanks for your time.

If Yes: Okay, great. Do you mind if I ask you a few questions just to make sure that you meet the participation requirements for the study?

- Firstly, I’m wondering if you are a practicing counselling psychologist or counsellor?
- Are you registered with a professional body?
- Do you practice in British Columbia?
- How long have you been practicing for?
- Do you feel that you are doing well at integrating social justice into your practice?

If potential participant does not meet the above criteria:
- (depending on their answers, the following might vary) Thank you for your interest, but we are looking for (the researcher will insert the requirements for that study as needed)........ Thank you very much, we appreciate your time.

If potential participant is a registered, practising counselling psychologist or counsellor in British Columbia, has been practising for at least 2 years, and feels that they are doing well at integrating social justice into their counselling practice:

- Great. It sounds like you meet the participation requirements. As I mentioned before, participation will include an initial interview (1.5 – 2 hours) and a more brief follow-up verification process a few weeks after your initial interview.

Researcher and participant then set up a mutually agreed upon time to meet.
Appendix C: Consent Form

Department of Educational and Counselling Psychology, and Special Education
The University of British Columbia

Title of Study: Community as Client: An Investigation of What Helps and What Hinders the Integration of Social Justice into Counselling Practice

Principal Investigator: Dr. Norman Amundson, Ph.D., Professor, Department of Counselling Psychology within the Faculty of Education at the University of British Columbia (UBC).

Co-Investigator: Courtenay Crucil, MA student, Department of Counselling Psychology of the Faculty of Education at UBC. This research is part of Courtenay’s thesis requirement for completing a Master’s of Arts in the Counselling Psychology Program. Upon completion, the thesis will be a public document that can be viewed through the UBC library.

Sponsor: This study is being funded by the UBC Faculty of Education as well as the Social Sciences and Humanities Research Council of Canada

This is a student led research project. The main goal of this study is to understand the factors that contribute to the successful integration of social justice into counselling practise with clients, communities and larger social systems.

You are being asked to participate in one interview and a follow-up verification. The interview session will take about 1.5 hours and will focus on your experience(s) of integrating social justice into your counselling work. With your permission, the interview will be recorded with an audio recorder and the interviewer will also take notes. The follow-up verification will take approximately one hour and will provide an opportunity for you to review the information that I collect in the first interview and add any additional information if applicable. The verification process will take place over e-mail. I will send you a summary of the data collected from your interview, with any identifying information removed.

The information that I gather will be included in my final thesis and possibly in additional articles that may be published in academic journals. The identities of all participants will be kept strictly confidential and will not be revealed in any of the research findings. All research data, including all audio recordings will be stored in a locked staff office at the University of British Columbia, on a password protected computer. All audio files and paper copies of research data will be permanently deleted after five years of the study being completed. Only the principal investigator and the co-investigator will have access to the research data.
We do not think there is anything in this study that could harm you or be bad for you. Please let one of the research staff know if you have any concerns.

Potential benefits of participating in this study include contributing knowledge to help the counselling psychology profession better understand the factors that help or hinder the integration of social justice into counselling practice.

If you have any concerns about your rights as a research subject and/or your experiences while participating in this study, you may contact the Research Subject Information Line in the UBC Office of Research Services at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598. If you have any questions about the research, please contact Courtenay Crucil or Dr. Norm Amundson.

Taking part in this study is entirely up to you. You have the right to refuse to participate in this study. If you decide to take part, you may choose to pull out of the study at any time without giving a reason.

- Your signature below indicates that you have received a copy of this consent form for your own records.
- Your signature indicates that you consent to participate in this study.

___________________________________________________________
Participant’s signature Date

Printed Name of the Participant

Thank you for your time.
Appendix D

Interview Protocol: Integrating Social Justice into Counselling Practice

Participant #: _______________________ Date: _______________________

Interview Start Time: ______________________

1. **Contextual Component**

   Preamble: As you know, I am investigating the ways in which counsellors have integrated social justice into their counselling practice. This is the first of two interviews, and its purpose is to collect information about the social justice counselling interventions that you have carried out, and the ways in which you were able to be successful in using them.

   a. As a way of getting started, perhaps you could tell me a little bit about what social justice means to you?

   b. You volunteered to participate in this study because you feel that you are doing well at integrating social justice into your counselling practice. What does “doing well at integrating social justice into your practice” mean to you?

   c. What propelled you to integrate social justice into your practice?

2. **Critical Incident Component**

   Transition to Critical Incident questions: ______________________

   a. What has helped you in successfully integrating social justice into your practice?

<table>
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<tr>
<th>Helpful Factor &amp; What it means to participant (What do you mean by....?)</th>
<th>Importance (How did it help? Tell me what it was about.... That you find so helpful.)</th>
<th>Example (What led to it? Incident, Outcome of the incident.)</th>
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   b. Are there things that have made it more difficult to integrate social justice counselling
into your practice? (Alternative question: What kinds of things have happened that made it harder for you to do well?)

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<th>Hindering Factor &amp; What it means to participant (What do you mean by….?)</th>
<th>Importance (How did it hinder? Tell me what it was about…. That you find so unhelpful.)</th>
<th>Example (What led up to it? Incident. Outcome of the incident.)</th>
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d. Summarize what has been discussed up to this point with the participant as a transition to the next question:
We’ve talked about what’s helped you to integrate social justice into your counselling practice (name them), and some things that have made it more difficult (name them). Are there other things that would help you to continue doing well? (Alternative question: I wonder what else might be helpful to you that you haven’t had access to?)

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<th>Wish List Item &amp; What it means to participant (What do you mean by….?)</th>
<th>Importance (How would it help? Tell me what it is about…. That you would find so helpful.)</th>
<th>Example (In what circumstances might this be helpful?)</th>
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3. **Demographic Component**
   
i. Clinical Counsellor or Counselling Psychologist?
   
ii. Education level
   
iii. Number of years in this occupation?
   
iv. What university did you train at?
   
   a. Did this university openly take a SJ orientation to counselling?
   
   v. Where/how did you learn to integrate SJ into your counselling work?
   
   vi. Age
   
   vii. Sex
   
   viii. Country of birth

---

**Interview End Time:** ___________________

**Length of Interview:** ___________________

**Interviewer’s Name:** ___________________