COUNSELLING ABORIGINAL PEOPLES: A THEMATIC STUDY
OF COUNSELLING EXPERIENCES

by

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THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF SOCIAL WORK

UNIVERSITY OF NORTHERN BRITISH COLUMBIA

February 2013

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Abstract

Aboriginal people in Canada have experienced the effects of colonization, oppression, and marginalization. The Federal Government of Canada has formally apologized for the policy of residential schools. Aboriginal people who attended the schools are entitled to compensation and counselling. This research focused on Aboriginal people who attended counselling with a non-Aboriginal counsellor. The research aimed to understand how the counselling process was beneficial and how it might be improved. Following the recruitment and interviews of nine participants, four themes emerged, which revealed the different aspects of counselling experiences. Theme one examined the benefits of the counselling process, themes two and three identified motivation and level of comfort as playing roles in the counselling process, while theme four identified external factors affecting counselling. Overall, this thesis provides insight into the counselling experience of nine Aboriginal participants who received counselling from non-Aboriginal counsellors. Suggestions for improvements and future research are outlined.
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Acknowledgement

This process has taken me five years to complete, and I would like to thank my supervisor, Glen Schmidt, for his continuous patience and encouragement throughout this long journey. In addition, I would like to thank my committee members, Joanna Pierce and Linda O’Neill, for their support, valuable suggestions, and patience.

To the participants who allowed me to complete my research, I cannot thank you enough. You enabled me to further examine my area of interest, bravely answered questions about your own personal experiences, and hopefully, have had your counselling experiences properly represented throughout this paper.

Finally, I would like to thank my family and friends, who tolerated me for five years, and encouraged me through my procrastination. I would like to thank you for your unconditional love and tolerance. Your continuous support has allowed me to finish this thesis, despite the roadblocks I endured. To my immediate loved ones, your words of encouragement, although not always welcomed, gave me strength and perseverance during the most difficult times. I would also like to thank my son, for his unconditional love, and constant, welcome distractions of either asking for hugs or playing with cars. And lastly, I would like to thank the one who pushed me this past year; without you, I would not have completed this; you are my pillar and my balance. I will forever be thankful of your motivation, support, and love.
Chapter 1: Introduction

I am a Master of Social Work student and have been working in the social services field for the past 10 years. I am also a wife, mother, daughter, sister, and aunt. Family plays a big role in my life and because of this influence, I am an independent, strong-willed female. My area of interest regarding education and career has always revolved around mental health. The psyche, specifically abnormal psychology, has always intrigued me. Due to this interest, I studied psychology and received a Psychology degree in 2003. I also started my employment with a correctional centre as a mental health screener. In this role, I became more interested in working with marginalized populations, leading to my interest in social work and ultimately, Aboriginal populations. I found that the Aboriginal populations I worked with have a culture that is unfamiliar to me and also intriguing; my personal sense of culture is not as strong or dominant in my life. Furthermore, I have recognized that many Aboriginal people have strong family connections, similar to my own, and a profound respect for all members of their community. Despite the great strength that many Aboriginal communities possess, some are plagued by debilitating illnesses, trauma, mental, and emotional disability.

The health of Aboriginal peoples has been extensively studied for the past few decades. For example, the mental health of Aboriginal peoples has been studied due to higher rates of depression, suicide, and substance abuse compared to the non-Aboriginal population (Prince, 1993). However, there has been a shift in focus; the positives of Aboriginal growth and healing are being studied instead of looking at the negatives from numerous years past.

Many Aboriginal peoples have suffered much abuse, emotionally, physically, psychologically, and spiritually, as a result of attendance at residential schools across
Canada. Initially, these schools were thought to “civilize” the Aboriginal peoples in order to assimilate them as Canadians (Shewell, 2004). However, the residential school experience contributed to separation, loss, abuse, trauma, and misery. A formal apology was provided by the Canadian Prime Minister, Stephen Harper, to all Aboriginal peoples affected by residential schools and the abuse in that system:

On behalf of the Government of Canada, and all Canadians, I stand before you in this chamber, so vital, so central to our existence as a country, to apologize to Aboriginal peoples for the role the Government of Canada played in the Indian residential-schools system. (Harper, 2008)

In addition to residential schools, many Aboriginal peoples were historically subjected to trauma through assimilation:

We do not propose to expend large sums of money to give [the Indians] food from the first day of the year to the last. We must give them enough to keep them alive; but the Indians must, under the regulations that have been sanctioned by Parliament, go to their reservations and cultivate their land. They must provide partially for their wants. And therefore, if, by accident, an Indian should starve, it is not the fault of the Government...(Langevin, 1886, c.f. Shewell, 2004, p. 41)

Some Aboriginal peoples continue to experience the cycle of abuse that has continued through the generations, resulting in a need for healing. There are numerous healing centres and counselling options available across Canada, some specializing in Aboriginal healing, trauma, and abuse. In this research, I focused on positive techniques and methods by which a counsellor might improve his or her practice. Specifically, this study sought to explore the counselling experiences of Aboriginal peoples.

Significance of the Research

Colonization and the loss of traditional lands, assimilation, and the residential school experience have resulted in traumatic experiences for many Aboriginal people. Aboriginal people have higher rates of suicide and they are more likely to be victims of violent or
accidental death. Poverty and poor nutrition further increase their vulnerability. These various factors that are closely linked to the experience of colonization and assimilation increase the need for counselling services (CMHA, 2013). The intent of this research is to provide a voice to some of the people who have accessed counselling services.

The potential benefits from this study include information on improving effectiveness in counselling, a better understanding of ethical practice, and identification of areas for further research. In addition, I aimed to understand how Aboriginal peoples benefitted from counselling, in order to incorporate that into my own practice. An increased number of Aboriginal peoples have sought counselling and continue to do so for various reasons, including residential school abuse, alcohol and drug abuse, suicide, as well as mental health disorders. Therefore, in order to benefit Aboriginal peoples and the overall discipline of counselling, this study aimed at identifying ways in which counselling was already found to be beneficial and ways in which counselling practices can be improved.

Conceptual Lens

As the general intent of this thesis was to understand whether Aboriginal peoples benefit from counselling provided by non-Aboriginal counsellors, the theory of Anti-Oppressive Practice was brought into my theoretical standpoint. Oppression is understood as “the domination of subordinate groups in society by a powerful (politically, economically, socially, and culturally) group” (Mullaly, 2002, p. 27). Therefore, anti-oppressive practice aims to change the attitudes and behaviors directed at marginalized groups by challenging the cultural stereotypes, values, and thought patterns that enforce the superior/inferior relationship, and eliminating the institutional patterns, practices, and policies that discriminate against subordinate groups (Mullaly, 2002). Aboriginal peoples have a long
history of being oppressed at every level: personal, cultural, and structural. One of the aims of this research was to examine whether the counselling process is understood and experienced as a positive activity or whether it might be seen as another aspect of oppression and marginalization.

**Purpose of the Study and Research Question**

Many Aboriginal peoples have experienced post-colonial trauma, leading to the use of treatment in the search for healthier lifestyles. As a result, there has been an increase in counselling services, within Prince George alone, with some services specializing in Aboriginal practice and clientele. My interest in this topic also stems from personal experience as I was a social worker for a rural First Nations Band and half of my days were spent in counselling sessions. Therefore, I have critically questioned my own practice and how it might be improved.

The principal research question is; how do Aboriginal peoples benefit from counselling with a non-Aboriginal counsellor? Specifically, the research aimed to explore the experiences and perceptions of Aboriginal people who receive counselling from non-Aboriginal counsellors.

**Definition of Terms**

There are four key terms that needed to be defined; Aboriginal person, non-Aboriginal counsellor, counselling, and cross-cultural counselling. I found it important to identify these terms in order to provide clarity for each term and to avoid misunderstanding or ambiguity throughout the research. I defined an Aboriginal person as anyone who self-identifies as being Aboriginal. However, I do not mean to take away each individual’s identity with this broad definition; therefore, using the definition provided by Aboriginal
Affairs and Northern Development Canada (AANDC), an Aboriginal person is someone who identifies as being First Nations, Métis, or Inuit (AANDC, 2011).

A non-Aboriginal counsellor is a person who does not identify as being First Nations, Métis, or Inuit, and who holds the position of counsellor or counsellor-type role within an organization. Also, the counsellor is of Caucasian decent. Though I acknowledge there are numerous counsellors from diverse ethnic backgrounds, in this study, the counsellors were Caucasian.

According to the Encyclopedia of Canadian Social Work, counselling is defined as,

a social work process involving a professional relationship with a client that seeks to enhance psychosocial growth, usually through the amelioration of some problem or issue in the client’s life related to him/herself or his/her interaction with others, or systemic issues. (Turner, 2005, p. 86)

Cross-cultural counselling is a counselling situation in which the counsellor and client are from different cultures, and possibly of a different race, religion, lifestyle, age, socioeconomic status, sexual orientation, and background (Garner-Pakenham, 2007).

**Overview**

Worldwide, Aboriginal peoples have been subjected to "politics and practices that corroded traditional cultures, distribution of resources, and governance" (Turner, 2005, p.15). For example, within Australia, Aboriginal peoples have been displaced to rural areas to accommodate the building and expansion of metropolitan areas. This results in limited healthcare services and access to resources, due to distance. Consequently, many people suffer poor health and their sense of well-being is also affected (Hooper, Thomas, & Clarke, 2007).
Canada wide, focus has shifted to improving the overall quality of life for Aboriginal peoples as many have been subjected to displacement and colonization, resulting in poor health, mentally, physically, and spiritually, young mortality rates, a general loss of culture, and loss of generations (Prince, 1993). Subsequently, in response to improving the overall health of Aboriginal peoples, health services are becoming more visible (Wieman, 2008), with the focus shifting to culturally appropriate counselling techniques (McCormick, 2008).

Within the province of British Columbia and specifically Prince George and surrounding area, funding has been allocated towards program development and increased general services. For example, the Prince George Native Friendship Centre and Carrier Sekani Family Services have recently received funding for Aboriginal mental health services. There are also many counselling services available throughout the Prince George region that serve a variety of clients, including some companies that focus specifically on trauma counselling, such as Brazzoni and Associates. Due to these numerous counselling services and my own practice as a non-Aboriginal practitioner, I sought to understand the experience of Aboriginal clients in a cross-cultural counselling setting.
Chapter 2: Literature Review

Introduction

Counselling has been studied from different disciplinary perspectives in order to improve practice and increase the benefits for participants. The history of counselling carried some stigma as only individuals with "problems" would seek out the advice of a counsellor (Montgomery, Kunik, Wilson, Stanley, & Weiss, 2010). For example, Sigmund Freud based his psychoanalysis on those who had disruptions of the psyche, resulting in the undeveloped ego, yearnings for the parent of the opposite sex, and other neurotic disorders. In contemporary society, counselling often aims to help people cope with various transitions. The roots of counselling can be traced back to the first decade of the 20th century when the vocational guidance movement helped immigrants and migrants from farms to factories adapt to the modern industrial era (Savickas, 2007).

With regards to the practice of counselling, there are theories that contribute to and derive from the actual practice. For example, some practitioners follow the work of Adler and some follow the work of Beck, while some practitioners take ideas and theories from a variety of sources and integrate them into their own practice. This integration of ideas is found to be most beneficial for clients and counsellors alike as it disposes of a singular way of practicing, which some researchers regard as unethical (Hansen, 2010). Because humanity, the human psyche, and human behavior are so diverse and complex, it is impossible for one theory to apply to all of humanity. Therefore, counselling practice should derive from a variety of sources in order to benefit the individual (Fall, Holden, & Marquis, 2004). Furthermore, in order to practice with the client's best interest in mind, counsellors are "to continually re-examine their core assumptions and re-describe their work, so that the
ideologies that guide the counselling process continue to evolve, thereby expanding the horizon of possibility within the helping encounter” (Hansen, 2010, p.106).

With regard to counselling with Aboriginal peoples, the majority of the research is based on cross-cultural counselling, cultural competency, and effective methods of counselling. In the few articles that examine specific counselling methods with Aboriginal populations, the focus is on relationship building, communication styles, and the ability to learn (Glauser & Bozarth, 2001; McCormick, 1998; McCormick, 1997a; Morrissette, 2008). Although these concepts are important within any counselling relationship, cultural competency contributes to a more effective practice. The concept of cultural competency will be discussed along with counselling, cross-cultural counselling, relationship, outcome and effectiveness, current challenges, and a critique of the literature.

What is Counselling?

There is a number of definitions of counselling, and each definition is based upon the culture or profession where the practice takes place. Savickas (2007) provides a general definition saying that counselling concentrates on the daily life adjustment issues faced by reasonably well-adjusted people as they cope with things like career transitions and personal development. As stated by Savickas, (2007), in Canada, “counselling psychology is the fostering and improvement of normal human functioning by helping people solve problems, make decisions, and cope with stresses of everyday life” (p. 183). According to the British Association for Counselling and Psychotherapy,

Counselling is an action performed on a one-to-one basis or with several individuals at once, focusing on: personal growth, support during crisis situations, psychotherapeutic assistance, problem solving. The main purpose of the counselling effort is to provide for the client the opportunity to explore, discover and clarify ways for efficiently using resources — his/her own, family resources, community resources. ... Therefore, an essential feature of
counselling is that of *facilitating* understanding change, acceptance of new situations, overcoming dramatic moments, personal integration and growth. (Soitu, 2008, p. 130)

With regards to counselling and social work practice specifically, a social worker is expected to model the profession appropriately and not behave in any way that would harm vulnerable populations (Clark, 2006). Furthermore, social work involves modeling ways of life in addition to providing counselling for harmful or morally problematic issues; the requirements of the role also involve demonstrating a virtuous character (Clark, 2006). Social workers are also required to follow a code of ethics in order to ensure they practice to the highest standards.

Examining counselling from a different professional background, counselling psychology appears to utilize different approaches, or methodologies, that primarily focus on the therapeutic alliance and aim to change cognition (Brown & Corne, 2004). Despite the approach, both technique and therapeutic alliance are recognized as being intrinsic parts of the therapeutic process.

The overall goal of counselling is to assist in improving the individual’s situation. Counselling is no longer stigmatized to the degree it was when first developed (Lynch, Vansteenkiste, Deci, & Ryan, 2011). Furthermore, after pooling the studies of researchers in the area of the helping professions, results showed that therapy is helpful to the majority of clients; most people achieve some change relatively quickly in therapy; change is more associated with common factors as opposed to specific factors with therapies; therapies achieve similar outcomes; and, the relationship between the therapist and the client is the best predictor of treatment outcomes (Egan, 2007).

**Cross-Cultural Counselling**
Cross-cultural counselling is defined as a counselling situation in which the
counsellor and client are from different cultures, and possibly of a different race, religion,
lifestyle, age, socioeconomic status, sexual orientation, and or background (Garner-Pakenham, 2007). Due to being from different cultures in the counselling relationship, the
counsellor and client are likely to have different perspectives, views, values, communication
styles, and opinions of society and the world in general. In order for cross-cultural
counselling to work effectively, the counsellor and client must be able to communicate so
that there is mutual understanding (Leong & Wagner, 1994). It is important to note that
cross-cultural and multicultural counselling is different. Cross-cultural counselling is defined
as referring to the counsellor and client being from two different cultures; whereas,
multicultural counselling is when numerous cultures are involved (Leong & Wagner, 1994).

Why the need for cross-cultural counselling?

There is a growing body of evidence that patients who are culturally or
ethnically different from the mainstream are at a higher risk of experiencing
adverse health events that might have been prevented if it had not been for the
language or cultural difference. (Walker, Cromarty, Kelly, & St Pierre-Hansen,
2009, p. 12)

Furthermore, researchers identified that there are numerous patient safety risk factors,
including linguistic and cultural issues, medical literacy, programme or practice issues,
contextual or structural issues, systemic issues, genetics, and racism/discrimination (Walker
et al, 2009). For example, with regard to linguistic issues, working with cross cultural clients
creates the potential for miscommunication, misunderstanding of symptom descriptions, and
therapeutic intervention as well as limitations in language, idiom, vernacular, and non-verbal
communication (Walker et al., 2009). Identified cultural issues included the potential for
misunderstanding the cultural context of the presenting pathology; the challenge of
implementing a prescribed course of action in the face of contradictory worldviews, values sets, norms, and more (Walker et al., 2009). Finally, to highlight racism/discrimination, cross-cultural patient risk factors were identified as the manifestations of bigotry, prejudice, or intolerance that result in the differential provision of services as a result of ethnic or racial factors (Walker et al., 2009).

With regard to accessing counselling, researchers have demonstrated that different ethnicities face difficulties when doing so. Examples of these barriers include: differing class and cultural values, differing languages between counsellor and client, the stereotyping of clients, encapsulation, client reluctance and resistance, differing worldviews, negative labeling, and lower socioeconomic status (SES) (Baruth & Manning, 2007). Medical literacy was also found to be a barrier for cross-cultural clients due to a number of factors: native languages do not include medical or related terminology; cultural or ethnic variation in access to and use of medical services impact on the effectiveness and outcomes of those services in reaching diverse populations; and, patients are unable to navigate the system due to lack of familiarity (Walker et al, 2009). Unfortunately, research has shown that individuals who are of low socioeconomic status suffer more from psychological disorder compared to the rest of the population (Atkinson, Morten, & Wing Sue, 1993). Furthermore, it has been noted that the negative effects of poverty, which include anxiety, depression, low self-esteem, aggression, poor school achievement, and loneliness have been documented for various ethnicities (Atkinson et al., 1993). Scheduling and keeping of appointments is an example of a difficulty that keeps someone with low SES from attending counselling. To further explain, it is very difficult for an individual who struggles with food and shelter to
make an appointment with a counsellor and be expected to show up for the appointment three weeks down the road.

Different types of counselling, or therapy, appear to work within cross-cultural counselling. Filial therapy and Cognitive Behavioral Therapy (CBT) were found to be beneficial when counselling clients from different ethnicities. For example, researchers have found that CBT focuses on the present and changing the individual's current thought process, while also challenging the individual to focus on his or her immediate environment and what he or she can control (Hays, 2009). In addition, researchers have shown that CBT with minority populations holds great promise for expanding the relevance and effectiveness of psychotherapy (Hays, 2009). To summarize, the goal of CBT is to eliminate clients' self-defeating outlooks on life by assisting them to acquire more tolerant and rational views through a process of recognizing their negative thoughts, how they maintain these thoughts, what they can do to undermine this thinking, and how they can teach themselves new ways of positive thinking (Corey, 2009).

Filial therapy was found to be promising for cross-cultural clients as it is both a therapeutic intervention and a preventative approach (Garza & Watts, 2010). Filial therapy, like many family interventions, is an approach that aims to improve relationships between parent and child. Parents are taught to respond to their children on an emotional level with the potential result being that the parent is the therapeutic agent for the child (Garza & Watts, 2010). Furthermore, within this technique, positive behavioural or symptomatic changes result from a changed parent-child relationship instead of from specific problem-focused strategies (Garza & Watts, 2010). What makes filial therapy unique is that it recognizes the importance of the emotional significance a parent has to a child, and therefore, instead of the
therapist being in the therapeutic role, the parent takes this on utilizing the bond between the parent and child.

Another aspect of filial therapy that has enhanced its effectiveness with cross-cultural counselling is that it utilizes a support group format. Many different cultural groups place great value on family. Therefore, filial therapy utilizes a support group format that focuses on relationship building within the family dynamic. Overall, studies have shown that filial therapy strengthens parent-child relationships as demonstrated by increased parental acceptance, decreased parental stress, and decreased problematic behaviors from children as reported by their parents (Garza & Watts, 2010). Filial therapy has been used effectively with Chinese, Israeli, Korean, and Native American parents (Garza & Watts, 2010).

When working with Aboriginal clients, cross-cultural counselling plays a very important role. McCormick (as cited in Parrish, 2008) found that Native Americans underutilize mainstream health resources, citing a lack of understanding of cultural and social issues indicative of the Aboriginal experience by these majority-facilitated programs. Furthermore, researchers have suggested that many Native Americans hold hostile and suspicious views of White people, so anger is a common emotion in counselling experiences (Heinrich, Corbine, & Thomas, 1990). In order for counselling sessions to reoccur and be positive, counsellors need patience, understanding, acceptance, flexibility, and they must be comfortable with long pauses in conversations, lack of eye contact, using the Native American family as a resource, and facilitating group work rather than individual work (Heinrich et al., 1990; Herring, 1990). Counsellors will also need to work with the Aboriginal client in order to gain their acceptance, trustworthiness, and respect, demonstrate patience, and bring humour into the sessions (Garrett & Garrett, 1994). Garrett and Garrett
(1994) make the following additional recommendations: ask permission whenever possible and always give thanks; never interrupt; be patient; use silence whenever appropriate; use descriptive statements rather than questioning; model self-disclosure through anecdotes or short stories; and, make use of metaphors and imagery when appropriate.

The post-colonial history of Aboriginal peoples includes many negative experiences. In order for counsellors to properly engage Aboriginal peoples in counselling sessions, counsellors should understand their post-colonial history. Unique problems that many Aboriginal peoples face in current society include cultural conflict, language differences, poverty, educational deficiencies, high suicide rates, alcoholism, and drug involvement (Herring, 1990). In addition, they are also subjected to historical trauma, which includes assimilation, colonization, marginalization, and residential schools (Herring, 1990). Therefore, the counselling of Aboriginal peoples is intricate and complex. It is suggested that counsellors become more knowledgeable of Aboriginal culture through a variety of means, including visiting Aboriginal communities, museums, and cultural centres, speaking with Aboriginal peoples, especially Elders, attending cultural activities including powwows, dances, and potlatches, and becoming familiar with the literature (Heinrich et al., 1990).

Overall, cross-cultural counselling is a component about which counsellors should become knowledgeable as people from all cultures are attending counselling. Despite the fact that 55% of Aboriginal people did not return for subsequent counselling sessions following initial contact in a Seattle-based study, many Aboriginal people seek out appropriate counselling (Heinrich et al., 1990). In order for these counselling sessions to be somewhat successful, counsellors need to become more versed and comfortable with Aboriginal peoples’ history and culture.
With specific regard to Canada, there is no national Aboriginal mental health strategy (Maar, Erksine, McGregor, Larose, Sutherland, Graham, Shawande, & Gordon, 2009). Furthermore, there is not extensive information about cross-cultural counselling specifically, but there are a few articles regarding Aboriginal counselling techniques. For example, it was noted that using a non-Indigenous approach when working with Aboriginal clients may cause further oppression as the client's history or culture may not be included in the counselling sessions (Stewart, 2009). In addition, psychologists and practitioners should not and cannot be bound by one method of counselling because “culturally different clients bring diverse contexts and histories into counselling” (Stewart, 2009, p. 64). Therefore, in order to provide effective counselling to Aboriginal peoples, non-Aboriginal mental health professionals should take the collaborative approach by focusing on the transfer of knowledge, skills, power, and authority in order to break down barriers and transcend limitations (Kirmayer, Simpson, & Cargo, 2003).

An effective means of improving Aboriginal counselling methods is through capacity building and education (Maar et al., 2009). The Knaw Chi Ge Win team, a mental health team that consists of mental health professionals and traditional healers located on Manitoulin Island in Northern Ontario, was found to be very beneficial to Aboriginal clientele as they incorporated both the medical and traditional model of healing. Furthermore, this Aboriginal community-based collaborative care has resulted in several benefits to their community’s improved illness care and cultural safety, managed wait times, and reduction in professional isolation (Maar et al., 2009).

Other reported effective Aboriginal cross-cultural counselling methods include a family counselling approach and focusing. Due to family playing a vital role in many
Aboriginal communities, a family counselling approach was found to be very effective when counselling Aboriginal peoples (Stewart, 2009). The counsellor should look to include the family members that play an important role in the client’s life, because support and understanding were found to be significant with counselling and recovery (Stewart, 2009).

Focusing was another method found to be effective with Aboriginal peoples because it is a “humanistic, person-centered approach to healing, which reflects the core values of respect and non-interference” (Thomas & Bellefeuille, 2006). Essentially, it is a self-awareness technique that assists individuals to overcome self-criticism, overcome feelings of dissatisfaction with life and change what can be changed, understand themselves better as an individual including their own feelings, and overcome trauma (Thomas & Bellefeuille, 2006).

**Relationship in Counselling**

In addition to utilizing multiple theories in order to benefit the client, having a relationship is key to counselling. First and foremost, the counsellor has to be an effective ‘helper,’ which is described as being able to discern the human condition (Fall et al., 2004). The counsellor has to be able to adjust his or her own practice to suit the client in order for the client to be comfortable and trusting of the relationship. Specifically, individuals either consciously or unconsciously seek out a counsellor who possesses the “seven C’s: complete, clear, consistent, concrete, current, creative, and conscious” (Fall et al., 2004, p. 11). These seven attributes tend to produce productive counselling sessions. Furthermore, studies have shown that thirty percent of beneficial outcomes can be attributed to the therapeutic relationship, in which the counsellor exerts the most influence (Fall et al., 2004). In addition,
existing literature suggests that the therapy relationship is a key part of the change process, even more so than significant techniques (Johnson & Caldwell, 2011).

When examining the relationship between counsellor and client, there are different aspects that come into the relationship; including personality. For example, one study demonstrated that the clients’ views of the personality and value systems of therapists are most likely to influence the outcome of treatment (Lokare, 1993). Furthermore, both parties, being counsellor and client, bring their own attitudes and beliefs into the relationship, which can either result in a positive, or negative, outcome (Lokare, 1993).

The relationship in counselling develops out of the bond formed between counsellor and client (Sharpley, Fairnie, Tabary-Collins, Bates, & Lee, 2000). The bond can be defined as “the degree of trust and emotional closeness experienced by the client and counsellor, almost identical to rapport” (Sharpley et al., 2000, p. 101). Furthermore, this bond is seen to be of paramount importance, especially if the bond is lacking as it contributes to the fact that half of all clients drop out of treatment or terminate counselling by the fourth visit (Sharpley et al., 2000). In general, if there is no proper bond or relationship developed between counsellor and client, then there will be no therapeutic counselling process.

To further emphasize the importance of relationship, researchers have examined the interaction, describing it as being potentially dynamic, between the helper, or counsellor, and the ‘helpee,’ or the client (Goldin & Bordan, 1999). Furthermore, the act of seeking help from another, who is not a friend or acquaintance, can be quite an embarrassing experience for the client (Goldin & Bordan, 1999). In general, researchers have found that the therapeutic relationship between counsellor and client is the best predictor of a positive
outcome (Smith, Thomas, & Jackson, 2004), and the most helpful aspect of clients’
therapeutic experience (Ward, Linville, & Rosen, 2007).

Relationship is also an important component in effective cross-cultural counselling
(Cole, 2008). Researchers have noted that the therapist-client relationship is paramount in all
therapy relationships and in order for therapists to possess cross-cultural competence, they
should be particularly attentive to relationship factors (Cole, 2008). For example, when
White Americans working with African-American clients were interviewed, they identified
key factors for relationship building, including listening, attending, paraphrasing, asking
open-ended questions, and using accepting nonverbal cues to engage their clients in therapy
(Fuertes, Mueller, Chauhanm, Walker, & Ladany [2002]; c.f. Cole, 2008). Trust was found
to be another key component when working with cross-cultural clients; Kossak (as cited in
Garza & Watts, 2010) found that Hispanic clients are more willing to consider and adhere to
services when they have a sense of being understood and have developed trust in the
counsellor. Other key components of developing culturally responsive treatment include the
importance of understanding one’s family, respect, and personal relationship (Garza &
Watts, 2010).

Specifically, with non-Aboriginal counsellors and Aboriginal clients, the counselling
relationship is built atypically, meaning the counsellor is often the learner while the client is
the teacher (Vicary & Andrews, 2000). The Aboriginal client may teach the counsellor about
his or her culture, the healing process, and importance of family. Research has found that if
the counsellor is receptive to the learning process with the Aboriginal client, the counselling
process is deemed more successful (Malone, 2000; Vicary & Andrews, 2000).
When working with Aboriginal clients, simple methods are found to be most productive (Wihak & Merali, 2003). For example, it was identified that truth, community orientation or familiarity, respect and non-interference, and decision-making were vital to the counselling process (Wihak & Merali, 2003). When the non-Aboriginal counsellor includes these aspects within the sessions, a climate is created where mutual respect and trust is established, enabling the counselling process (Wihak & Merali, 2003).

Researchers found that using complex models of counselling is detrimental to the healing process when working with Aboriginal clients (Cole, 2008; Wihak & Merali, 2003). For example, despite cognitive-behavioral therapy being identified as one of the most successful counselling methods, Wihak and Merali, (2003) suggest that it can discount Aboriginal culture, as it shapes one’s thinking and attempts to change it, which may potentially disregard the cultural beliefs of Aboriginal clients. Non-Aboriginal counsellors are also advised to stay away from other ‘expert’ models of counselling, as these models do not recognize the client as being the expert in their journey, which discounts the client’s ability to learn their best path to problem solving, and can be viewed as generic and discounting individuality and culture (Wihak & Merali, 2003).

Despite limited research regarding the effectiveness of counselling between Aboriginal clients and non-Aboriginal counsellors, comparable to cross-cultural counselling, relationship is key (Howell-Jones, 2005). Furthermore, respect and the counsellor’s ability to learn were also found to be important within the healing process when working with Aboriginal clients.

Another element in conjunction with relationship to be discussed is therapeutic delivery. As noted, there are numerous theories on which counsellors base their practice.
Previously reference was made to CBT as an effective form of therapy. In addition to its useful cross-cultural application, it has been shown to work effectively with a range of issues that people may present with when they seek counselling (Hagen, Wong-Wylie & Pijl-Zieber, 2010; Wihak & Merali, 2003). Following CBT, existential theories, psychodynamic, person-centered, and system approaches theories are then identified as being utilized within the counselling profession (Fall et al., 2004). Cognitive behavioral therapy, found to be most effective with anxiety, depression, and other psychological issues, relies on the combined use of cognitive therapy and behavior therapy (Montgomery et al., 2010). Cognitive therapy focuses on identifying and changing problematic thoughts and beliefs while behavior therapy uses techniques derived from behavior principles of classical and operant conditioning and works to change the behavior associated with the negative thoughts (Montgomery et al., 2010). For example, a treatment plan utilizing CBT for depression would entail a present centered, goal oriented, and time limited approach. In addition to CBT, medication is also found to be beneficial to the client when depression or anxiety disorders are the issue. However, when combining medication with CBT, they appear to be approximately 15-20% more effective than either therapy or medication alone (Hagen et al., 2010). Therefore, it is not uncommon for those in counselling to be attending both sessions and taking medications in order to improve their situation.

**Outcome and Success in Counselling**

Measuring the outcome(s), or success of counselling, is difficult to examine, as the result is often based on self-reports by clients. However, data indicates that the level of alliance between the counsellor and client is a major, if not the major, determining influence on clients deeming counselling as successful (Sharpley et al., 2000). Tom Morris (1994),
author of *True Success*, defined numerous conditions for a client to achieve success, which include the following: determining what one wants, focus and concentration in preparation and planning, self-efficacy, a commitment of emotional energy, being consistent and persistent, possess integrity, and a capacity to enjoy the process of getting there (c.f. Egan, 2007). He further outlined that the role of the counsellor is to help clients engage in these internal and external behaviors in order to accomplish their goals (Egan, 2007).

Ultimately, a successful counselling outcome is decided by the client. What clients deem to be successful is whether time, resources, or amount of money spent were beneficial to their development (Glauser & Bozarth, 2001; Leibert, 2006). In addition, adjustability, accomplishment of goals, and the ability to work through powerful thoughts and feelings, were all seen as success in counselling (Boulton, Boudini, Mossman, Moynihan, Leydon, & Ramirez, 2001; Deb & Mukherjee, 2011; Krumboltz, 1965). Overall, the client’s ability to resolve the issues in his or her life is deemed to be the basis of a positive outcome or successful counselling resolution.

Researchers found that two common variables, the therapeutic alliance and the patient’s emotional experience, were related to improvement throughout the counselling process (Asay & Lambert, 1999). Furthermore, it was estimated that about 70% to 80% of outpatients in counselling show significant benefits resulting from a wide range of therapies that use a variety of techniques (Asay & Lambert, 1999).

**Current Challenges**

Substance misuse is a serious problem for Aboriginal people within Canada, the United States, and Australia (Okoro, 2007; Parker & Ben-Tovim, 2002; Schlesinger, Ober, McCarthy, Watson & Seinen, 2007; Stillner, Kraus, Leukefeld & Hardenbergh, 1999;
Taylor, 2000; Waldram, 2004). Furthermore, it is argued that Aboriginal peoples are more susceptible to the adverse effects of alcohol, more likely to consume alcohol at a young age, more likely to die from the effects of alcohol, and have higher suicide rates (Okoro, 2007; Parker & Ben-Tovim, 2002; Schlesinger et al., 2007; Stillner et al., 1999). Studies have demonstrated that Aboriginal peoples, compared to non-Aboriginal peoples, consume more alcohol overall, engage in more destructive and violent behaviors, and have higher comorbidity rates with other psychiatric disorders (Waldram, 2004). Therefore, the need for substance abuse counselling is critical.

Suicide rates among Aboriginal populations are devastating, especially in the United States, where Aboriginal youth have suicide rates 2 to 3 times higher than the national average (Strickland, Walsh & Cooper, 2006). In Canada, it is estimated that the suicide rate is 29:100,000 for Aboriginal peoples compared to 13:100,000 for non-Aboriginal peoples (Niezen, 2008). Researchers have demonstrated that substance abuse, loss of identity and self-esteem, separation from family, psychiatric disorders, relationship difficulty, low levels of education, and low socio-economic status are recognized as contributing to suicide (Alaghehbandan, Gates, & MacDonald, 2005; Kirmayer, Tait & Brass, 2000).

In Aboriginal communities across Canada, there is a high incidence of mental health problems; associated factors include substance abuse, loss of culture, separation, environmental issues from large-scale resource extraction, and displacement (Kirmayer et al., 2000; Niezen, 2008). The Aboriginal population also has high rates of chronic illnesses and other conditions, including tuberculosis, diabetes, and heart disease (LeMaster & Connell, 1994). It is argued that in order to improve Aboriginal mental health, culture needs to be promoted, as it provides a balance to one's life by focusing on the individual's mental,
physical, psychological or emotional, and spiritual state; "concepts of balance, connectedness, spirituality, nature, ceremony and [of course] culture are all important aspects of healing for Aboriginal peoples" (McCormick, 2008, p. 608).

Critique of Literature

The research on cross-cultural counselling contributes largely to the literature regarding counselling with Aboriginal clients and non-Aboriginal counsellors. A key factor of cross-cultural counselling is relationship, how to build it and maintain it. When delving further into relationship building and maintenance, frequent discussions occur around respect, communication, and cultural awareness. The counsellor must be prepared to use approaches that do not always fit the traditional one-to-one counselling format. These approaches may include family members, feasts, and other cultural aspects.

Though much of the research discusses relationship and communication, there is a variety of counselling interventions discussed and yet, no one specific intervention is defined as being the "go-to" method. For example, a number of studies discuss the variety of methods to use for counselling, including cognitive-behavioral therapy, filial therapy, client-centered therapy, psychoanalysis, and so on. Ideally, it would be beneficial for counsellors to have a core method to build from, but then that would be painting the clients with the same brush and viewing all problems and solutions as being fixed with one therapy. Other methods within Canada that were found to be beneficial include combining traditional and medical models, utilizing family counselling, and focusing. Despite these varieties of cross-cultural counselling techniques, Aboriginal peoples "need to refine professional training to make it more holistic, more grounded in Aboriginal experience, and more relevant to Aboriginal circumstances" (Canada RCAP, 1996, c.f. Thomas & Bellefeuille, 2006).
Summary of what is known and unknown about Aboriginal counselling provided by a non-Aboriginal counsellor

Although there is much information regarding cross-cultural counselling, with specific focus on counselling with Aboriginal peoples, there is a lack of information discussing the benefits of counselling with a non-Aboriginal counsellor. Many of the articles discuss ways to be culturally sensitive, how to improve communication, and specific cultural attributes that differentiate cross-cultural clients from their counsellor. For example, many articles discuss trust and communication as vital to having a strong counsellor-client relationship and yet, there are no studies that touch on whether the counsellor’s ethnicity has anything to do with the success of the treatment.

When examining the success of treatment, it varies with each individual. Specifically, when working with cross-cultural clients, the willingness to learn is an important aspect to the counselling relationship. Furthermore, respect, adaptability, and atypical practices are also important. However, there is no set method for cross-cultural practice; instead, there is a variety of methods identified as adaptable to the individual and his or her process through counselling. For example, one study describes how even making appointments weeks in advance creates barriers for clients (Atkinson et al., 1993). Therefore, flexibility plays a vital role in the counselling practice.

The overall goal of this thesis is to provide further insight into counselling methods or approaches that may be effective when working with Aboriginal people. While conducting the research, I found a variety of methods for cross-cultural counselling, and the importance of developing a good relationship was a common consideration (Cole, 2008; Howell-Jones, 2005; Vicary & Andrews, 2000; Wihak & Merali, 2003). Furthermore, communication, trust,
adaptability, humour, and eye contact were all discussed as playing a role in counselling. However, I am hoping that this study will give a voice to Aboriginal clients and what they believe is required to improve their counselling experience. I am also seeking suggestions for contributing to cross-cultural counselling and future research.
Chapter 3: Methodology

Qualitative Introduction

This research identified and explored effective counselling methods in working with Aboriginal peoples; a qualitative approach was selected. Qualitative research usually relies on induction, in which the proponent "reaches conclusions by reasoning or inferring from general principles to particulars" (Mauch & Park, 2003, p. 18).

Qualitative research requires the researcher to engage with the person or participants being studied, their events and ambience, in order to get a better understanding of the overall topic being studied (Mauch & Park, 2003). Therefore, I engaged with the participants during the interviews, through questions and discussion, while attempting to understand their overall experience.

Another aspect of qualitative research is that it takes place in natural settings, unlike quantitative research, where the settings are controlled (Mauch & Park, 2003). Therefore, the interviews occurred at the participant's place of choice, in which he or she felt most comfortable. During the recording of these interviews, I took notes about the setting to ensure that all components of the interview process were recorded.

My sample size consisted of nine participants, which is consistent with qualitative research as it tends to deal with small sample sizes (Mauch & Park, 2003). For this study, a small sample size enhanced the study because it allowed for individuality of the participants, proper description of the general ambience, and clarity of the themes that arose. In general, the small sample size provided further quality and description as the data was not lost in a large number of participants, different themes, or results.
This thesis was based on qualitative research because the research aimed to develop a detailed description. I sought to better understand how Aboriginal peoples experienced counselling with non-Aboriginal counsellors and how they thought counselling could be improved; I analyzed the data using thematic analysis. Thematic analysis is a method for identifying, analyzing, and reporting patterns or themes within the data (Braun & Clarke, 2006). It organizes data and describes the overall data set in rich detail (Braun & Clarke, 2006).

When conducting thematic analysis, I could have used either inductive or theoretical thematic analysis. For the purpose of this thesis, I utilized inductive thematic analysis, in which the themes identified are strongly linked to the data and are considered data driven (Braun & Clarke, 2006). I conducted the research in order to collect data and examine whatever themes emerged. The thematic analysis was data-driven as the data was processed without any predetermined notion to fit the data into a pre-existing coding scheme (Braun & Clarke, 2006).

Thematic analysis is a step-by-step process that begins during the initial interview and ends with the reporting of the content and meaning of patterns or themes within the data (Braun & Clarke, 2006). Furthermore, thematic analysis is not a linear process but a recursive one, with movement occurring back and forth through the set-by-step process, in order to uncover the themes and patterns that emerge (Braun & Clarke, 2006). Therefore, I utilized thematic analysis and its step-by-step process in order to uncover the common themes that my participants discussed throughout the interview process. My goal was for these themes to identify ways in which counselling had been beneficial while also identifying methods of improving the counselling process.
**Ethical Concerns**

Confidentiality and anonymity played important roles in this research. Due to the revealing nature of the interview questions and possible responses, each participant was assured that his or her identity was kept concealed and no revealing factors were associated with this thesis. All participant information was anonymous with no identifying information included on the transcripts. Data was compiled as a composite of information with no individual identifiers attached. Signed consent forms were stored separately from transcripts (Appendix F). In addition, all recordings and transcriptions were stored in a locked cabinet in my home, and will be destroyed no later than two years following the completion of this thesis. My supervisor and I are the only ones to have access to the complete research data; I also had a graduate student look at the coding scheme for validity purposes. This graduate student was given copies of four pages from four different interviews; no identifying factors were present, and her role was to validate whether my coding captured what the participants were stating. I assured each participant that the interviews were only heard and transcribed by myself, further ensuring the anonymity of the participant. The only identifying characteristic for each participant was the name chosen by him or her for the purpose of this research. Essentially, each participant has the right to confidentiality of information shared for the purpose of this thesis (CASW, 2005).

When working with Aboriginal populations, it is vital to reinforce and respect the cultural values held by Aboriginal peoples, organizations, and communities (GEAR, 2010). Therefore, in order not to further exploit each participant, I followed the Aboriginal Ethical Research Guidelines, which are based on the seven grandfather teachings of respect, wisdom, love, honesty, humility, bravery, and truth (GEAR, 2010). Being a non-Aboriginal
researcher, I wanted to ensure that the participants were treated ethically before, during, and following the interview process in order to maintain cordial relations and to avoid causing any harm. This was accomplished through informed consent, awareness of my personal practice and language, unbiased discourse, and ethical treatment of the individual and their overall involvement in this study.

**Recruitment of Participants**

In order to recruit participants for this study, information sheets were placed at Aboriginal organizations around the city of Prince George. Prior to putting up information sheets, I met with the executive directors of the organizations in order to explain the purpose of the study and to get permission to post the information sheets; these sheets described the goal of the study, the interview process, and whom to contact if any questions arose.

Once the participants contacted me, we arranged a place to meet suggested by the participant in order to ensure that he or she was completely comfortable with the location. The meeting began with me providing an information letter about the study and whom to contact if there were any further questions. I explained the research process and answered questions if anything was unclear. Each participant was also given an alias in order not to be identified when the study was analyzed, transcribed, and completed.

**Consent**

In addition to the information letter provided to each participant, a consent letter was provided, signed by the participant, and returned to me. In order for the participant to sign the letter, he or she had to understand what informed consent was, which was explained. I informed each participant about the overall purpose of the study and the main features of the design and discussed any possible risks and benefits from participating in the research
project (Kvale & Brinkmann, 2009). Furthermore, informed consent involves obtaining the voluntary participation of each participant and informing him or her of their right to withdraw from the study at any time without repercussion (Kvale & Brinkmann, 2009). For the purpose of this study, in order to participate, each participant was 19 years of age or older. They also had to read and understand the informed consent form and be coherent during the interview process.

Interviewing

Participants were recruited for interviews through information posters. When meeting at the participant’s place of choice, the interview process was explained, including the audio-recording and taking notes throughout the process. Each participant was assured that he or she could talk as much, or as little, as they wished.

The interview was semi-structured and followed a set of questions but allowed for elaboration and additional information by the participant. When each interview concluded, each participant was provided with a gift card in exchange for their participation. Also, a list of available counselling agencies within the city of Prince George was provided. I encouraged the participant to call me, my supervisor, or the Research Ethics Board if they had any questions about the interview process.

Demographics

The participants varied in age but each individual was 19 years of age or older. Of the nine participants, four were female and five were male. Each individual participant identified him or herself as Aboriginal and had either attended counselling in the past or was currently attending counselling.

Data Analysis
Following the completion of the interviews, I transcribed the interviews in order to conduct thematic analysis. As mentioned previously, I utilized inductive thematic analysis and therefore, the research was data driven. I carefully transcribed each interview and, following the completion of each transcription, I re-listened to each interview and compared it to the transcription in order to confirm each interview was transcribed correctly. Following the transcribing, I analyzed my notes that were taken during each interview and compared them to the transcriptions and noted any interesting occurrences. I read and re-read each transcript to see if any themes were similar; this occurred approximately five times in order to accurately conduct thematic analysis. Following this process, I reported on the common themes and discussed the themes that emerged. I aimed to have the participants review their transcripts and provide further input, but this was not possible as many participants were unavailable. Instead, a fellow graduate student reviewed my coding and provided me with feedback. This student was chosen due to her experience as a counsellor and social worker; she was a fellow student who began graduate school with me, taking many of the same courses. I was able to ensure she followed ethical practice by removing all identifying features prior to her reviewing the transcripts; she confidentially reviewed the transcripts and coding, provided feedback, and shredded the copies of transcripts following her input.

**Coding Process**

The coding took place over the course of a few weeks. During this process, I read the transcript of each interview at least five times in order to analyze what each participant was saying and wrote notes that accompanied the statements of the participants. Following the completion of note taking, similar concepts were grouped together and assigned codes. I then read through each of the interviews and applied the codes to the appropriate sections. In
order to further emphasize the different codes, I color-coded them. A fellow grad student reviewed my coding for consistency; no identifying information was contained in the transcripts read by the fellow graduate student. After receiving confirmation from her, I continued color-coding the interviews and counted the codes to determine which codes were most prominent; this resulted in the construction of different themes. The categories the codes fell into were restrictive and provided support for the different subthemes that emerged. In total, four themes emerged from the coding, with eight subthemes.

**Evaluation of the Study**

When evaluating this study, validity is key. Validity is understood as the truth, the correctness, and the strength of a statement (Kvale & Brinkmann, 2009). It also ensures that I am studying what I say I am studying. This validation is done through a number of steps, including thematizing, designing, interviewing, transcribing, analyzing, validating, and reporting (Kvale & Brinkmann, 2009). Essentially, the “validation rests in the quality of the researcher’s craftsmanship throughout an investigation, on continually checking, questioning, and theoretically interpreting the findings” (Kvale & Brinkmann, 2009, p. 249).

A vital part to validity is ‘member checking.’ Following the transcription and thematic analysis of each interview, I attempted to contact each participant in order to have them read their transcript and the associated notes; this was to ensure that I correctly interpreted what he or she was saying in the interview. This was designed to ensure that I studied what I intended to study as each individual theoretically had the ability to comment on their transcription and analysis. I also had my supervisor review the themes in order to verify the validity of the research. In addition, I had a fellow graduate student check for validity as 8 of
the 9 participants were unable to review their interviews, despite numerous attempts at contact.

**Reflexivity**

Reflexivity is recognized as the awareness of oneself and critical awareness of one’s practice and its context (Nash, 2011). In terms of social work, it is argued that,

The reflexive practitioner makes the critical connection between their own life experience, their professional learning and what they are doing, with a view to change how they practice if this can be improved in the light of the kind of critical reflection often encouraged and guided by a skilled supervisor. (Nash, 2011, p. 334)

The purpose of my research was to gain a better understanding of Aboriginal peoples’ journeys through the counselling process and how my personal practice might assist in their experience. Furthermore, I sought to understand whether my practice, might cause unintentional harm, or misunderstanding, to the same population (Nicholls, 2008). As a non-Aboriginal researcher working with an Aboriginal population (McCormick, 1997a), and through many years of schooling, I am very aware of how non-Aboriginal social workers can be perceived by Aboriginal people. The ‘60s Scoop,’ when numerous Aboriginal children were taken away from their families and placed in foster care or residential schools created a negative association with social work. Therefore, I aimed to be as transparent and open as possible to all those I work with. I sought to thoroughly explain the purpose of my research and be available for questioning. I provided my contact information and the phone numbers for the Research Ethics Board and my supervisor. Furthermore, following the transcriptions of the interviews, I invited the participants to review their input in order to avoid misrepresentation. Although some participants were difficult to engage (perhaps due to setting, experiences, or whom they were conversing with), my goal was to make each
individual as comfortable as possible, so they might be forthcoming with their experiences. I never falsely represented myself as experiencing what my participants experienced, and while being aware of my own conceptual lens, I encouraged their conversation as they discussed their endeavors (Beach, 2010).

During the interview and transcription process, I kept a journal to record my observations while the participants were talking and I recorded my thoughts during the overall process. For example, while reading back through my notes, I commented on a few of the participants and their periods of sobriety; although three months may not be significant to a person without addiction issues, it certainly is for a person who has struggled with addiction. These interviews helped put into perspective how one struggles with their addictions and how any amount of time sober is a tremendous accomplishment (White, 2000).

Overall, I found the journaling to be a beneficial process as it enabled me to observe how I approached my participants as a non-Aboriginal researcher and how I located myself within the research. It also enabled me to recognize my lack of cultural sense compared to that of the participants, which was a humbling experience.

Summary

For the purpose of this study, I conducted qualitative research, specifically, thematic analysis. This methodology was selected in order for me to better understand Aboriginal counselling experiences.

With the qualitative approach in mind, I sought to understand how Aboriginal peoples benefitted from counselling by exploring their experiences. Throughout the research, including the participant recruitment, interviews, and overall evaluation, I remained reflexive
and engaged in self-reflection on my personal practice. The participants were open and honest when they discussed their counselling experience. They described negative and positive aspects of counselling and they expressed a range of emotions and opinions. Despite only one participant reviewing his transcript, I sought to accurately represent each individual and validate each experience.
Chapter 4: Research Findings

The following chapter highlights the findings of the qualitative interviews I conducted with nine participants, who either attended counselling in the past or were attending counselling in the present. Each individual’s counselling experience varied, and the participants were willing to share their experiences and answer questions. In general, I hoped to gain a better understanding of their counselling experiences. My questions were mostly open-ended but some of the questions were ultimately close-ended. Despite some hesitancy to discuss specific aspects of different counselling experiences, I was still able to gather information that helped me to better understand the participants’ experiences with their counsellors.

As previously discussed, each participant contacted me in order to be part of this study. I met the participants at places of their choice, completed the appropriate forms, explained the procedure, and conducted the interviews. The interviews varied in time, depending on how much detail the participant wished to provide. The questions centered on the benefits of counselling, whether the counsellor’s ethnicity played a role, and in what ways, if any, the participant would change their counselling experience.

The transcription, coding, and analysis took place over the course of a few months. I attempted to contact each participant to have her or him review the interview transcript and comment on its accuracy. This attempt at member checking was not very successful as out of the nine participants, only one person met with me in order to review his transcript; he noted that no changes needed to be made and was quite pleased with the interview. After approximately two weeks of attempting to contact the other eight participants I continued with the analysis. At the suggestion of my supervisor, I had a fellow graduate student review
portions from different interviews. None of these portions contained any revealing information about the participant and their anonymity was maintained. The sole purpose of this was to ensure that my coding conformed to inter-coder reliability.

**Emerged Themes**

As mentioned, four themes emerged from the coding process. In addition, subthemes also emerged. The following table identifies these themes and subthemes.

**Table 4.1 – Relationship of Themes and Subthemes**

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Theme Identified</th>
<th>Subtheme Identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do Aboriginal peoples benefit from counselling with non-Aboriginal counsellors?</td>
<td>1. Benefits of the counselling process</td>
<td>a. Outcome coincides with effort</td>
</tr>
<tr>
<td></td>
<td></td>
<td>i. Lack of motivation coincides with a negative outcome</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ii. Motivation resulted in a positive outcome</td>
</tr>
<tr>
<td></td>
<td>2. Motivation as a factor in counselling</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. Comfort coincides with outcome</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Background of counsellor was identified as a factor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Ethnicity of counsellor did play a role</td>
</tr>
<tr>
<td></td>
<td>3. Ethnicity appeared to play a role in the counselling relationship</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. Fear of disclosure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Inability to pick counsellor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Unreasonably advanced booking</td>
</tr>
<tr>
<td></td>
<td>4. External factors appeared to have influenced the counselling outcome</td>
<td></td>
</tr>
</tbody>
</table>
Theme One – Benefits of the counselling process

The first theme that emerged from the coding was that the participants identified the benefits of their counselling experience. As Travis stated, “They [spiritual needs] were met from the beginning...My needs were met. I got to school, I’ve finished all of grade 12…” Other aspects of living a healthier lifestyle included abstaining from alcohol or substances, living in one’s own place, pursuing education, maintaining close relations, keeping employment, and paying bills. For example, one participant identified that he had not had a drink in five months, which he was very proud of, and stated “I am doing alright” (Sir). Chantelle identified that she was able to deal with the negativities in her life through counselling; “Um, well, just by talking to someone about the things that’s going on in my life, helps me out a lot and it helps me to release, release the negative stuff that’s going on inside of me I guess.”

Of the nine participants who spoke with me regarding their counselling experience, five participants discussed how they found counselling to be beneficial. Wayne emphasized;

I do see whether counselling is really good for people because, like I said, I done it for 20 years and, at that time, it seemed like I didn’t get anything out of it but now that I’m sober, I realize (inaudible) that something has stayed in my mind and it’s working today for me.

Two other participants, one female and one male, also commented that they felt both their spiritual and general needs were met through counselling, with the male being able to continue his education and the female able to continue her healing. The other participant, Sir, initially started counselling while attending a treatment centre. Following treatment, he has been attending meetings in the community and attending counselling once a week, resulting in sobriety lasting five months thus far. During the course of the interview, this participant
made an interesting comment about his counsellor, indicating that his counsellor’s ethnicity did not matter as long as he was supportive (Sir).

The ethnicity of counsellor versus client has always interested me, due to my ethnicity, choice of work, and the emergence of residential school survivors. Therefore, I often question how Aboriginal clients benefit from counselling with a non-Aboriginal counsellor. Within this study, ethnicity of the counsellor did not appear to matter for those who described experiencing benefits from counselling;

It was more or less I was looking for an answer and if they had it, they had it. It didn’t really matter whether they were white or ah, native. It’s just like what I was looking for and whoever (inaudible) happens to be there, right? (Sir).

Chantelle also commented on her counsellor’s ethnicity;

Um, well, I think I would have benefited more (from an Aboriginal counsellor) because the first time I actually saw a counsellor was a native counsellor. So, she kind of understood where I was coming from but, ah, after a while, it kinda didn’t really matter to me.

One participant summarized his experience by discussing that ethnicity does not matter, as long as the counsellor is compassionate and understanding;

Ah, no, it wouldn’t have mattered whether he was Aboriginal or she was Aboriginal or not because um, if they would have been in the field that I come from, and they would have been able to understand or not understand (Wayne).

Ultimately, five of the nine participants discussed how they benefitted from counselling. These participants derived different benefits from counselling and developed greater stability in their personal lives through maintaining sobriety, pursing education, and experiencing greater stability in relationships and personal life. A few of the participants also commented on the ethnicity of their counsellor, and whether that played a role in their progress. Overall, as long as the counsellor was willing to listen, understand, provide
practical and helpful advice, and try to empathize with what it might be like to be in the participants' shoes, the participants reported a positive counselling experience.

**Theme Two – Motivation as a factor in counselling**

The second theme that emerged from the coding is that motivation was identified as a factor in counselling. I believe that counselling requires not only an engaged and caring counsellor, but also active participation from the client if the results are to be beneficial, or at least result in some improvement and growth. As one participant admitted, when asked why he did not benefit from counselling, "Probably because I didn’t put enough, um, cause you only get what you put in and I never put in what I wanted to get out" (Al). Another participant stated he did not feel counselling was beneficial and when asked what he would change about his counselling experience, he stated he would have liked “more counselling, more community, more support, better support, as a group, or individually” (John). Although John never states explicitly how he would have liked more support personally, he does comment that he would like more support for residential school survivors, “for trauma and abuse,” via support meetings and groups, “someplace here in town where a person could go.” Wayne also identified lack of motivation with regard to his success, stating that due to his severe alcoholism, “it didn’t seem like counselling or anything would help.”

In contrast to lack of motivation hindering the healing process, a few of the participants demonstrated motivation as a positive experience. Travis identified that counselling enabled him to progress through school, despite having an unstable childhood and absent mother, “It was surprising really. I was expecting not to go to school at all, cause in elementary, I wasn’t able to, my mom was away.” Travis also identified that both his general and spiritual needs were met through counselling. Sir was another participant who
cited motivation as a positive aspect with regard to counselling; he was motivated to attend treatment, continue with counselling in the community, and remain sober for five months. He also comments that despite counselling being at an inconvenient time, he still attends, "[…] probably if I could get it at later hours, it would be better because I’m going to school in the daytime so, sometimes I have to miss my appointments.” Chantelle demonstrated that despite the challenges she faced within counselling, such as her counsellor changing mid sessions, she continued with counselling, “Just by actually talking to someone about the things that’s going in my life, helps me out a lot and it helps me to release, release the negative stuff that’s going on inside of me I guess.”

Regardless of the outcome, six of the nine participants described how personal motivation played an important role in their counselling experience. The participants suggested that a successful outcome depended in part on their personal level of motivation.

**Theme Three – Ethnicity appeared to play a role in the counselling relationship**

After extensively reviewing the coding, another theme that emerged was that the level of comfort with the counsellor played a role in the counselling outcome. Of the nine participants in this study, seven commented on the ethnicity of their counsellor and how they would have benefitted from an Aboriginal counsellor. Furthermore, lack of comfort with the counsellor and lack of similar background were also identified.

Regarding lack of comfort with the counsellor, three participants commented that they were not comfortable and could not open up to the counsellor. For example, Al commented;
Cause the guy was white and I felt like I wasn’t able to open up as much as I would’ve been able to [...] I just, I just probably felt, like I would have been able to open up more from [an Aboriginal counsellor].

Another participant commented that she felt her counsellor was not beneficial to her progress and she felt she would have benefitted from an Aboriginal counsellor but would not expand on how or why when asked. Dani, a participant who was referred to the Ministry of Employment for counselling, states she is not progressing with counselling because she does not feel comfortable; specifically, she states,

Um, well, like I just don’t feel comfortable, I don’t, I don’t know how to um, to ask the questions that I need, like, I don’t, I just feel blinded that the counsellor, I don’t know what questions to ask or, you know?

Aside from addressing the level of comfort and its relation to beneficial outcomes in counselling, a few of the participants discussed how the counsellor needs to understand where each individual comes from in order to counsel him or her. For example, Mimi discusses how her counsellor counselled her based on books, not from the heart; “All they’re doing, when they’re counselling me, is they’re following the books that they learned from [...] That’s where they counsel me from [...] It doesn’t come from the heart.” Furthermore, she goes on to state;

I think the counsellor should be, the counsellor should, like, how should I put it? They should know, when people, where people are coming from [...] Like me, I’m an alcoholic, right? [...] And they’re not. So, how should they know what I went through? What I do to get my, my booze and stuff like that [...] And they don’t know what I, where I come from (Mimi).

Wayne commented that his counsellor should be a recovering alcoholic; “Because I ah, I needed an alcoholic counsellor and my alcoholism was really very bad and it didn’t seem like counselling or anything would help.” Finally, one participant simply stated her
counsellor did not; "Um, it’s just, she just didn’t seem like she really cared that much, not too much" (Brenda).

Concerns with the background of the counsellor also emerged and how it hindered the healing process. For example, Chantelle discussed how she would have liked more information regarding traditional ceremonies but unfortunately, her counsellor was not aware how to support her in this matter;

[…]. Because they are non-Aboriginal and it feels like it’s not being met because, they don’t go out and seek […] Aboriginal stuff like smudging and going to sweats and stuff, ah, they don’t have no information about stuff like that.

She comments on the difference in background between her and her counsellor, "I think I would have benefitted more because the first time I actually saw a counsellor was a native counsellor. So, she kind of understood where I was coming from […]" (Chantelle).

When discussing how he would have benefitted more from an Aboriginal counsellor, John was quite specific with his example, noting Aboriginal Elders who played a role in his healing process;

I’ve been training with […], and I know that counsellors have a very stressful job and especially being an Aboriginal that I think being a non-Aboriginal counsellor is tougher than, it is very difficult because their values are different than Aboriginal people. Different backgrounds, different ah (inaudible). In fact, I talked to […], he’s an Elder at Northern Health and he, I can talk with him more openly, so I feel that Aboriginal counsellors are better people to talk to because they understand the background of the native people. […] and uh, I guess feel that I get more support for, you know, you can, just, I think that, I don’t know I just feel that there is discrimination (inaudible).

In addition, when asked if he would have benefitted from an Aboriginal counsellor, John stated,

I think that for a better understanding, um, she, she doesn’t understand, she understands but to actually live through different things, you know what I mean? […]. The experience and ah, to really try to help the person. Counsellors
are there to listen to a person, where they've been and done, and [the non-Aboriginal counsellor] didn’t really.

Despite John attending numerous sessions for counselling for a variety of reasons, he did not benefit from his counselling experience as his biggest concern was residential school; he felt like the support was not available and he was counselled by a non-Aboriginal counsellor, who had not experienced the same childhood and upbringing as he did, resulting in a strained and non-therapeutic relationship. However, John pointed out that an Elder at Northern Health was easy to talk to and understood what he (John) had experienced.

Mimi was also quite specific when commenting on the ethnicity of her counsellor and the counsellor’s different background to her own; “Because…like a non-Aboriginal counsellor talking to me, to me, they don’t know where I come from because they haven’t been in my shoes.” When asked if she thought she would have benefitted from an Aboriginal counsellor, she stated,

I think so. […] Because, our background would be the same. […] Like, our ancestors, where they come from, what we learn, about our tradition and everything, that would be good. […] And another thing, I really don’t think that, uh, that non-Aboriginal, a non-Native person should be counselling a native person. […]. Cause it would just won’t work. I’m not being prejudice or […] it doesn’t work that way. […]. I should have, I should be allowed to have a native counsellor, not the ones picked for me. (Mimi).

Five of the nine participants interviewed commented on aspects of counselling that were not beneficial. They described a lack of comfort with their counsellor, and this lack of comfort seemed to be linked to differences in ethnicity and culture with their counsellors. The five participants who expressed these views also said that they would have preferred to work with an Aboriginal counsellor. They suggested that an Aboriginal counsellor would have a similar background and might better understand the life experiences that these participants brought to the counselling sessions.
Theme Four – External factors appeared to have influenced the counselling outcome

The final theme that emerged is that factors external to the participants affected the counselling process. Examples of these external factors include counselling within one’s own community, change of counsellor, lack of control regarding counsellor choice, and the time between booking appointments and attending them.

As discussed by one participant, a major barrier she faced in receiving successful counselling was accessing counselling within her own community. Chantelle discussed her fear of lack of confidentiality within her home community;

And otherwise, um, like when I was going to counselling in [...], in my community, even though they have a native counsellor there, I wasn’t able to see them because I was scared of disclosure and stuff, like, whether or not they...like about confidentiality reasons. [...] So, it was kind of hard to do in my community so it was better for me to just move from there and try to seek counselling somewhere else that I didn’t know the person.

Furthermore, she also commented that she has relations in the community, as well as the counsellor having many relations in the community, tying in to her fear of disclosure, despite being assured about confidentiality by the counsellor. Ultimately, she found it easier to access counselling outside her home community, despite the inconvenience of travel and relocation (Chantelle).

Chantelle discussed another setback she experienced during her counselling; she started off with one particular counsellor but this counsellor was replaced by another, hindering her success; “It kinda really affected me and cause I got use to that one counsellor and they said, ah, you can’t see her anymore, you got to have another counsellor and that kind of upset me a lot.” Furthermore,

[...] just like, the part where you change counsellors, that really stunned me and kinda made me go through, like not a withdrawal, but a depression for awhile and [...] so, ok, just get up and just go back and see another counsellor and
open up to them again but it was kind of hard cause even though I knew that lady that was counselling me, she, I met her at a workshop actually and then, that's the only reason I decided to go and see her because I knew her from previous (Chantelle).

Mimi, another participant, commented on her assigned counsellor. Similar to Chantelle's experience, Mimi would have appreciated choosing her own counsellor instead of having someone assigned to her case;

I should have, I should be allowed to have a native counsellor, not the ones picked for me, like, just like you want a counsellor (inaudible), who are you going to see this week? Or, no counsellor at all. [...]. I think I should be able to choose my counsellor, who I want to see but it doesn't work like that.

Other inconveniences that affected counselling, as noted by the participants, included hours of availability and booking times. For example, Sir commented that he would have liked counselling later in the day as it interfered with his schooling, “probably if I could get it at later hours, it would be better because I'm going to school in the daytime so, sometimes I have to miss my appointments.” He described the need for counselling that was flexible and responsive to the client's schedule. Brenda commented on how her counselling appointments were booked too far in advance, resulting in her ending counselling, “Um, just not enough time, I guess. Well, they booked them for four weeks advance so, four to three weeks advance [...] and, I would forget about it.”

Of the nine participants, external factors affected four of the participants’ counselling experiences. These external factors included fear that confidentiality might be compromised, switching counsellors, lack of flexibility in appointment times, and booking the appointments too far in advance. The participants felt unable to control these aspects of the counselling experience, but they believed these factors played a role in the effectiveness of the overall counselling experience.
Summary

Within this chapter, four themes were identified based on the coded interviews with the nine participants. The themes identified the benefits of the counselling experience, the importance of client motivation as related to positive outcomes in counselling, the role of client comfort with the counsellor, and the effect of particular external factors that influence the counselling process. Overall, I found some of the participants to be quite forthcoming about their experiences, especially the ones who were not happy with the counselling they received. It was also difficult to obtain information from some of the participants despite the open-ended questions. However, the participants provided information that was thoughtful and helpful and allowed me to reflect on my own practice. One of the participants commented that she found counselling to be a release for her; cathartic. I can appreciate that as I find talking to be quite cathartic as well, both personally and professionally. Also, despite some participants commenting that the ethnicity of the counsellor did not play a role, I have felt first hand experience that ethnicity plays a role, although not by all. In my role as a counsellor, I have accepted the fact that not everyone is going to be comfortable with a Caucasian counsellor, no matter what ethnicity the participant is. Therefore, my counselling is a more gentle practice, allowing for as much comfort as possible, and letting the client lead the sessions.

Another factor that I can relate to, as mentioned by the participants, is the booking of appointments in advance. From both a counsellor and client perspective, booking appointments weeks in advance is problematic as life gets in the way and situations interfere. I have failed to keep appointments due to forgetfulness and have had to reschedule; it is
frustrating, especially when you are in great need of the services being provided. Therefore, advance appointments are not beneficial.

Overall, I found the participants' input to be of great value. It helped me reflect on my own practice. I accept the fact that not everyone is going to be comfortable talking with me but as long as I shape my practice to the best of my ability and focus on the needs of the client, while altering my approach to be as respectful as possible, then I am more likely to be a positive support.
Chapter 5: Discussion

In this chapter, I will discuss the themes that emerged from the coding and key concepts that are connected to the literature. As outlined in the previous chapter, four themes became apparent, and three of those themes had subthemes. Overall, the participants discussed how they benefitted from counselling and what factors, either internal or external, played a role in their perception.

Theme One - Benefits of the counselling process

The first theme that emerged from the research was the benefit of the counselling process. The benefits of counselling were general and spiritual. Examples of general benefits included achieving sobriety, mental health, understanding consequences, and cathartic release.

With regard to participation in counselling, studies have shown that it requires active engagement by the client in order for the results to be beneficial, or at least lead in a positive direction (Lynch et al., 2011; Scheel, 2011; Wild, Cunningham, & Ryan, 2006). Lambert and Hill (cited in Scheel, 2011) found that active participation by the client was more important than technique or specific treatment. As Al stated, when asked why he did not benefit from counselling, "Probably because I didn’t put enough, um, cause you only get what you put in and I never put in what I wanted to get out."

The motivation behind the counselling is typically greater when the individual seeks counselling of his or her own accord. Motivation is also higher when people self-refer compared to people who are coerced or compelled (Wild et al., 2006). Of the nine participants who spoke with me, only two were mandated to attend counselling, either through the Ministry of Children and Family, or Adult Probation services. Despite one
participant being mandated to attend, he found counselling to be beneficial; "They [spiritual needs] were met from the beginning... My needs were met. I got to school, I've finished all of grade 12..." (Travis). The other participant admitted he did not find counselling to be beneficial, due to not putting the effort into the process. Researchers found, that despite being mandated to attend treatment, participants possessed more autonomous motivation to the extent that they perceived their providers as supportive of their needs for autonomy and relatedness. Furthermore, researchers found that individuals mandated to attend treatment reported more autonomous motivation, to the extent where they perceive their providers being supportive of their needs for autonomy and relatedness, demonstrating they possess the initial motivation to attend treatment despite being court ordered to do so (Lynch et al., 2011).

Motivation for successful treatment lies within the individual and their level of self-efficacy, or self-confidence. To simplify, self-efficacy is the belief about the ability to carry out a task whereas self-esteem is the general feeling about oneself overall. For example, as stated by Scheel (2011), “high self-efficacy, or a sense of competence, is related to more motivation because self-efficacious clients are more optimistic about therapy as a positive change mechanism” (p. 279). Self-engagement ties in with this theory, as an individual who demonstrates more drive and self-esteem, is more likely to participate in the counselling process as he or she has more invested in the outcome (Wild et al., 2006). Specifically,

The more clients reported that help was being sought because of personal choice to commit to the goals of treatment, the more likely they were to report benefits of reducing substance use, efforts to reduce alcohol and other drug consumption, interest in treatment, and the more likely therapists were to view them as showing interest in the upcoming treatment program. In addition, alcohol and substance-dependent clients who internalize the goals of treatment and chose to seek help take proactive steps to reduce alcohol and other drug use prior to the start of formal treatment activities. (Wild et al., 2006, p. 1869)
The participants in this study commented on their own motivation and how counselling helped them in the long run, despite not initially seeing the results. For example, Wayne commented that he did not initially see the benefits of counselling during the period of intoxication, but as his sobriety lengthened, he recognized the benefits of counselling. Sir identified that he recognizes the benefits of counselling as he was able to connect with an available counsellor, who had the answer he was looking for. In general, these participants emphasized what researchers have demonstrated; that the client whose motivation for counselling is highly integrated, is more likely to persist with therapy for a longer time and derive greater benefit from whatever time is spent in therapy (Lynch et al., 2006).

Overall, I found the participants who derived the most from their counselling experiences demonstrated an investment of time and effort into the process and showed motivation, autonomy, and participation. Both Sir and Chantelle identified that counselling was beneficial as they were able to release their personal difficulties and stay on their intended paths. To emphasize, Sir, who identified himself as an alcoholic, was quite proud of the fact he had not consumed alcohol in five months, which is a significant milestone for a person who has struggled with addiction. He expressed pride in his achievement, when commenting "I am doing alright" (Sir).

**Theme Two**

The second theme that emerged was that motivation became an important factor in the outcome of counselling; overall, I found that outcome coincides with the client's effort. Two subthemes emerged; lack of motivation coincided with a negative outcome and, self-motivation resulted in a positive outcome.
The first sub-theme to emerge from the coding was that counselling was not beneficial to the participant due to his or her unwillingness to assume some personal responsibility during the counselling process. The unwillingness to assume some responsibility raised questions as to why people adopt this attitude; was it the mandated nature of some counselling or was it a reflection on the counsellor?

When examining the issue of personal responsibility that emerged from the coding, a few of the participants blamed their counsellor for the lack of progress. For example, John stated,

...and I know that counsellors have very stressful jobs and especially being an Aboriginal and I think being a non-Aboriginal counsellor is tougher than, it is very difficult because their values are different than Aboriginal people. (...). And, I guess feel that I get more support for, you know, you can, just, I think that, I don’t know, I just feel that there’s discrimination (inaudible). I grew up in a residential school and I feel that, that through that resentment, maybe that what happened to us as a young child growing up, and I think that has a big impact on a lot of our people, that have been suppressed, you know?

John’s comments raise the question as to how much of a role past history plays in the mistrust toward outsiders. John further emphasized his lack of progress with counselling when he commented on his difficulties with opening up due to the abuse he suffered,

I have a hard time talking about myself because of the abuse I went through, some of the counsellors that I went and seen a psychologist and I’ve been through residential school abuse and the government of Canada, they said they were sorry it happened. (...). I think anybody can say they’re sorry that it happened but I think a lot of it stems back to residential school. (...). Just (inaudible), taken away from your own environment and being stuck in a strange environment, that would have a huge impact on a person’s life.

The history of Aboriginal peoples in Canada is well documented; it may contribute to the lack of progress the participants had with counselling. For example, Duncan Campbell Scott, who became deputy superintendent general of Indian Affairs in October, 1913, stated, “Our objective is to continue until there is not a single Indian in Canada that has not been
absorbed into the body politic, and there is no Indian question” (Shewell, 2004, p. 138).

Furthermore, as stated in April 1886 by Sir Hector Langevin, MP, House of Commons,

> We do not propose to expend large sums of money to give [the Indians] food from the first day of the year to the last. We must give them enough to keep them alive; but the Indians must, under the regulations that have been sanctioned by Parliament, go to their reservations and cultivate their land. They must provide partially for their wants, and therefore, if, by accident, an Indian should starve, it is not the fault of the Government nor the wish of the Government. (c.f. Shewell, 2004, p. 41)

This was a dominant view that influenced policy toward Aboriginal people in Canada, and resulted in destruction of culture, assimilation, and residential schools. Aboriginal peoples lost the opportunity to make choices due to responsibility being removed and resulting in a history of difficulty, further contributing to anger and resentment. In my personal experience, I remember starting a new position and being confronted by a band member, who stated that I was the one who destroyed his culture and family relations. My response was that I was not responsible for anything that happened to him or his culture but was willing to discuss the issue more fully with him. He refused to speak with me for my entire employment tenure. I understand the person’s anger but does blaming others prevent a person from making choices and taking some responsibility for his life?

> It is the policy of the government to help the Indian, caught in an age of transition, to adapt himself to a larger and more complex society; to be able to earn a living within that society if he wishes to do so. (Indian Affairs Branch, 1962, c.f. Shewell, 2004)

This quote demonstrates how Aboriginal peoples were expected to adapt to society, albeit an ignorant society, resulting in interference by an unfamiliar, governing body that enforced cultural genocide in an already fragile population due to poor health, displacement, resource extraction, and overall unfamiliarity. Tying this in with the participants of this study, a few
individuals demonstrated the personal challenges they faced to achieve progress due to history. John said,

I really didn’t go finish the counselling. [...] And I think a lot of it stems back from a person’s past and childhood. I think the inner child stuff and I think that you have to get to the root of the problem.

Dani also stated she felt like she was not getting the assistance she needed; “they’re not really helping me with that, they’re not letting me know what should be offered to me.”

There is also an implicit sense of class and marginalization in these comments and this may be the reason that people reference for lack of progress in counselling. For example, Mimi was quite verbal when she discussed her disappointment in her counsellor; she stated she would have liked a counsellor who understood where she came from with regards to understanding her addiction and lifestyle. John commented that he would have liked a counsellor with the same values and background. Researchers have shown that clients of different class compared to their counsellors typically felt misunderstood, an unequal balance of power, unable to engage, and unable to enter into a different frame of reference (Balmforth, 2009). Therefore, was the clients’ lack of success due to their counsellor’s different class?

The clients that were mandated blamed their counsellor or situation for lack of progress. Within this study, there were two participants who were mandated to attend counselling, either through probation or the Ministry of Children and Families. Similar to the contradictory reports by participants of whether mandated counselling is beneficial or not, studies also demonstrate contradictory results (Kiracofe & Buller, 2009; Snyder & Anderson, 2009; Vairo, 2010). For example, Travis stated he attended counselling through the Ministry and found it to be beneficial as he dealt with his anger and finished school. On the other
hand, Al was mandated to attend counselling through probation and he admitted he did not put the effort into the process. Studies also reflect this finding (Kiracofe & Buller, 2009; Snyder & Anderson, 2009). Researchers demonstrate that mandated counselling can increase compliance with court ordered programming, reduce reoffending, and assist at-risk students (Kiracofe & Buller, 2009; McMurran, 2007; Snyder & Anderson, 2009). On the other hand, studies have demonstrated that mandated treatment is not effective because in order for a person to be successful, he or she needs to enter treatment voluntarily, which mandated programming does not allow (Kiracofe & Buller, 2009; Tutty, Babins-Wagner & Rothery, 2009). In addition, success is in the eye of the beholder as those mandated to treatment are viewed less favourably than those who enter voluntarily, which can affect the outcome as well (Vairo, 2010). Therefore, there is a lack of agreement whether mandated counselling is beneficial to the client. However, if the person is willing to accept that aspects need to change, despite how he or she came to this conclusion, counselling can be an empowering and liberating process.

Another reason for blaming the counsellor for lack of progress was attributed to the counsellor not sharing the client’s experience. As stated by John, he felt more comfortable talking with an Aboriginal Elder because the Elder understood and experienced residential school, making him easier, and more open to talk with. Mimi also commented that she would have liked a counsellor that had similar experiences;

Because, like a non-aboriginal counsellor talking to me, they don’t know where I come from because they haven’t been in my shoes. All they’re doing, when they’re counselling me, is they’re following the books that they learned from. [...] I think the counsellor should be, the counsellor should, like, how should I put it? They should know, when people, where people are coming from. [...] Like me, I’m an alcoholic, right? [...] And they’re not, so, how should they know what I went through? What I do to get my, my booze and stuff like that.
Wayne was another participant who commented on the fact he would have liked a counsellor with the same background, “I needed an alcoholic counsellor and my alcohol was really very bad and it didn’t seem like counselling or anything would help.” Despite both Wayne and John being successful with counselling, they, and Mimi, blamed their counsellors for their initial lack of progress due to dissimilar backgrounds; they believed that their counsellor should have the same experiences in order to understand their situation.

The argument for a paraprofessional swings back and forth for being either beneficial or hindering (Goodleaf & Gabriel, 2009). The participants in this study voiced a preference for someone who has experienced the same ordeals that they have; Roland (2010) discussed some participants viewing paraprofessionals as more knowledgeable while other participants viewed educated counsellors with more expertise. Overall, Roland (2010) found that experience and disclosure had neither direct nor indirect effects on the working alliance between counsellor and client; it was how the client perceived the counsellor that had the biggest impact. Kirk, Best and Irwin (1986) also demonstrate that a paraprofessional, recovering alcoholic who went into the counselling profession, is not viewed as more empathic than a professional via counselling. Furthermore, they found that there was no difference in outcomes between paraprofessionals and professional counsellors with regards to alcohol counselling (Kirk et al., 1986). Other studies discussed how group therapy was found to be effective if lead by paraprofessionals, such as Alcoholics Anonymous and Narcotics Anonymous but overall, the researchers found no empirical evidence supporting counselling to be beneficial if provided by a paraprofessional compared to a professional (Lampropoulos & Spengler, 2005; White, 2000).
Although the reasons for seeking counselling varied, each of these participants has the right to a positive counselling experience and unfortunately, that was not the case. Whatever the reason provided, such as being mandated, different backgrounds, or lack of paraprofessionals, the participants were unable to develop a rapport and have a positive counselling experience.

The second sub-theme to emerge was that if the individual was motivated and put forth a positive effort, he or she had a more beneficial counselling experience overall. As previously discussed, six of the nine participants were found to put more of an effort into their counselling experiences despite the various emotions that were elicited throughout their sessions; although not always positive, these common emotions became apparent throughout the interviews. Motivation was also found to be related to programme perceptions, so these participants may have had high expectations of their pending counselling, resulting in a more positive initiation experience (Gossop, Stewart, & Marsden, 2003).

Positive qualities that these six participants possessed included perseverance and motivation; despite the absence of his mother, Travis was encouraged by his counsellor and continued with school; Sir attends numerous AA meetings weekly; Chantelle remained in counselling despite a change of counsellor mid-sessions; Brenda was challenged by her depression and booking sessions in advance; Wayne discussed his desperation and hopelessness; and, Dani continues with counselling despite feeling intimidated.

When defining motivation, researchers consider it a state of readiness of eagerness to change, which may fluctuate from one time or situation to another; it is very much related to the processes of change needed to produce successful modification of the substance abuse behaviour as well as to treatment seeking, treatment attendance, and treatment participation.
These participants demonstrated motivation and perseverance throughout their counselling experiences, despite facing challenges. Aside from one participant, the other five attended counselling over a matter of months and years. Sir, Chantelle, Brenda, and Travis demonstrated perseverance despite the barriers they faced during their experiences. Sir is currently attending counselling and has been doing so for the past five months; he also attended a treatment centre prior to his weekly sessions. Although Sir continues to abstain from alcohol, he struggles with times allotted for his weekly sessions, but continues to attend.

Chantelle and Brenda also struggled with their counselling experiences. Chantelle was able to recognize the value in counselling and despite a change of counsellor part way through the process, and having to leave her own community to ensure confidential counselling, she continued to attend, finding counselling cathartic as she was able to release negative energy. Brenda attended counselling for approximately three to four months despite struggling with the booking times, which were done so well in advance. Furthermore, she struggled with depression, which she found to be quite difficult; however, she voiced that her spiritual and general needs were met.

Despite Travis being mandated to attend counselling through the Ministry, he demonstrated perseverance and motivation as well. Travis discussed being motivated by his counsellor despite not having parental support available, identified that his general and spiritual needs were met, learned the value of accountability and being held accountable, and pursued further education. From personal experience, when managing a group home for high risk youth in Ministry care, it was very difficult to get these youth to attend school past grade nine. Therefore, Travis' ability to follow through was quite an accomplishment.
Wayne and Dani also faced challenges when attending counselling but persevered through their difficulties. Wayne attended counselling over the course of years despite him thinking it was not effective as he continued to struggle with alcoholism; he voiced the desperation he felt during this time. Despite his feelings, he continued counselling and is now recovering from alcoholism, "...now that I'm sober, I realize that something has stayed in my mind and it's working today for me." Dani recently started the counselling process and has already voiced feeling intimidated by her counsellor. Furthermore, she states she is unsure how to communicate properly. Despite feeling uncomfortable with her counsellor, the location and general setting, she continues to attend.

Despite the challenges these participants faced through their individualized counselling journeys, they demonstrated perseverance and motivation. Some of the emotions elicited when doing so include beneficial, cathartic, accountability, desperation, intimidation, and embarrassment. Although both positive and negative experiences were identified, these participants persevered for a more beneficial outcome.

Theme Three

The third theme that emerged was that counselling was not beneficial due to the different ethnic backgrounds of clients and counsellors. Despite a few participants commenting that the ethnicity of their counsellor did not matter, others were quite vocal about their displeasure about seeing a non-Aboriginal counsellor. Other participants chose their place of counselling, thinking Aboriginal counsellors would be available because it was an Aboriginal organization. Sir chose one organization due to its accessibility, its Aboriginal nature, and the belief he would see an Aboriginal counsellor. Dani stated she feels generally uncomfortable with a non-Aboriginal counsellor and preferred her counsellor to be
Aboriginal. Chantelle also chose one particular organization due to the assumption that the counsellors would be Aboriginal but that was not the case. Overall, I found Al to be the most forthcoming about his displeasure with a non-Aboriginal counsellor when he stated, “Cause the guy was white and I felt like I wasn’t able to open up as much as I would’ve been able to.”

As discussed in Theme 1, some of the participants said that it did not matter that their counsellor was non-Aboriginal. However, the participants that were not satisfied with a non-Aboriginal counsellor; they may have felt that way because of historical experience. The Canadian government apologized for its role in the residential school policy, resulting in the Common Experience Payout, the push for more rights and services, the renewal of culture and tradition, and the push for more support. This apology may not mitigate the great distrust, but it is an attempt to move in the right direction. Cabral and Smith (2011) have stated that,

Individuals with strong racial/ethnic preferences or mistrust may benefit from being matched with a therapist of their own race/ethnicity. So long as group biases persist in society, racial/ethnic matching will remain relevant to mental health services with discriminated and misunderstood populations. (p. 547)

Some researchers found that there is a positive relationship between trust and progress within the counselling process. For example, Theriault and Gazzola (as cited in Westland & Shinebourne, 2009) suggested that the building and maintenance of a strong relationship is viewed as the essential element of feeling competent whereas the absence of a strong relationship has the opposite effect. Trust also supports the client to become more autonomously motivated for counselling as it strengthens the relationship between client and counsellor (Lynch et al., 2011). Researchers have also theorized, that specifically with Aboriginal peoples in mind, trustworthiness is probably more important for Aboriginals than
it is for non-Aboriginals seeking psychological assistance, due to the history of contemporary oppression and cultural clashes associated with seeking help (Morrissette, 2008).

Furthermore, it is emphasized that in order to establish trustworthiness,

It is incumbent upon therapists to openly share their experience and knowledge, or the lack thereof, regarding First Nation history and culture; a candid approach can signify therapist transparency, honesty and humility. (Morrissette, 2008, p. 69)

Some of the participants in this study did demonstrate that they were able to trust their counsellor, resulting in a positive counselling experience and progress addressing their problems;

Just by talking to someone about the things that's going on in my life, helps me out a lot and it helps me to release, release the negative stuff that’s going on inside of me I guess (Chantelle).

Three other participants, Wayne, Sir, and Travis commented on how they were successful following counselling, demonstrating that they were able to put trust into their counsellor despite the different ethnicity. As stated by Westwood, Bernadelli, and Destefano (1981), “probably the single most important factor at the outset especially, which leads to a positive counselling outcome and behavior change, is the establishment of a good relationship” (p. 133).

Overall, when examining trust, history, and relationship, some of the participants in this study were able to overcome their history of suffering through colonialism and place trust in their non-Aboriginal counsellor. Paradoxically, some participants were unable able to place their history aside, resulting in wariness towards their counsellor, mistrust, and a general lack of acceptance. Unfortunately, these participants were the ones who suffered with not progressing through counselling, further exasperating their situation. The
participants who did progress furthered their overall wellbeing, despite the history and trauma they and their culture have endured.

**Theme Four**

The final theme that emerged was that counselling was not beneficial to the participants due to a variety of external factors beyond their control. External factors included advanced booking, change of counsellor, and counselling within one’s own community. For example, Brenda was not successful with counselling because her appointments were booked too far in advance, “they booked them for four weeks advance so, four to three weeks advance. [...] And, I would forget about it.” Atkinson et al., (1993) reported that advanced booking creates a barrier for clients as they have other concerns to deal with, such as food, shelter, and clothing, as opposed to when their next counselling appointment is. Therefore, the advanced booking is a hindrance as it creates hard feelings and resentment towards the counsellor as the client’s needs are not met in a timely matter (Atkinson et al., 1993).

The other two issues, counselling within one’s own community and change of counsellor, were experienced by the same participant. Chantelle discussed her concern with counselling within her own community, and accessing counselling elsewhere for fear of disclosure;

And otherwise, like when I was going counselling in Fort St. James, in my community, even though they have a native counsellor there, I wasn’t able to see them because I was scared of disclosure and stuff, like, whether or not they...like about confidentiality issues. [...] So, it was kind of hard to do it on my community so it was better for me to just move from there and try to seek counselling somewhere else that I didn’t know the person.

Within an Aboriginal community, numerous relatives in different professions is a normal situation. For example, when working at my previous position within a band office, four
sisters were all employed, working throughout healthcare, financing, and education. Therefore, Chantelle’s situation can be quite common, making it difficult to seek out counselling. More and more Aboriginal communities are initiating their own healing as one way of regaining control over their lives, resulting in counsellors working in their own communities (Kral & Idlout, 2009). Furthermore, the traditional Aboriginal person was more likely to receive help from family, friends, and traditional healers as opposed to mainstream mental health service providers (McCormick, 1997b). Unfortunately, researchers have demonstrated that some individuals will stop counselling, or treatment, due to fear of disclosure after accessing services within their own community (Newman, Bonar, Greville, Thompson, Bessarab, & Kippax, 2007). Therefore, although turning to healing within one’s own community is empowering, the issue of confidentiality and fear of disclosure is an ongoing issue and hard to alleviate, despite the reassurance of discretion.

The other issue that arose was the disruption of consistency with counsellors. Chantelle also experienced this setback, stating;

It kinda really affected me and cause I got use to that one counsellor and they said, ah, you can’t see her anymore, you got to have another counsellor and that kind of upset me a lot. [...] Um, just like, the part where you change counsellors, that really stunned me and kinda made me go through, not like a withdrawal, but a depression for a while and [...] so, ok, just get up and just go back and see another counsellor and open up to them again but it was kind of hard cause even though I knew that lady that was counselling me, she, I met her at a workshop actually and then, that’s the only reason I decided to go and see her because I knew her from previous.

This disruption in counselling was beyond Chantelle’s control, resulting in a lack of progress with the counselling process, causing her to further retreat into her depression. Researchers have also discussed this phenomenon, stating that the change in counsellor during the counselling process causes great concern for the client, resulting in setbacks, lack of
progress, and even termination of counselling sessions (Atkinson et al, 1993). Therefore, in order for counselling to be as successful as possible, maintaining the same counsellor throughout is important.

The issues that arose from the data within Theme 4 were that counselling was not beneficial due to external factors beyond the client’s control. These external factors included fear of lack of confidentiality due to accessing counselling within one’s own home community, counsellors switching during the sessions without the client’s consent, and booking appointments too far in advance. Aboriginal peoples are already hesitant about attending counselling due to seeking help from an outsider and these mentioned issues further exacerbate the hesitancy to seek help (McCormick, 1997a). However, if these issues were taken into consideration and alleviated, perhaps more individuals would seek out the assistance of non-Aboriginal counsellors.

Summary

To reiterate, the overall research question is how do Aboriginal peoples benefit from counselling provided by a non-Aboriginal counsellor? After putting up information posters, nine participants agreed to be interviewed, providing answers to predetermined questions. From these answers, four themes emerged surrounding the experiences of the participants.

The first theme that emerged was that counselling was beneficial to Aboriginal clients if they put the effort into it, despite the ethnicity of counsellor. As noted by some of the participants, despite their preference for an Aboriginal counsellor, they were able to develop a positive, therapeutic relationship. This resulted in healing and growth.

The second, third, and fourth themes all revolved around the participants’ lack of success with the overall counselling process. There were a number of reasons discussed,
including history, mistrust, classism, different ethnicities in the counselling relationship, and a few external factors which included appointment bookings and community associations. Despite the reason provided, it was the participant who suffered from the inability to move forward with the counselling process.

Overall, when examining the factors behind counselling with a non-Aboriginal counsellor, a few of the participants were successful as they were able to look past the ethnicity of the counsellor and put forth the effort to focus on their issues. Unfortunately, not all participants were successful throughout the counselling process as they either internally or externally met roadblocks that hindered their progress. Due to these barriers, and being unable to succeed with counselling, it was the participants who suffered, not the counsellor, further necessitating the need for counselling while also exacerbating their dislike for non-Aboriginal counsellors.
Chapter 6: Conclusion

As a social worker and counsellor in the field for the past 10 years, I was interested in working with Aboriginal peoples, and this led me to become a social worker and counsellor on a reserve in Northern BC. While in this position, I questioned my effectiveness, which led to this study. To reiterate the research question, I wonder how Aboriginal peoples benefit from counselling provided by a non-Aboriginal counsellor. Therefore, I sought to research this by recruiting and speaking with Aboriginal participants, who attended counselling with a non-Aboriginal, specifically Caucasian, counsellor, in order to gain a better understanding of their experiences and possibly learn of better techniques and practices. In this chapter, I will summarize the themes that arose, compare my findings to the literature, discuss implications for policy and practice, and finally, make suggestions for future research.

Themes Concluded

The overall research question sought to understand how Aboriginal peoples benefit from counselling with non-Aboriginal counsellors; following the interviews, four distinct themes occurred, revealing how the participants felt about their counselling experiences, and how motivation, ethnicity, and external factors influenced their experiences.

Throughout the four themes, the participants were split on their perceptions of counselling. For example, five participants found counselling in general to be beneficial but five participants also identified they would have liked an Aboriginal counsellor. With regards to motivation, three participants spoke of not being motivated but six participants discussed their motivation, adaptability, and perseverance. Ethnicity of the counsellor was also identified as a factor as participants discussed not being comfortable, wanting a paraprofessional or traditional counsellor, and five specifically said they wanted an
Aboriginal counsellor. External factors were also found to influence counselling experiences; specifically, fear of disclosure, inability to pick one’s own counsellor, and booking times were discussed.

Overall, four themes emerged which discussed how the participants were, or were not, satisfied with their overall counselling experiences; a number of reasons emerged to support either point of view. In general, I did not find that all participants were completely unhappy or happy with their experiences; I found a mixture of satisfied and unsatisfied experiences. Most importantly, I was able to interview nine participants who openly discussed their experiences and provided insight into counselling with a non-Aboriginal counsellor from an Aboriginal client’s perspective.

**Literature Review and My Findings**

In comparing the findings to literature, I found a few similarities with regard to cross-cultural counselling. However, since there was not a lot of information on specific approaches or techniques, comparative analysis was difficult. The literature demonstrated that with regard to general counselling, beneficial counselling is derived from the relationship between counsellor and client; the positive outcome is directly related to the therapeutic relationship. Furthermore, when examining the counselling approach, Cognitive Behavioral Therapy (CBT) was endorsed.

The findings in this study were similar to the cross-cultural counselling literature review. The literature noted that the counsellor and client must be able to relate and communicate effectively; also, relationship and trust were found to be paramount. I am a counsellor and I whole-heartedly agree with the literature. A few of the participants in this study also commented on communication, trust, relatedness, and relationship. Unfortunately,
it is the client who further suffers if there is a lack of rapport, or if the counsellor does not meet their standards.

With regards to the type of counselling utilized, as identified in the literature, some researchers commented on CBT and filial therapy being most beneficial. Unfortunately, the type of therapy delivered to the participants was not discussed in this study, so I am unable to comment on whether the different therapies were beneficial or not. In addition, Canada does not have a national Aboriginal mental health strategy so there are no guidelines to adhere to. Although limited, the literature did define specific Aboriginal counselling techniques, which included capacity building and education, family counselling, and focusing. As noted, the participants did not comment on the type of counselling technique they received, but participants did say they preferred counselling with an Aboriginal approach. And, as defined by the literature, an Aboriginal counselling approach utilizes family and community. These participants wanted more culture, traditions, and practices brought into their experience; one participant in particular commented that she wanted smudging and sweats as part of her therapy.

A common theme identified in the literature review and by participants was barriers associated with counselling. For example, the literature identified many barriers associated with counselling and ethnic minorities, including poverty, mental health issues, poor school achievement, and the making and keeping of appointments. The participants confirmed these findings, as they discussed concerns with living arrangements, depression, alcoholism, and the inability to keep appointments. Furthermore, the literature also identified that counsellors need to be more culturally aware when conducting cross-cultural counselling sessions; they need to utilize aspects specific to Aboriginal culture, such as being comfortable with lack of
eye contact or long pauses. A number of the participants commented that they were uncomfortable with their non-Aboriginal counsellor and would have benefitted from seeing an Aboriginal counsellor. Reasons for this varied, but there were specific comments, including the counsellor did not truly understand where the client came from, the counsellor just counselled from books, culture was not included in counselling, and general mistrust and lack of communication. In addition, due to lack of effort reported by participants, this further hindered their counselling progress.

Overall, Aboriginal peoples face many challenges, including substance abuse, suicide, mental health concerns, poverty, and displacement to name a few. The need for counselling is in high demand, but the need for counselling with an Aboriginal counsellor is higher. As previously mentioned, there is no Aboriginal mental health strategy, which means there is no formal push for further Aboriginal counsellors in the workplace. As identified in both the literature and by participants, an increased number of Aboriginal counsellors would be beneficial, as these counsellors would better understand the background, culture, and current challenges Aboriginal peoples face.

Limitations

A limitation of the research was the lack of member checking. To clarify, the participants were each invited to review their interviews but only one participant was available to do so. Therefore, I was unable to ensure that I accurately represented each participant and instead, had a fellow graduate classmate review my coding. Ideally, I would have liked each participant to review his or her interview, and provide further feedback; I think this would have assisted in clarifying better counselling delivery for Aboriginal peoples.
Another limitation within the research is that I, as a researcher, am non-Aboriginal. Therefore, this may have had implications for the participants. For example, within the information poster and when introducing myself to the participants, I self-identified as being non-Aboriginal; I am not sure what bearing, if any, this had on the participants’ responses. I do recognize that my cultural values are not as strong as those of the Aboriginal participants; I question if that recognition was apparent prior to the interviews and if that influenced who contacted me.

**Implications for Policy and Practice**

The participants identified a few factors that would further benefit the Aboriginal counselling experience and practice. One future practice suggestion would be offering clients a choice of counsellor; to emphasize, the best candidate is chosen for a job out of numerous applicants, so a client should also be able to pick the best suited counsellor for his or her needs. I think this would allow for further relationship, development and trust, while also avoiding any assumed biases.

It is also important to ensure consistency in counsellors, meaning that turnover and switching counsellors should be avoided. Agencies prefer to have clients remain with their original counsellor but that may not always be possible due to unforeseen circumstances. In order for the client to avoid setbacks, it is important to maintain consistency in the assigned counsellor. Furthermore, if there is a need for the counsellor to change, the client should be given as much notice as possible and offered the choice to follow the original counsellor, if that choice is available. If not, the client should be allowed to progress at his or her own pace with the counsellor of his or her choosing.
A third recommendation pertains to scheduling and booking appointments. As both the literature and participants identified, booking too far in advance can discourage people from accessing counselling. When a person is in distress and needing counselling, booking three to four weeks in advance is not conducive to their situation. Furthermore, if the person is coping with other external challenges, such as housing problems, employment, schooling, or familial concerns, then booking and attending a counselling appointment a few weeks away is not realistic. Typically, a person attends counselling to cope with issues that have developed in his or her life; not being able to discuss these issues can cause further turmoil. Therefore, a good practice to put into effect is having emergency counselling available, while also implementing a policy that a person is to be seen by a counsellor within a few days of calling to schedule an appointment. In addition, the longest period between appointments should not exceed two weeks; the client should have some input when his or her next appointment should be.

The final recommendation is that non-Aboriginal counsellors working with Aboriginal clients should be well educated in Aboriginal history. For example, organizations that serve Aboriginal clients should have their counsellors take mandatory history courses in order to be employed; these same counsellors should also be required to work with Elders in order to truly understand the Aboriginal history and culture. I believe this would enable counsellors to be more culturally sensitive and aware, avoid assumptions, and progress to develop further rapport and relationships with clients.

Recommendations for Future Research

This thesis aimed to understand the experiences of nine Aboriginal participants who attended counselling with a non-Aboriginal counsellor. The participants provided valued
information in the areas of what worked, what did not work, how they would have benefited from a different counsellor, and what other changes they would have liked throughout their counselling experience. The research was conducted with nine participants who shared their ideas and beliefs. The data is valid in terms of those nine people but it cannot be generalized to the general population. Therefore, an area of future research would be to conduct a large-scale study with Aboriginal peoples, who have attended counselling with non-Aboriginal counsellors, and provide specific answers to what was beneficial in their counselling experiences, what was not beneficial, while also identifying other positive and negative techniques that were utilized in their sessions. I believe this would help improve the counselling profession, not just for Aboriginal clients, but as a whole.

Another area of future research would be to interview the counsellors, both Aboriginal and non-Aboriginal that counsel Aboriginal clients. The reason behind this is to be able to compare techniques that are found to work and not work; I think this would benefit the counselling profession as a whole and more importantly, the clientele. If Aboriginal counsellors were able to identify which methods they found to be beneficial, and if they could ingrain those methods in their non-Aboriginal counterparts, I believe the counselling profession for Aboriginal peoples would be improved, as the learning method would be developed from those that utilize, implement, and find positive results. And, overall, Aboriginal peoples who need counselling may have a better counselling experience.

**Conclusion**

Overall, I found this thesis to be a humbling experience as it drove home what worked and what did not work for those that needed and attended counselling. At the beginning of this journey, I did not have any expectations of whether or not Aboriginal
clients benefitted from counselling with a non-Aboriginal counsellor. However, after speaking with the participants and reviewing the results, I realized that I do not have a strong sense of culture like the participants do and it was self-depreciating. Although I have a strong sense of family, I am not familiar with my culture to the extent of the participants; I realized I would like to understand my culture and embrace it as they do. This realization emerged throughout the results section, especially when one participant identified that he would have preferred to speak with an Elder as opposed to a counsellor. In response to this, I am very aware of my personal practice and how my background plays a role. In addition, I have taken what the participants said and have made changes to my own practice when conducting sessions. I am thankful to have had the opportunity to talk with the participants, and am grateful for their honesty and courage to discuss their experiences. Furthermore, I am hoping this research will shed some light, however slight, on the counselling profession and cause other counsellors to examine their roles and practice in order to further benefit their clientele.
References


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Appendix B – Information Poster

Do you identify as an Aboriginal Person?

Have you in the past, or are you currently attending counselling?

Is your counsellor non-Aboriginal?

If you answered ‘yes’ to these questions, would you be interested in participating in a study about cross-cultural counselling? My name is Lauren Sevigny, and I am a Master of Social Work student at the University of Northern BC. I am conducting a study about Aboriginal client’s experiences counselling methods with non-Aboriginal counsellors. If you choose to participate in this study, you will be compensated for your time. Please contact me at 250-961-5237. Your identity will be kept anonymous throughout the study.
Appendix C – Interview Protocol

The interview protocol is used to ensure validity throughout the interview process, by demonstrating that the target of study is actually being studied. Furthermore, “an interview guide is prepared to ensure that the same basic lines of inquiry are pursued with each person interviewed” (Patton, 2002). The advantage of utilizing the interview protocol is that it ensures the interviewer or evaluator is making the best usage of limited time during the interview (Patton, 2002). It also acts as a guide for developing questions, sequencing those questions, and helping to decide which questions need to be examined further (Patton, 2002).

My semi-structured interview will revolve around three sections; the self-identification of Aboriginal status; a history of attending counselling, and; current attendance of counselling. Within these sections, the participant’s experiences, feelings, and opinions will be heard and reflected upon within the thematic analysis section.

Interview Guide for Participants in Counselling Aboriginal Peoples

How does the participant self identify?

- Aboriginal
- From what nation?

What is the participant’s current status with counselling?

- Not currently attending counselling but has in the past
- Currently attending counselling

What is/was the participant’s experiences with counselling?

- Time attended
- Where attended
- Beneficial to progress
- Why ended
- Needs met
  - Spiritual needs met
- Change anything about counselling
- Counsellor is Aboriginal
- Anything else to add
Appendix D – Draft Questions

1. Do you identify as being an Aboriginal person?
   a. What nation?

2. Have you attended counselling in the past, or are you currently attending counselling?
   (skip to appropriate section).

Past Counselling Experiences

3. How long did you attend counselling for?

4. Why did you end counselling?

5. Do you feel that your counsellor was beneficial to your progress?
   a. If so, how?
   b. If not, how so?

6. Is there anything you would have changed about your counselling experience?

7. Do you feel your needs were met? Expand on answer….
   a. Were your spiritual needs met?

8. With your counsellor being non-Aboriginal, do you think you would have benefitted more from an Aboriginal counsellor?
   a. If yes, how so?
   b. If not, how so?

9. Is there anything you would like to add?

Current Counselling Experiences

10. How long have you been attending counselling for?

11. How often do you attend counselling?

12. Where do you attend counselling?
13. Why did you choose this agency? I.e. – accessibility, cost, ethnicity of counsellors, etc…

14. Do you feel you are progressing?
   a. If yes, how so?
   b. If not, how so?

15. Is there anything you would change about your counselling?

16. Do you feel your needs are being met? Expand on answer….
   a. Are your spiritual needs being met?

17. With your counsellor being non-Aboriginal, do you think you would have benefitted more from an Aboriginal counsellor?
   a. If yes, how so?
   b. If not, how so?

18. Is there anything you would like to add?
Appendix E – Information Card Regarding Available Counselling Services

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Phone Number</th>
<th>Organisation</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activator Society</td>
<td>250-563-5019</td>
<td>Adult Community Addiction Services</td>
<td>250-649-7200</td>
</tr>
<tr>
<td>AIDS Prevention Program</td>
<td>250-564-1727</td>
<td>Alcoholics Anonymous</td>
<td>250-564-7550</td>
</tr>
<tr>
<td>Baldy Hughes</td>
<td>250-964-3136</td>
<td>Brazzoni and Associates</td>
<td>250-614-2261</td>
</tr>
<tr>
<td>Carrier Sekani Family Services</td>
<td>250-562-3591</td>
<td>Central Interior Native Health Centre</td>
<td>250-564-4422</td>
</tr>
<tr>
<td>Community Acute Stabilization Team</td>
<td>250-565-2666</td>
<td>Community Outreach &amp; Assertive Services</td>
<td>250-565-7472</td>
</tr>
<tr>
<td>Counselling Centre at UNBC</td>
<td>250-960-6369</td>
<td>Crisis Line</td>
<td>250-563-1214 or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1-888-562-1214</td>
</tr>
<tr>
<td>Elizabeth Fry Society</td>
<td>250-563-1113</td>
<td>Intersect – Youth &amp; Family Services</td>
<td>250-562-6639</td>
</tr>
<tr>
<td>Metis Society</td>
<td>250-563-1661</td>
<td>Native Friendship Centre</td>
<td>250-564-3568</td>
</tr>
<tr>
<td>Native Healing Centre</td>
<td>250-564-4324</td>
<td>New Hope Society</td>
<td>250-562-8680 or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1-866-286-8680</td>
</tr>
<tr>
<td>Nechako Centre</td>
<td>1308 Alward St</td>
<td>Canadian Mental Health Association</td>
<td>250-564-8644</td>
</tr>
<tr>
<td>Community Response Unit (CRU)</td>
<td>250-565-2668</td>
<td>Positive Living North</td>
<td>250-362-1172</td>
</tr>
<tr>
<td>Pregnancy Counselling</td>
<td>250-565-7458</td>
<td>Surpassing Our Survival (SOS)</td>
<td>250-564-8302</td>
</tr>
<tr>
<td>Phoenix Transition Home</td>
<td>250-563-7305</td>
<td>Youth Around Prince George (YAP)</td>
<td>250-562-1172</td>
</tr>
</tbody>
</table>

This information card was laminated and provided to each individual as incentive for participating in this study. Please note that this list of counselling services is not a complete list of all available services within the city of Prince George.
Appendix F – Informed Consent Form

Title: Counselling Aboriginal Peoples: A Thematic Study of Counselling Experiences

You are being asked to participate in a study conducted by Lauren Sevigny, Master of Social Work student, from the University of Northern British Columbia. If you have any questions or concerns about the research, feel free to contact myself at 250-961-5237 or sevignyl@unbc.ca or you can contact my supervisor, Glen Schmidt, Associate Professor, School of Social Work at the University of Northern BC. He can be reached at either 250-960-6519 or schmidt@unbc.ca. If you have any complaints about this research, please contact the Office of Research at reb@unbc.ca or 250-960-5650.

The general purpose of this study is to understand how counselling provided to Aboriginal peoples is helpful to their situation with their counsellor being non-Aboriginal. The goal behind this research is to provide more information and support to non-Aboriginal counsellors and to ensure the needs of Aboriginal peoples are being met.

You will be asked a number of questions surrounding your counselling experience(s). Your identity will be kept anonymous and no identifying factors will be used within this study. I will be the only person who has access to your information, which will be destroyed after a period of two years following completion. The interviews will be tape-recorded and then transcribed. Prior to publication, you will receive a copy of your interview so that you are able to review it and provide input.

There is very little or no risk at all to you for participating in this study. However, if at all during the interview process you are feeling uncomfortable, you have the right to stop. Also, you are able to withdraw from the study at any given time, without any penalty and your information will be withdrawn as well.
If you are feeling triggered or re-traumatized at all during this process, please contact your counsellor or the 24-hour help line at 250-563-1214 or 1-888-562-1214.

Thank you for participating in this study. Please do not hesitate to ask any questions. I have read the following information provided, including the information letter, and I agree to participate in this study. I have been given a copy of this form.

Name of participant (please print)

__________________________
Signature of participant

__________________________
Date

Name of witness (please print)

__________________________
Signature of witness

__________________________
Date
Appendix G – Information Letter

Hello,

My name is Lauren Sevigny and I am a Master of Social Work student from the University of Northern BC.

First and foremost, I would like to thank you for considering taking part in this research. The general goal of this study is to better understand how Aboriginal peoples benefit from cross-cultural counselling.

Having responded to the information posters at an Aboriginal organization within Prince George, you will be asked to participate in an interview, which should take no longer than 60 minutes. The interview will be tape-recorded and transcribed by myself. Following the transcription, you will be able to review the interview and provide input. To ensure confidentiality, your identity will be kept anonymous and I will be the only one who has access to your identity, tape recordings, and transcriptions. This information will be kept in a locked cabinet in my house. The transcripts will be destroyed 2 years following completion of the study. And, to ensure your comfort, you are able to stop the interview at any time and you have the right to withdraw from the study at any time without penalty. If you choose to do so, all your information will be withdrawn from the study as well.

To thank you for participating in this study, you will be compensated with a gift card to Save-On Foods and an information card listing all the available counsellors within the community of Prince George. If, at all, during the interview or following it, you are upset or triggered by the questions, I encourage you to contact the 24-hour helpline at 250-563-1214 or 1-888-562-1214, or your counsellor.
In the event any questions arise, please do not hesitate to contact me at 250-961-5237 or sevignyl@unbc.ca, or my supervisor, Glen Schmidt at 250-960-6519 or schmidt@unbc.ca. If you have any complaints about the project, please contact the Office of Research at 250-960-5650 or reb@unbc.ca.

Once again, I would like to thank you for participating in this research. You will receive a copy of the research results upon completion.

Sincerely,

Lauren Sevigny, B.Sc., B.A., R.S.W., M.S.W. Candidate