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Advocacy and Social Justice Approaches With Immigrants and Refugees in Counsellor Education
Les approches de défense des droits et de justice sociale auprès des immigrants et réfugiés et leur lien avec la formation des conseillers

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ABSTRACT
In the current world, working with immigrants and refugees presents unique clinical and case management challenges that may go beyond standard training offered in most counsellor education courses on diversity. This applied conceptual article examines some of the barriers to working with immigrants and refugees. It also discusses approaches to including a focus on immigrants and refugees in counsellor education programs and courses as well as suggestions for counsellors working with these members of the community. In addition, an advocacy and social justice mandate to provide exposure to and teaching about clinical work with these often overlooked members of society is presented.

RÉSUMÉ
Dans le monde actuel, le fait de travailler avec des populations d'immigrants et de réfugiés comporte des difficultés considérables de gestion clinique et de cas qui peuvent aller bien au-delà de la formation standard offerte aux conseillers dans le cadre de la plupart de leurs cours de sensibilisation à la diversité. Cet article conceptuel appliqué permet d'examiner certains des obstacles que comporte le travail auprès des immigrants et des réfugiés. On y discute aussi différentes approches visant à mettre l'accent sur les populations d'immigrants et de réfugiés dans le cadre des cursus et des cours destinés aux conseillères et conseillers, ainsi que des suggestions à celles et ceux qui œuvrent auprès de ces groupes. On y présente également un mandat de défense des droits et de justice sociale qui doit prévaloir lorsqu'il s'agit d'exposer et d'enseigner le travail clinique auprès de ces membres de la société trop souvent ignorés.

It could be said that many of us living in North America were immigrants or refugees to our countries at one point in time or another, either directly or via our ancestors (Meyers, 2016). Yet, the topic of immigrant and refugee resettlement has been a hot-button topic lately (Gerig, 2018), but one that nonetheless impacts mental health counselling in many ways. Immigrant and refugee clients arrive with many barriers, including language and cultural assimilation concerns as well as needs related to matters such as finances, careers, and education that could be challenging for many North American counsellors to address, especially for those accustomed to working with non-marginalized (i.e., majority) clients (Blount & Acquaye, 2018). Barriers to mental wellness for these clients can lead to significant mental health issues such as depression, anxiety, relationship problems, traumatic stress–related disorders, and poor or decreased quality of life (Blount & Acquaye, 2018).

In light of these mental health challenges and needs, it is essential for mental health counsellors to develop an awareness of the cultural views that immigrants and refugees have related to health care and to find creative ways to connect with these clients and to provide the care needed for them to adjust successfully to life in their host country (Houseknecht & Swank, 2019). The authors of this paper aim to provide a focus on this topic by exploring the background of immigration and refugee populations, considering how members of these groups intersect with professional counselling, and providing some strategies for counsellors, educators, and supervisors at all levels to work effectively with these clients in their communities of care.

Overview of Immigrant and Refugee Populations in the United States and Canada

From their founding periods as countries to the early to mid-20th century, a majority of individuals emigrating to Canada and the United States (U.S.) were of European descent (Cheatham, 2020; McMahon et al., 2018; Meyers, 2016). In 1985, the Immigration and Refugee Board of Canada (IRB) was created, and in 2002, the Immigration and Refugee Protection Act came into existence (Statistics Canada, 2017). This Act sought, among other objectives, to "permit Canada to pursue the maximum social, cultural and economic benefits of immigration [and to] recognize that the refugee program is in the first instance about saving lives and offering protection to the displaced and persecuted" (Minister of Justice, 2019, pp. 2–3).

In the U.S., the Immigration and Nationality Act (INA), first enacted in 1952 and revised many times since, contains provisions of immigration law (U.S. Citizenship and Immigration Services, 2019). The U.S. president under the INA is given authority each year to determine the number of refugees accepted into the country in consultation with Congress. Under the Refugee Act of 1980, the INA

was amended, a neutral definition of refugee was recognized, and formal refugee and asylum programs were established (Department of Homeland Security, 2019).

According to Cheatham (2020), "Canada has built a reputation over the last half century of welcoming immigrants and valuing multiculturalism," with nearly 1/5 of the population of Canada being foreign-born. Between 2011 and 2016, an estimated 7.5 million foreign-born individuals arrived in Canada through the immigration process and representing more than one in five people (Statistics Canada, 2017). Likewise, the Government of Canada (2020) has documented 3,000 Black Loyalists as some of Canada's first refugees who fled the oppression of the American Revolution dating back to 1776. Since then, Canada's borders have welcomed refugees from Poland (1830), Ukraine (1891), China (1960s), Iran (1979), Vietnam (1979–1980), Bosnia (1992), Bhutan (2008, 2015), Syria (2016), and Iraq (2017–2018), to name only a few groups along with the corresponding years of their arrival (Government of Canada, 2018).

Meyers (2016) acknowledged that "everyone in the United States who is not an American Indian or Alaska native is … an immigrant or a descendant of immigrants, whether by choice or because of slavery." The Department of Homeland Security (2018) provided data extending from 1820, the year that 8,385 immigrants received permanent resident status in the U.S. This number has grown significantly over time, with an estimated 1.1 million immigrants receiving permanent resident status in 2017 (Department of Homeland Security, 2018). In contrast, refugee admission numbers have declined over time in the U.S. (Department of Homeland Security, 2019). For example, in 1990, the U.S. admitted approximately 122,000 refugees compared to approximately 54,000 in 2017 (Department of Homeland Security, 2019, p. 4).

Immigrants who moved to Canada or the U.S. within the past 5 to 10 years have been found to have lower mortality rates and carry fewer chronic illnesses and diseases than their North American counterparts or long-term immigrants (Beiser, 2005; Maskileyson, 2019). This has resulted in the concept of "the healthy immigrant paradigm" (Beiser, 2005, p. S33) or "the so-called 'healthy immigrant effect'" (Maskileyson, 2019, p. 246). Unfortunately, this pattern of good health does not appear to continue with resettlement, but researchers have explained that this could be due to several factors, including the country of origin of immigrants and refugees and the diversity within this population (Beiser, 2005; Maskileyson, 2019). War, displacement, and resettlement of immigrants and refugees can also result in complex trauma leading to difficulty in assessing and meeting the mental and physical health needs of this population accurately (Wylie et al., 2018).

For refugees, the success of escaping a crisis zone is not sufficient to mitigate the traumas experienced. This is evidenced by the deterioration in their general health and compounded by linguistic and cultural misunderstandings and by discrimination and stigmatization, a lack of financial resources, and inadequate access to health care services (Schouler-Ocak, 2015).

Beiser (2005) stated that immigrants and refugees to Canada and the U.S. face health and socio-economic challenges similar to members of their host country, relating to considerations such as obesity, cancer, mental health challenges, unemployment or limited employment, and marginal socio-economic status or poverty. These challenges are in evidence today and appear to be attributed to "negative acculturation … and inadequate access to healthcare services" (Maskileyson, 2019, p. 246). Therefore, Chung et al. (2008) and Wylie et al. (2018) stressed the importance for mental health professionals to be responsible for developing the competence necessary to work ethically and effectively with immigrant and refugee clients.

Current Political Climate

While writing this article, the authors were cognizant of the political climates in Canada, whose government is under the liberal leadership of Prime Minister Justin Trudeau, and in the U.S., whose government is under the conservative administration of President Donald Trump. The political and economic climate within Canada and the U.S. is a "factor influencing the mental health counseling profession" (Gerig, 2018, p. 302). Berry and Hou (2016) stated that "achieving the wellbeing of immigrants and refugees is an essential goal for Canadian society" (p. 254). Approximately 80% of refugee families receive some social assistance during their first year of living in Canada, but this number drops to between 50% and 60% during their second year (Marshall et al., 2016). At the same time, under President Trump's leadership, controversy surrounds the admission of refugees into the U.S., with the Trump administration seeking to suspend the admission of refugees from mostly Muslim, Middle Eastern countries, which is in direct contrast to the Obama administration's former policies (Houseknecht & Swank, 2019).

Thus, in our current era, the presence of immigrant and refugee populations in many countries, including Canada and the U.S., has become highly politicized (da Silva Rebelo et al., 2018; Houseknecht & Swank, 2019). These populations represent thousands of individuals from diverse cultures with myriad issues needing the help of counsellors, according to many authors (Blount & Acquaye, 2018; Derr, 2015; Salas-Wright et al., 2018).

A systematic literature review on the experiences of first-generation immigrant women in Canada conducted by Rezazadeh and Hoover (2018) found that "foreign-born women faced economic, cultural, linguistic, and systemic barriers that impeded their access to health, social, and economic resources" (p. 76). These barriers had a negative impact on their overall adjustment and well-being. In terms of employment, data released by the U.S. Bureau of Labor Statistics for the year 2019 (Department of Labor, 2020) indicated that foreign-born workers are more likely than native-born workers to be employed in service (22.5% compared to 16%, respectively) and have drastically lower incomes than native-born workers

in similar categories. Foreign-born workers also had 85% lower median weekly wages ($800) for full-time employment by comparison to native-born workers ($941). Also, in 2018, only 53% of U.S. immigrants were proficient in English (Budiman et al., 2020).

These numbers correspond with data documented by Chung et al. (2008), who stated that immigrants in the U.S. account for 22% of all low-income workers and 40% of all low-skilled workers, and approximately 50% of them have limited proficiency of the English language. This often translates to "unemployment, underemployment, and disqualification of their previously held professional credentials," and these "employment difficulties significantly contribute to immigrants' and refugees' mental health" (Yakushko et al., 2008, pp. 364, 365), a reality that continues today (Li & Sah, 2019). The challenges related to language barriers, employment, and income compound the complex stressors, including "loss of cultural and community identity, social support networks, and one's ability to financially help support family members who were left in the immigrants' [or refugees'] home countries" (Chung et al., 2008, p. 311). These barriers impact the mental health and overall quality of life for members from these populations. Chung et al. (2008) stated that most immigrants and refugees arriving in Canada and the U.S. are from collectivistic societies and are not adequately prepared to live and work in the individualistic and competitive societies of North America.

Mass media can also contribute to fuelling negative stereotypes of immigrants and refugees, resulting in members from these populations experiencing racism and discrimination stemming from fear and distrust from citizens in the host country (Chung et al., 2008). Da Silva Rebelo et al. (2018) stated that when citizens in the host country display mistrust, hostility, and discrimination in overt or covert ways, the biopsychosocial well-being of immigrants and refugees is negatively impacted. This often results in "feelings of helplessness, anger, frustration, and general mistrust," an "avoidance of care services even when needed," and a transference of "their negative feelings onto helping professionals" (pp. 247, 248, 239).

Referring to refugees, Blount and Acquaye (2018), relying on 2016 data from the United Nations High Commissioner for Refugees (UNHCR), stated there are an estimated 65.3 million people in the world who have been displaced from their homes. One third of that number consists of refugees, half of whom are under the age of 18. The overall wellness of refugees is impacted by challenges to cultural, ecological, economic, historical, psychological, and socio-political concerns. Their mental health challenges include "somatic symptoms and posttraumatic stress symptomatology (e.g., anxiety, depression, dissociation, reckless behavior)" and difficulties at school and at work (Blount & Acquaye, 2018, p. 463).

Focusing on refugee youth, Marshall et al. (2016) highlighted that individuals from this subset of the refugee population are likely to have experienced high levels of psychological trauma related to safety, survival, and basic needs.

Refugee youth need added supports related to language (i.e., learning the language of the host country) and to economic and family situation (i.e., finding and maintaining work and a stable income to ensure the survival of the family, including children). They also need support related to education (i.e., schooling might have been disrupted as a result of living in refugee camps, requiring a lot of work from young people to meet age-appropriate educational milestones, and in some instances, their credentials or work experience might not be accepted) and to gender (i.e., role expectations and cultural norms might differ from the host country, specifically for girls and women; Marshall et al., 2016).

Continued Settlement of Immigrants and Refugees

Despite the current political climate, most countries in which the counselling profession is well established (e.g., Canada and the U.S.) continue to settle immigrants and refugees within their borders. Research indicates the resilience of immigrants and refugees, resulting in post-traumatic growth and leading to healthy adjustment and well-being, which can translate to positive contributions to the host country (Chan et al., 2016; Goodman et al., 2017). Indeed, in some regions, these populations are vital to economic stability and growth (National Immigration Forum, 2018). According to research conducted by Green et al. (2016) in Canada, many immigrants are entrepreneurial, and there is a greater likelihood that immigrants will start businesses more so than their Canadian citizen counterparts, resulting in economic growth for the country. Green et al. drew on "data from 2010" to "indicate that rates of private business ownership and unincorporated self-employment were higher among immigrants than among the Canadian-born population" (p. 6).

The U.S. National Academies of Sciences, Engineering, and Medicine researched immigration in the U.S. over the past 20 years (Blau & Mackie, 2017). They found it to have a positive impact on the country's economic growth over the long term. Regarding wages, Blau and Mackie (2017) stated that the negative impact of immigrants is small and is experienced by U.S.-born workers without high school education and that little evidence exists to indicate that immigrants impact the employment levels of their U.S.-born counterparts. This study also found that first-generation immigrants have a higher cost to the governments, which stems from educating children. However, second-generation immigrants are identified as some of the strongest contributors, economically and financially, to the U.S. population (Blau & Mackie, 2017).

Although refugees may be a group that is viewed as a cost to society, when examined more closely, results appear to differ based on the age of arrival (Evans & Fitzgerald, 2017). Evans and Fitzgerald (2017) found that refugees who enter the U.S. before the age of 14 have the same rate of graduation compared to their U.S.-born counterparts. Also, they found that even though refugees might exact an initial high cost upon arrival to the U.S., resulting from relocation ($15,148)

and the use of welfare ($92,217), "over their first 20 years in the U.S., refugees that arrived in the U.S. aged 18–45 pay about $21,324 more in taxes [$128,689] than they take home in benefits" (p. 30). Of concern for counsellors seeking to advocate for this population is the disparity in wages between refugees between the ages of 18 and 45, even though they have higher employment rates than their U.S.-born peers (Evans & Fitzgerald, 2017).

Advocacy and Social Justice Mandate for the Professional Counselling Field

Based on the information detailed above, it is inevitable that many counsellors and counselling trainees will provide clinical work to these populations as they proliferate North American areas from the urban to the rural, and that educators and supervisors of counselling should assist in this endeavour through focused training and program development. All North American counsellors are called to embrace principles of multicultural acceptance, social justice, and advocacy in every phase of their work with their clients, and immigrant and refugee populations are not excluded from this call; for example, the Canadian Counselling and Psychotherapy Association's (CCPA, 2015) *Standards of Practice* (5th ed.) states clearly that "counsellors convey respect for human dignity, principles of equity and social justice, and speak out or take other appropriate actions against practices, policies, laws, and regulations that directly or indirectly bring harm to others or violate their human rights" (p. 2). By further example, the American Counseling Association's (ACA, 2014) *Code of Ethics* lists core professional values of "honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts" and "promoting social justice" (p. 3) as essential values for all in the counselling profession. Taken with other essential guidelines in the field like the CCPA (2007) *Code of Ethics* and the Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2015), it is very evident that being a competent professional counsellor requires ongoing efforts to gain appropriate beliefs and knowledge to implement skills and action toward improving the lives of all clients encountered in the field, especially those coming from marginalized statuses and facing barriers to their success in terms of their mental health and in achieving their life goals.

For example, the culture-infused counselling model (Collins & Arthur, 2010) presents counsellors with a framework to examine and address their level of multicultural competence when working with clients who are different from them. The model identifies three overarching domains (i.e., *cultural awareness-self*, *cultural awareness-other*, and *culturally sensitive working alliance*), each with multiple competencies that are designed to focus a counsellor's attitudes, beliefs, knowledge, and skills in numerous ways to enhance cultural competence (Collins & Arthur, 2010). For instance, under *cultural awareness-self*: *Active awareness of*

personal assumptions, values, and biases, counsellors are encouraged to "be able and willing to self-reflect (*attitudes & beliefs*)," to "define your own cultural identities (*knowledge*)," and to "actively pursue deeper cultural self-awareness" (*skills*; Collins & Arthur, 2010, p. 222). This model and others, such as the updated MSJCCs (Ratts et al., 2015), provide clear, practical guidance for how counsellors can develop multicultural and social justice competence with clients from a range of backgrounds. Thus, an emphasis of this article is an advocacy and social justice mandate approach to providing exposure to, teaching about, and doing clinical work with often overlooked members of society, such as immigrants and refugees.

Clinical and Case Management Challenges for Counsellors

Working with immigrants and refugees presents unique clinical and case management challenges that may go beyond standard training offered in courses on how to work with minoritized populations in counsellor education. Such clients have to cope with issues of culture clash, assimilation, marginalization, and related issues of diversity in a culture, but also must face potentially unique issues such as the stigma against addressing mental health needs, understanding the counselling relationship, and significant language barriers (Saunders et al., 2018).

The Stigma Against Addressing Mental Health Needs and Understanding the Counselling Relationship

Refugees and immigrants may hold a stigma against addressing mental health needs (Saunders et al., 2018) and against the counselling process in general. In some communities, addressing personal or family issues with a counsellor may be seen as talking to an outsider or a stranger, a task that should be reserved only for someone within the family. For example, among many Asian communities, "having a mental illness is considered an extreme shame and formal intervention such as seeking professional help is often considered dishonorable since it indicates the inadequacy of family members causing the family to 'lose face' within their community" (Han et al., 2015, p. 63). It is therefore important to note that some non-Western collectivistic cultures may emphasize the protection of family or community from public shame even at the expense of the self (Han et al., 2015; Nosheen et al., 2017), potentially leading to a worsening of individual mental health issues.

Possibly adding to stigma and reluctance to seek treatment, refugees and immigrants do not always have a clear understanding of what the counselling relationship looks like (Marotta, 2003; Villalba, 2009; Wylie et al., 2018). Counsellors need patience and understanding in establishing and navigating the counselling relationship with these populations (Houseknecht & Swank, 2019). Chung et

al. (2008) called for psychoeducational interventions that educate clients on basic mental health at the opening step in a counselling relationship with immigrants and refugees. This will allow for both the client to get acquainted with the counselling process and for the counsellor to learn their client's expectations regarding this process.

Educating a client should begin during an intake session, as it is standard to discuss the informed consent at the initial session and to continue a discussion of what the consent entails throughout the counselling relationship (Remley & Herlihy, 2016). According to these authors, key elements of the informed consent process include highlighting what counselling is, what confidentiality is, and at what point confidentiality must be breached. Care must be taken when discussing confidentiality and when it must be breached so that it does not lead to mistrust. The client may be more apprehensive in sharing details that may expose their family. Although counsellors should not ignore obvious ethical and safety concerns presented by clients, Chung et al. (2008) encouraged counsellors to exercise caution, openness, and flexibility in order to understand situations where different cultural practices may be controversial. Learning from the client to understand their cultural context is therefore imperative.

Navigating the Cultural Clash Toward Assimilation Versus Integration

Refugees and immigrants experience a clash of cultures between their world views and those of the host country to which they have migrated (Chung et al., 2008; Houseknecht & Swank, 2019; Wylie et al., 2018). A person who migrates from one part of the world to another carries their culture along with them; the changes they embrace from the dominant culture of their new country is called *acculturation* (Chung et al., 2008). This acculturation process may transpire differently among different refugee and immigrant groups or individuals (Guruge & Butt, 2015) and may be very complex and at times even cyclical. Clients experiencing a cultural clash may not understand the aspects of their conflict fully. As such, counsellors need to exercise sensitivity and empathy for clients in this process (Houseknecht & Swank, 2019).

Refugees and immigrants undergo multiple changes that may include a self-identity crisis in light of being in the host culture (Chung et al., 2008). In trying to resolve these crises, some individuals assimilate to the dominant culture, which means they accept fully the world view and beliefs of the new culture, and others transition from this stage and experience *integration*, whereby they merge various elements of their traditional culture within their host culture (Chung et al., 2008). Feelings of loss of a past life and wrestling with intersections of identities are not uncommon for this population (Houseknecht & Swank, 2019; Yakushko et al., 2008). For example, a father of a family may sit in limbo as he waits for his legal authorization-to-work papers to be processed, or a woman may be forced to learn

to drive a car to get to work even though that skill is not afforded to women in her home culture.

To many refugees and immigrants, embracing the new host culture also means embracing the language. Approximately half of the immigrants who are five years old and older in the U.S. are proficient in English (Budiman, 2020). Olsen (2000) noted that many refugees and immigrants acknowledge the benefits of learning the national language, which includes being able to navigate formal spaces successfully. Nonetheless, this population finds itself in the centre of a political hot topic at the pressure to learn English. Counsellors are encouraged to remain informed of the current political landscape, which may impact immigrant and refugee clients, so they can be knowledgeable advocates and be fully present in their empathic process with their clients.

Barriers for Counsellors and Educators in Working With Immigrants and Refugees

Research (Blount & Acquaye, 2018; Chung et al., 2008; Rogers-Sirin et al., 2015) continues to identify the mental health needs for immigrants and refugees, including depression, anxiety, post-traumatic stress, and substance abuse, based on acculturative stressors. Immigrants and refugees often leave family, friends, and familiar cultures and traditions behind. They are tasked with the sometimes daunting challenge of adjusting to life in a new country, which often includes learning a new language and culture and adapting to a new social environment, where some may experience racism, prejudice, and discrimination (Rogers-Sirin et al., 2015).

According to Meyers (2016), many immigrants and refugees are unaware of the services professional counsellors provide in helping them navigate a new landscape. This lack of awareness of mental health counselling professionals might be attributed to language barriers, to severe mental health challenges and difficult immigration experiences, and/or to "difficulty understanding the need for and mechanisms of mental health services [or] a shortage of bilingual, bicultural mental health providers" (Villalba, 2009, p. 5) and the cultural competence of the counsellor (Rogers-Sirin et al., 2015).

According to da Silva Rebelo et al. (2018), immigrants and refugees experience feelings of mistrust and sometimes of anger and hostility toward mental health professionals, stemming from poverty, social exclusion, fear of deportation, and discrimination within the health care system. As a result, immigrants and refugees may avoid or delay seeking services or fail to adhere to treatment recommendations, which can exacerbate their physical and mental health issues. Da Silva Rebelo et al. (2018) reported on "cultural insensitivity and prejudiced verbal and nonverbal behaviours from health care professionals or clinic staff who often served as gatekeepers to the [health care] system" (p. 240), which often contributes

to the mistrust experienced by immigrants and refugees. This is of particular concern for counsellors since "the cultural competence of the therapist is likely an essential contributor to whether therapy is experienced positively or negatively and likely affects attitudes toward seeking psychotherapy again" (Rogers-Sirin et al., 2015, p. 259). Counsellors need to demonstrate multicultural competence when working with immigrant and refugee clients to replace the mistrust with trust while providing access to needed services, which also includes the use of appropriate language translators and of interpreters or other practices or helping individuals indigenous to their community (e.g., spiritual leaders, healers, family members) to assist in the counselling process (Moodley & Sutherland, 2010).

To date, no research exists on how counsellor education programs address working with immigrants and refugees specifically. Even in 2011, although counselling programs were training students to work with immigrants and refugees, best practices in multicultural competency and social justice advocacy were not yet established (Nilsson et al., 2011). It was not until Ratts et al.'s (2015) introduction of the Multicultural and Social Justice Counseling Competencies (MSJCC) that counsellor training programs were provided with a road map for training students, which culminated in Pope et al.'s (2020) *Social Justice and Advocacy in Counseling*. Nilsson et al. (2011) documented counselling students working with immigrants and refugees during clinical experiences. Still, counselling programs addressed working with immigrants and refugees during a stand-alone multicultural course. Research conducted by Celinska and Swazo (2016) found evidence in support of counsellor education programs providing "explicit multicultural curriculum design (i.e., a stand-alone multicultural course) [as] an effective approach to facilitate trainees' multicultural development" (p. 21) instead of using an implicit curriculum design. We believe more research is needed in this area; thus, the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2015) encourages counselling programs to infuse social and cultural diversity (Standard 2), which encompasses working with immigrants and refugees, throughout the counselling curriculum.

Integrating Immigrants and Refugees Into Classrooms and Clinical Supervision

Thus far, this paper has focused on ways that counsellors can respond competently when working with immigrants and refugees within their work. It is important to address two other important areas of application of similar ideas: counsellor education and counselling supervision. Educators and supervisors, like counsellors, need applied skills to incorporate when working with immigrants and refugees in their roles in clinics and through pedagogical strategies for counsellor training.

Application for Counsellor Education

Most North American counsellor education programs at the master's level include a course on multicultural counselling or infuse this topic into other coursework (Celinska & Swazo, 2016). In the U.S., the multicultural counselling course appears under CACREP's (2015) *Social and Diversity* curriculum accreditation requirements. Furthermore, according to the National Board for Certified Counselors (NBCC, n.d.) and the American School Counselor Association (ASCA, n.d.), most states require this course to be completed by applicants seeking counselling licensure. In some instances, the topic of immigrants and refugees as a focus may appear once in the multicultural counselling course. Still, this limited exposure to such a critical and prevalent topic is not sufficient in preparing future counsellors (Celinska & Swazo, 2016). The lack of preparedness in terms of academic and practical knowledge in working with immigrants and refugees has the potential to harm a client, which would break a cardinal rule in the counselling profession (Remley & Herlihy, 2016). Applications in counsellor education will be discussed from three perspectives: curriculum strategies, innovative pedagogical and research practices, and administrative strategies.

Curriculum Strategies

It should be the goal of counselling programs to increase base knowledge on working with immigrants and refugees while also honing skills of advocacy, leadership, and consultation. Expansion of multicultural counselling topics beyond the multicultural counselling course can be applied to other classes via practical and appropriate immigrant and refugee case studies. For example, instructors of courses on human growth and development/lifespan can tailor their curricula to explore key life transitions of immigrants and refugee populations such as adolescents' rites of passage, collectivistic marital practices, the sacredness of birthing and the naming processes, and rituals preparing for crossing over to death for the elderly.

Another example is a typical career counselling course. In this course, instructors could explore the impact of migration, political forces, and acculturative stress on an individual's career choice. An example of this in the U.S. could be examining how DACA (Deferred Action for Childhood Arrival) students navigate career planning considering the uncertainty that marks their livelihood, their immediate families, and their support systems. Although only a few examples are offered here for brevity, nearly any counsellor education course or training topic could be examined from a place of impact for immigrants and refugees. The curricula could be enhanced toward the inclusivity of these populations. A possible case example that could be used in various ways in the classroom is the following one reflecting multiple cultural issues and biases present when a counsellor enters an unfamiliar immigrant household:

Khadijah, a recent immigrant to Canada who has seven kids, begins working with Hannah, a White, female, second-year doctoral student assigned to serve as her counsellor. Khadijah had requested to work only with a female counsellor. When Hannah makes a home visit for their second session, she is surprised to find a vehicle sitting outside their two-bedroom townhouse. Hannah later realizes that several families share this car, but as a woman, Khadijah cannot drive since this would be insulting to the men around her who are yet to drive in this new country. A related issue is that Khadijah has not been able to see her family doctor because he is male, and she is not comfortable with this arrangement. She is stressed about getting pregnant again, but she cannot talk about "family planning" with her husband because doing so is taboo, even in a marital relationship. Hannah assumes that Khadijah is a Muslim because she first hears her Arabic salutation with her neighbour ("As-salaam-Alaikum") and her name sounds Muslim. Hannah has noticed her hair is wrapped, and she has a meticulous henna design on her hands. Later, Khadijah shares that her home community lived peacefully alongside their Muslim brothers and sisters, but she identifies simply as a "God-fearing" woman.

Innovative Pedagogical and Research Practices

Employing innovative pedagogical practices in counsellor education and training has the potential to strengthen, reinforce, and humanize curricula. For example, the diagnosis and treatment planning course offered in most counselling programs could integrate real case studies from immigrants or refugees from the Internet (see those included on the I Am an Immigrant website). Exposing students to actual immigrant stories of success and hardship via this site and elsewhere would allow students to get a foretaste of interacting with members of these populations before a fieldwork setting. These case studies can also be used as reflection threads to apply social justice principles and develop students' multicultural competence as they seek to increase their awareness as counsellors in training while working with case example clients through psychoeducation and providing them with access to resources.

Smith-Augustine et al. (2014) described cultural immersion as an "experiential strategy that increases students' cultural awareness, expands their worldview, reduces prejudice, and develops cultural sensitivity" (p. 469). Counselling programs may collaborate with their institutions' study abroad, service learning, spiritual, or other programs to offer cultural immersion experiences for their counselling students or have students develop such immersion experiences on their own. Such opportunities are ideally guided by a faculty or staff member who is open to facilitate students' reflections as they potentially face their egocentric views and stereotypes about themselves and others (Smith-Augustine et al., 2014).

Not all counsellors in training get the opportunity to travel outside the Americas, but since refugees and immigrants continue to reside in local communities

across Canada and the U.S., counsellors in training can interview a member of this population as part of their educational experience. Snow et al. (2020) provided a step-by-step strategy that involves a 30- to 60-minute interview with a refugee or an immigrant for students to gain a deeper understanding of these populations and their needs. Following the interview, the student develops a presentation for the classroom setting where they get to respond to several reflective questions, including: "What (if at all) are barriers that this immigrant/refugee has to overcome?" "How do you think these barriers impact the community?" and "How does your overall experience of this project influence your perspective on the potential roles counselors can have with the immigrant/refugee population?" (p. 136). Included in these authors' teaching approach are additional questions and steps for the interview and presentation process.

Instructors fostering student research at the master's and doctoral levels should also include the marginalized populations of refugees and immigrants. The interview mentioned above and presentation strategy (Snow et al., 2020) can be developed further into a research topic where graduate students can complete a qualitative study on the lived experiences of specific refugee groups. Researching these populations necessitates the employment of decolonization strategies where the research subjects (e.g., immigrants and refugees) can be given a voice and space to participate as creators of Indigenous methodology (Snow et al., 2016). In so doing, a larger goal to promote the celebration and creation of evidence-based interventions from immigrant and refugee perspectives is met. Snow et al. (2016) discussed how such researchers can utilize "metaphors, symbols, artifacts, songs, and proverbs familiar to a community to understand, interpret, or convey Indigenous knowledge systems" (p. 368) in their work. Students could be encouraged to adopt similar strategies in their research projects.

Administrative Strategies

Administrative solutions and strategies in counsellor education go beyond merely what happens in the classroom and address what can facilitate the broader narrative that invites refugees and immigrants to be part of the academic family as students, faculty, and administrators. The presence or absence of refugee and immigrant representation can influence the ongoing development of the counselling profession at large, mimicking clinically what continues to happen to refugees and immigrants within the community (Kuo et al., 2018; Ng, 2006). For example, a counsellor in training who is also an immigrant or an international student and who shares the language and/or past experiences with a refugee or immigrant client has the potential to move a counselling session further along by using appropriate self-disclosure, by being present, and by cutting out the need for a translator.

A practical administrative strategy in counsellor education could ensure that admissions criteria are broad enough to welcome refugees, immigrants, and

international students to their counselling programs and ensure that needed services for these students exist across campus (e.g., admissions, financial aid, and housing). For example, colleges need to provide scholarships and funding opportunities that can enable this unique set of students to complete their schooling with limited financial complications. Harrichand et al. (2020) offered administrators of counsellor education programs suggestions to facilitate additional support and resources for these students, including writing and tutoring resources, international support groups, networking opportunities, and survival guides and information such as local medical and police contacts, food pantries and shelters, and religious centres.

Application for Clinical Supervision

The CCPA (2007) *Code of Ethics* provides supervision guidelines under *Section F*: *Counsellor Education, Training and Supervision*. According to these guidelines, counselling supervisors are responsible for ensuring that students, trainees, and supervisees are aware of their ethical responsibilities, are knowledgeable of CCPA ethical codes and practice standards (*F3*) and are informed of ways to ensure client welfare when students or trainees are in supervised practice and to intervene when necessary (*F5*). Similarly, the ACA (2014) *Code of Ethics* contains guidelines for supervisors when training supervisees or counsellors in training. Under *Standard F.1*: *Counselor Supervision and Client Welfare*, the primary responsibility of the supervisor is to monitor the services provided by supervisees while ensuring clients' welfare. Under section *F.2.b*: *Multicultural Issues/Diversity in Supervision*, "supervisors are aware of and address the role of multiculturalism/diversity in the supervisory relationship" (ACA, 2014, p. 13). CACREP's (2015) *Standards* also highlights the need for students/supervisees to have knowledge and skills related to counselling socially and culturally diverse clients.

Through clinical supervision, supervisors can provide supervisees with opportunities "to develop awareness of their own values and biases and their client's worldview" (Houseknecht & Swank, 2019, p. 129) toward individuals of diverse characteristics, including immigrants and refugees. Supervisors can also work with supervisees by employing the MSJCCs (Ratts et al., 2015) regarding (a) counsellor self-awareness, (b) client world views, (c) counselling relationships, and (d) counselling and advocacy interventions. In so doing, supervisors can infuse the experiences of immigrants and refugees using experiential activities. One way of helping supervisees during individual, triadic, or group supervision includes using psychoeducational reading materials and videos on immigrants and refugees. These activities are accompanied by discussion questions and provide time for self-reflection, as outlined by Snow et al. (2020).

Supervisors should encourage supervisees to answer questions like the following before working with immigrants and refugees: "How do I feel about immigrants and refugees coming to [Canada or] the United States? … What

should our government do about unauthorized immigrants [and refugees] living in this country, and in my community?" (Villalba, 2009, p. 5). Most importantly, supervisors can model warmth, empathy, and genuineness, thereby fostering a safe supervisor–supervisee environment that can translate into a safe supervisee–client (immigrant or refugee) therapeutic relationship. By helping supervisees develop an openness to learning cultural humility regarding limited knowledge, honest reflection of personal reactions, and respect and sensitivity for an immigrant or refugee client's reality and world view, the supervisee will be demonstrating effective multicultural competence (Rogers-Sirin et al., 2015) and thereby provide ethically appropriate care in counselling.

Resistance to Inclusive Approaches in Classroom and Supervision Settings

It is safe to say that despite the best efforts of counsellor educators and supervisors to implement the strategies detailed above to enhance the competence of counsellors in training to work with diverse individuals and groups, particularly immigrants and refugees, not every trainee may embrace this approach or be open to the examination and application of these ideas to their world view. This presents a potential dilemma. How do we respond to racist or xenophobic expressions from trainees, whether through overt means or via subtle microaggressions, when they arise within clinics and classrooms? For example, Torino (2015) identified the particular challenges of teaching White privilege to students who identify as White. This topic, possibly never examined by these students, may result in defensiveness, withdrawal, or even aggression in the form of racist comments in the classroom or in assignments.

Torino (2015) identified several strategies to address such instances of racism, starting with attending directly to the emotional content, the affect, of students' responses. Ignoring these responses, especially their emotional content, can have adverse consequences and goes counter to the multicultural competence (and anti-racist) training already explored. Helping trainees recognize that everyone, including instructors and supervisors, holds biases and prejudicial views to an extent is a good place to start and to model how to address sensitive topics openly, honestly, and appropriately (Torino, 2015).

In addition, due to the potentially emotionally charged nature of racist or xenophobic statements by trainees, instructors and supervisors are recommended to "combine both didactic and experiential activities within one course [or training experience] given the affectively evocative nature of race for White trainees" (Torino, 2015, p. 298). Thus, the counsellor educator or supervisor should take direct, overt, open, humanizing, and empathic approaches to including focused multicultural and anti-racist guidance in their training programs and should address instances of racist or xenophobic statements or prejudices directly when

they arise, hopefully relying on the counselling skill set we aim to teach trainees. Of course, if trainees continue to resist multicultural competence training or to behave in unacceptable ways (e.g., racist statements), educators and supervisors should consider their remediation and gatekeeping obligations (ACA, 2014).

Conclusion

As this article has shown, immigrant and refugee populations in North America have been a steadfast part of our society. It seems unlikely that their presence will vanish anytime soon. Although the political forces impacting the movement of these populations across international borders keep changing, the competent counsellor (or counsellor in training), counsellor educator, and supervisor needs to be prepared to address the myriad issues presented by immigrant and refugee clients. Today's immigrant or refugee is very likely tomorrow's citizen, neighbour, student, partner, colleague, or client. Embracing appropriate and meaningful skills at all levels of professional counselling to work with these ever-changing populations is essential to ethical care and training in the field.

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