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## A Qualitative Study of Therapist Trainees' Multicultural Counselling Development Through Working with Refugee Clients: Implications for Theory-Building, Research, and Practice

### Une étude qualitative du développement des thérapeutes en formation dans un contexte de pratique multiculturelle du counseling auprès d'une clientèle issue de réfugiés : implications pour l'élaboration de la théorie, la recherche et la pratique

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#### ABSTRACT

This study qualitatively examined the evolving experience and change process that occurred when 14 clinical psychology doctoral trainees worked directly with refugee clients as part of their multicultural counselling training. The study collected and analyzed trainees' post-session critical incident journals based on the Grounded Theory Method. A superordinate theme – *Increased Awareness and Responses to Make Cultural Adaptations to Therapy* – emerged from the analysis. This superordinate theme, with its eight subthemes, illustrates that the trainees underwent a dynamic developmental progression, involving elements of cultural awareness, knowledge, and skill/action, as they navigated through learning how to respond to and build relationships with refugee clients. The results of the study point to a three-pronged “cognitive-affective-behavioural” working model. This model helps to conceptualize the effects/impacts on trainees' overall development of multicultural competence and cultural humility through building relationships and offering culturally-informed therapy to refugees. Implications for multicultural counselling theory-building, research, and practice are discussed.

#### RÉSUMÉ

L'étude qualitative examinait l'expérience évolutive et le processus de changement qui ont eu lieu lorsque 14 praticiens et praticiennes en formation au doctorat

en psychologie clinique ont travaillé directement auprès d'une clientèle issue de réfugiés dans le cadre de leur formation multiculturelle en counseling. Suivant la méthode de la théorisation ancrée, l'étude a recueilli et analysé les journaux d'événements critiques subséquents. On a tiré un thème superordonné de l'analyse : Prise de conscience plus grande de l'adaptation de la thérapie à la culture et mesures conséquemment prises à cette fin. Le thème superordonné et ses huit sous-thèmes montrent que les praticiens et praticiennes en formation ont fait des progrès de manière dynamique dans le cadre de leur formation; ceux-ci comprennent des éléments de sensibilisation à la culture, des connaissances et des compétences acquis pendant qu'ils apprenaient à s'adapter à une clientèle issue de réfugiés et à développer des relations avec celle-ci. Les résultats de l'étude nous orientent vers un modèle de travail en trois volets : cognitif, affectif et comportemental. Ce modèle nous permet de conceptualiser les effets observés sur l'acquisition globale de compétences multiculturelles et d'une humilité culturelle chez les praticiens en formation lorsque ceux-ci développent des relations avec des réfugiés et leur offrent une thérapie sensible à leur culture. On aborde les implications pour l'élaboration de la théorie, la recherche et la pratique dans un contexte de counseling multiculturel.

*Keywords:* multicultural counselling training, multicultural practicum, refugee, grounded theory, experiential

According to the United Nations Higher Commissioner for Refugees (UNHCR, 2022), in 2020 there were 82.4 million displaced individuals worldwide, of which 26.4 million were refugees. This ever-expanding refugee population internationally has cast the global community into what some scholars called a “refugee crisis” (Rousseau, 2018). The recent mass exodus and fleeing of Syrian, Afghan, and Ukrainian refugees from their home countries are conspicuous examples of this emergency. Consequently, there has been a growing and urgent call for mental health counsellors and professionals to be more effectively equipped with the necessary culturally-informed skills (Houseknecht & Swank, 2019; Kuo, Huang, et al., 2020), cultural humility (Adams & Kivlighan, 2019), and social justice and advocacy perspective (Snow et al., 2021) to respond to and support the psychosocial needs of refugees in Canada, the U.S., and elsewhere. Within this context, some experts have advocated for specific multicultural counselling and social justice training designed to promote the capacity of counsellors and therapists to provide mental health services to refugee clients (e.g., Houseknecht & Swank, 2019; Kuo & Arcuri, 2014; Kuo & Boucher, 2020; Nilsson et al., 2011). These studies echo Snow et al.'s (2021) recent observation that working with refugee and immigrant clients requires counsellor learning that goes beyond standard multicultural counselling training (MCT) for counsellors; this is due to the unique clinical and case management challenges related to providing culturally- and linguistically-appropriate intervention for these newcomer groups (Bemak & Chung, 2017; Kuo, Huang, et al., 2020). Therefore, the literature has pointed to the need for creative and evidence-based cultural training and “best practice” strategies

to help promote counsellors' cultural sensitivity and responsiveness in working with refugees (Adams & Kivlighan, 2019; Nilsson et al., 2011). In pursuit of a better understanding of counsellor and therapist trainees' multicultural learning and development, the present study qualitatively examined the transformative process therapist trainees experienced through offering therapy to and building relationships with refugee clients in a supervised refugee-serving multicultural practicum.

On evidence-based multicultural and social justice counselling more generally, several limitations have been observed. First, multicultural scholars and educators have long advocated for more skill-focused cultural training approaches to help bridge the existing gap resulting from heavy reliance on the cognitive-based, didactic-oriented, single-course model of multicultural course work in most graduate programs (Pieterse et al., 2009; Smith et al., 2006). Recent emerging literature on cultural humility also stresses the relational and the interpersonal skill dimensions of counsellors' capacity to engage culturally-diverse clients in the clinical context (Mosher et al., 2017). To this point, one promising response is the use of "multicultural counselling/psychotherapy practica," involving counsellor trainees working directly with culturally-diverse populations under structured supervision (see examples in Kuo & Boucher, 2020; Tomlinson-Clarke, 2000). Such a practicum-based model of MCT is an extension of the "cultural immersion" approach, which has been advocated and adopted in many graduate-level counselling programs, as a valuable, experiential instructional tool for culture and diversity training (Barden & Cashwell, 2013; Shannonhouse et al., 2018).

Second, some MCT researchers and scholars have observed the need for more research to better decipher the actual "change process" that occurs when counsellor and therapist trainees undergo multicultural and social justice training and education (King et al., 2021; Kuo & Arcuri, 2014). For instance, Sammons and Speight (2008) contended that such change process-oriented MCT research is sorely needed to help pinpoint the elements of influences and the catalysts of change that can lead to trainees' substantive growth in cultural competence. In fact, this assertion is well supported by the proposition of recent multicultural scholars and educators, who contended that research about counsellor trainees' cultural learning process is paramount to enhancing trainees' ability to build theories on multicultural counselling development and design evidence-based MCT intervention (Shannonhouse et al., 2018; Smith & Trimble, 2016).

Despite the above, there are currently very limited research and empirical understandings about what actually occurs for counsellor and counsellor trainees experientially, when they are presented with clients of diverse backgrounds, such as refugee clients, within an actual therapeutic or clinical context. In other words, questions on how counsellor trainees engage and respond to working with actual culturally diverse clients (e.g., refugees), and how such a clinical

experience may impact and contribute to their multicultural learning and skill development remain very much understudied (Kuo & Arcuri, 2014; Nilsson et al., 2011). For this reason, the present qualitative investigation specifically addressed these questions. In this study, we examined the cultural and therapy learning experiences of doctoral-level clinical psychology trainees through providing therapy to community-based refugee clients. Situated within a unique refugee-serving multicultural therapy practicum in a clinical psychology Ph.D. program in Canada, this study adopted the Grounded Theory Method (GTM) stipulated by Rennie (2006) to analyze therapist trainees' weekly post-session critical incident journals (CIJs). The purpose of this present study was twofold: (a) to examine therapist trainees' lived experiences, in terms of how they responded to and managed their therapeutic work, intervention, and relationship with their culturally, linguistically, and religiously diverse refugee clients within a cross-cultural therapy context; and (b) to generate preliminary conceptual understanding and theoretical hypotheses of trainees' change process in their development of cultural skills and cultural humility resulting from working and interacting with refugee clients within this multicultural practicum.

### **Research on Experientially-Based Multicultural Counselling Training (MCT): The Case of Multicultural Therapy Practicum**

Accumulative MCT research has repeatedly underscored experiential learning as a core ingredient of effective cultural and diversity training for counselors (Kim & Lyons, 2003; King et al., 2019). Experiential MCT interventions are said to be advantageous in facilitating counsellor trainees' development of their cultural awareness, knowledge, and skills (Barden & Cashwell, 2013) – the three defining elements of multicultural counselling competence as proposed by Sue et al.'s (1992) Tripartite model. Specifically, numerous MCT researchers have advocated the use of multicultural therapy practica as a promising pedagogical model of MCT in cultivating counsellors' cultural learning (Kuo, 2018; Ridley et al., 1994; Tomlinson-Clarke, 2000). Such a hands-on, experiential training approach is specifically designed to promote skill-based, clinical-cultural learning involving clients of diverse backgrounds within a *bona fide* clinical context (Dickson & Jepsen, 2007; Kuo & Boucher, 2020). Tomlinson-Clarke (2000) asserted that multicultural practica “provide a forum for understanding how beliefs and ways of interacting with others serve to enhance or interfere with the development of relationships” (p. 229). In particular, multicultural practica enable trainees to engage in deep-level self-reflection, awareness, and growth through direct interactions with diverse clients (Kuo & Arcuri, 2014; Tomlinson-Clarke, 2000). This emphasis on both the intrapersonal and the interpersonal aspects of cultural development through practicum-based MCT is consistent with the emerging literature on cultural humility and the Multicultural Orientation Framework (MCO; Hook et al., 2013; Mosher et al., 2017).

However, at the present, systematic efforts to articulate and empirically study practicum-based MCT and the effects on participating trainees remain very scarce (e.g., Kuo & Boucher, 2020; see also Kuo & Arcuri, 2014; Nilsson et al., 2011). In an earlier study of practising counsellors in Canada, Arthur and Januszkowski (2001) found that among 181 participants, the level of caseload with culturally diverse clients was a significant predictor of their multicultural competence. These results find support in a later survey study of 516 master's counselling students in the U.S. conducted by Dickson and Jepsen (2007). The authors found that the participant trainees' experiences in multicultural practica significantly predicted their multicultural awareness and multicultural relationship, above and beyond the effects of their training/program environments and instructional methods. Furthermore, Lee et al. (2014) conducted a qualitative study involving 32 counsellor trainees participating in an experiential, service-learning cultural immersion program, much like a short-term supervised practicum experience. Through delivering direct prevention educational programs to low-income, ethnic middle school students, counsellor trainees reported a shift in their thinking (cognitive), gain in rapport-building and connection with the students they worked with (affective and behavioural), and adjustment to their practices (behavioural). Although limited, these research findings offer some initial clues to the utility and the potential effect of practicum-based MCT on trainees' development of multicultural and social justice counselling skills.

### **Multicultural and Social Justice Counselling and Interventions for Refugees**

The context of the current study occurred within a multicultural therapy practicum involving doctoral students in a Clinical Psychology program providing therapy to refugee clients. As early as a decade ago, the report of American Psychological Association's Task Force on Refugee Children and Families from Armed Conflict (APA, 2010) stipulated that cultural competence is imperative for psychologists who are rendering mental health care for refugees. In this study, the term "refugee" refers to "someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion" (UNHCR, 1951, p. 3). Given the complexity of refugee populations' psychological, sociopolitical, cultural, and contextual characteristics and needs (Adams & Kivlighan, 2019; Bemak & Chung, 2017), experts have asserted that an additional level of cultural awareness/sensitivity, unique knowledge base, and distinct therapy skill set are needed through training to prepare counsellors to work effectively with refugee clients (Kuo & Boucher, 2020; Snow et al., 2021).

In recent writing, Adams and Kivlighan (2019) called upon psychotherapists to incorporate MCO (Hook et al., 2013; Mosher et al., 2017) in providing

mental health interventions to refugees. Specifically, these authors recommended therapists apply the concepts of cultural humility, cultural opportunity, and cultural comfort in treating and counselling refugee clients. The therapy working model for refugees, based on the MCO perspective, places a significant emphasis on the importance of the “cultural process” and interpersonal interaction between the therapist and their refugee client. It follows that the development of a therapist’s multicultural orientation is to be conceptualized and fostered through a relational, interactional, and dynamic process. In a parallel fashion, the updated Culture-Infused Counselling (CIC) Framework by Arthur (2018) places a critical emphasis on counsellors’ ability to foster and engage in a “culturally responsive and socially just working alliance” (Domain III) with diverse clients. Hence, the CIC model similarly underscores the relational dimension and process of multicultural and social justice counselling, such as therapeutic “co-construction” between the client and the counsellor (Arthur, 2018). In fact, Kuo (2018) has further extended and applied the CIC principles to the support of refugee clients within the Canadian context through counselling and advocacy and has provided a case illustration. Informed by this above-described literature on cultural perspectives and approaches in working with refugee populations, the current qualitative study set out to explore and develop a conceptual understanding (i.e., hypothesized working model) about the change process in therapist trainees’ cultural learning, as they provided direct therapy to their refugee clients within a refugee-serving multicultural practicum.

### **The Present Study**

This current qualitative study is part of a larger, multi-year, grant-funded mixed-methods research project of clinical therapist trainees and graduate students led by the first author. Only the qualitative portion of the therapist trainees’ data, collected in the form of CIJs, from the larger research was used for the analysis in this article. This present study focused on a specific subset of the broader pool of research questions proposed in the original project, which had not been empirically investigated previously. Specifically, the target of inquiry for this study is distinguished from other research questions of the overall project, which included the examination of the pre- and the post-practicum changes in therapist trainees, and the comparison of multicultural counselling development between practicum-based therapist trainees and didactic-based graduate students. The decision to narrow the objectives of the study was to keep this qualitative study sufficiently directed to provide rich, informative, and impactful findings. Henceforth, using trainees’ post-session CIJs (described below) as data and the Grounded Theory Method (GTM; Rennie, 2006) as the analytical framework, we aimed to address the following two specific research questions in this paper:

1. *How do therapist trainees respond to and manage the cultural and linguistic differences between themselves and their refugee clients in the context of actual therapy?*
2. *How does such a firsthand therapy training experience, working directly with refugee clients, impact the trainees' cultural learning and their development of multicultural counselling skills?*

For the latter question, we hoped to build and generate some conceptual explanations and hypotheses about participants' learning processes through this refugee-serving practicum, based on the findings of the GTM analysis.

## Method

### Description of the Refugee-Serving Multicultural Therapy Practicum

#### *Structure of the Practicum*

This refugee-serving multicultural therapy practicum is an ongoing, course-based therapy training for Ph.D. students in Clinical Psychology at the University of Windsor, Ontario, Canada – a program accredited by the Canadian Psychological Association. Each year, a cohort of four to five clinical psychology doctoral students enroll in this 8-month practicum (September to April) under the instruction and supervision of the first author of this article. The practicum begins with an initial didactic teaching component focusing on clinical and cultural issues related to refugees and their mental health (6-7 weeks), with topics including trauma of refugee survivors, acculturation and adaptation concerns, legal and subsistence needs of refugees, therapist vicarious traumatization, and therapeutic use of language interpreters. This is followed by 20 weeks of individual psychotherapy. The weekly therapy sessions were conducted with the aid of trained language interpreters being supplied and paid for by the referring agency. The practicum therapy supervision is conducted with a weekly, two-hour group supervision class, involving reviewing trainees' videotaped sessions and discussing case conceptualizations grounded in multicultural principles, traumatology, social justice and advocacy, and integrated psychotherapy approaches (Gorman, 2001; Kuo, 2018).

#### *Characteristics of the Partner Agency and Refugee Clients*

Both refugee clients and interpreters are referred by the Multicultural Council – a major refugee and immigrant resettlement agency in the Windsor-Essex area. Government-Assisted Refugees (GARs) who settled in the city of Windsor and have mental health needs are screened, referred, and supported by the Multicultural Council to attend weekly therapy at the in-house psychology clinic on the university campus. These GARs are represented by refugees with diverse national and linguistic backgrounds, including refugees from Syria, Iraq, Iran, Afghanistan, Congo, Ethiopia, Eritrea, Sudan, Burundi, Myanmar, Bhutan, and more. GAR clients also presented wide-ranging mental health issues, including

psychological traumas, migration and acculturative stresses, physical health problems, and logistic and subsistence needs (e.g., finance, employment, language learning, education, etc.). Additionally, therapist trainees worked in a collaborative capacity with case managers from the agency to help support refugee clients' logistic and subsistence needs (e.g., language interpretation and transportation) and attendance of the weekly sessions.

### **Participants**

The current research received full institutional ethics approval from the University of Windsor. The participants comprised 14 Ph.D. students (13 women and one man) in the Adult Clinical Psychology program at the University of Windsor in Canada. The participants were doctoral trainees registered for the multicultural practicum course between 2010 and 2013. The age of the participants ranged from 25 to 31, with a mean age of 26.70 ( $SD = 1.93$ ) at the time of this study. Eleven participants self-identified as White, and three self-identified as East Asian. Of the 14, 12 reported to be Canadian-born individuals, and two reported to be foreign-born immigrants from Eastern Europe. To preserve confidentiality, the name of all trainees in the Results section are pseudonyms.

### **Critical Incident Journals (CIJs)**

Data for this study was based on the weekly CIJs collected from the participating trainees within a larger mixed-methods research project. As part of the training and learning tool in this practicum, student trainees were required to complete weekly critical incident journals (CIJs) following their weekly therapy sessions with refugee clients as the assignment. The CIJ method is a frequently used qualitative approach in MCT research with proven effectiveness (e.g., Arthur & Januszkowski, 2001; Sammons & Speight, 2008). Collins and Pieterse (2007) asserted that CIJ is particularly useful in encouraging participants to introspect and examine their experiences in a real-life observable situation.

In the current study, the participant trainees were instructed to reflect and write up their CIJs after each therapy session by responding to four questions. The questions asked participants to identify the most significant critical event that occurred during the session, how they reacted to it, how they were impacted by it, and what subsequent changes or adjustments they made in themselves and/or in their counselling work in response to the event. The weekly journals were not graded but were used to facilitate trainees' self-reflection on their learning. In addition, the trainees were given the choice of opting out of the present study by not having their journals used for this research. These measures were implemented to minimize the potential effects of research reactivity and social desirability on the part of the trainees in completing the CIJs. The analysis for the present study was conducted with an anonymized CIJ data set. In the end, 165 CIJ entries were collected and analyzed from 14 participant trainees. Across the participants, an average of



nine CIJs were submitted by each participant, with a range of six to 19. The analysis of the CIJs continued until we reached the saturation point. This occurred when new categories or properties of the study's findings ceased to emerge, when there were repetitions of the information, and when identified information only confirmed already existing conceptual categories (Corbin & Strauss, 2008; Rennie, 2006).

### ***Grounded Theory Method (GTM)***

The research questions and objectives of the current study called for an analytic approach located midway between phenomenology (i.e., describing trainees' evolving experience and the change process through working with refugees) and grounded theory (i.e., theorizing trainees' development of multicultural counselling skills through working with refugees). We adopted the Grounded Theory Method (GTM) as proposed by David L. Rennie (2006). Rennie's GTM has clearly articulated philosophical stance and recommended procedures, and the method has been proven to be effective in previous research (see Rennie, 2006; Rennie & Fergus, 2006). It is important to note that Rennie's (2006) GTM approach differs from the more familiar and commonly referred to GTM approach by Corbin and Strauss (2008). Rennie's GTM is in line with both the method propositioned by Glaser and Strauss in the '60s and Glaser's later views (Rennie, 2006). In particular, Rennie and Fergus (2006) stressed that one important goal of GTM is to develop a grounded understanding of the phenomenon at hand – an objective closely aligned with the purposes of this present study. Distinctively, Rennie and his team modified the traditional constant comparative method typically used in the grounded theory approach and eliminated the distinction between codes and categories. Following Rennie's method, the analyst is to first read the qualitative document carefully. Then, similar to the analysis of the phenomenological approach proposed by Giorgi (2006), the analyst is to examine and organize the text in terms of "meaning units" (MU).

In this study, we followed Rennie's (2006) recommended analytical steps to analyze trainees' CIJs. First, the research team carefully read the trainees' CIJs. The second author, who was the coordinator and the analyst of the project, worked on refining and organizing the data into meaning units (MUs). By organizing the data in MUs, the meaning of the text could remain together in terms of themes and their properties. Second, during the initial stage of the data analysis, all MUs were considered and treated as categories (Rennie, 2006). Third, the MUs from participants' CIJs were cut and pasted using the filling cards method. These cards contained the categories to which the MUs were assigned as well as the keyword summaries of the MUs. Fourth, the software Dedoose, which is a web-based qualitative and mixed-methods application, was used to identify categories that emerged from the journal data. Specifically,

data segments identified to be meaningful elements are generated as analyzable excerpts in Dedoose.

### **Researchers' Reflexivity: Subjectivities and Assumptions**

Researchers' values, beliefs, and philological stances can critically influence qualitative research (Ponterotto, 2005). Consequently, we are mindful and acknowledge the social locations and positionalities each one of us occupies and the potential influences these factors can bear on the present study. The first author is a male Taiwanese Canadian who was educated in Canada and later in the United States; the second author is a female Mexican Canadian who received her graduate training in both Mexico and Canada; the third author is a female Taiwanese Canadian immigrant who was educated in Taiwan and is now pursuing graduate study in Canada. All three of us share similar diversity status as first-generation immigrants and as members of racialized groups in Canada, though with varying lengths of residence in Canada. As racialized ethnic minority mental health professionals in Canada, we champion multiculturalism and social justice and are fully committed to culturally-informed training. These inherent values and stances are likely to have affected our interpretation of the data and the study's findings, and of the construction of this research article. Having said that, each one of us possesses a unique set of intersectional identities across gender, ethnicity, nationality, acculturation level, religious affiliation, career paths, and more. These varying identities enable us to engage with the study and the participants' narratives from diverse life experiences and analytical lenses. We believe these commonalities and differences among the team members afford the study a balanced and nuanced perspective in interpreting and understanding participant trainees' "cross-cultural" therapy experiences and their professional and personal development. We further acknowledge our diverse and respective roles in this project: the first author, being the principal researcher of the original, grant-funded project, who conceived and designed this study; the second author, being the coordinator of the project and the main analyst of the study; and the third author, being a vital contributor to the write-up and the audit process of the study.

### **Quality and Trustworthiness Assurance Measures**

To ensure the trustworthiness, rigour, and quality of the present study, we implemented several measures based on the recommendations of Lincoln and Guba (2007) concerning credibility (internal validity), transferability (external validity), dependability (reliability/replicability), and confirmability (neutrality/objectivity). To attain credibility, Lincoln and Guba (2007) stressed the importance of researchers' prolonged engagement with and persistent observation of the phenomenon under study. To this end, the present study: (a) adopted a reliable and well-established analytical method based on Rennie's

GTM framework (Rennie, 2006; Rennie & Fergus, 2006); (b) involved all three researchers of the study who are intimately familiar with this practicum and training context; (c) implemented negative case analysis; and (d) implemented peer debriefing involving members of the research group to which the authors belong. For establishing transferability, we duly detail, with “thick description,” the specific contextual information about this study, the researchers, the participants, and the training practicum, as well as the procedural information and the research method in this paper. In terms of confirmability, we exercised vigilance and transparency in interrogating and articulating our own assumptions, previous lived experiences, and our potential biases, in conducting this study and interpreting the study’s findings, as illustrated in the previous section, “Researchers’ Reflexivity.” Lastly, the dependability of this study was achieved through our attempts at keeping theoretical memos during the data analysis process, being explicit and detailed about the research process, engaging and recording our reflections and reflexivity throughout, and employing a peer-debriefing process as discussed previously.

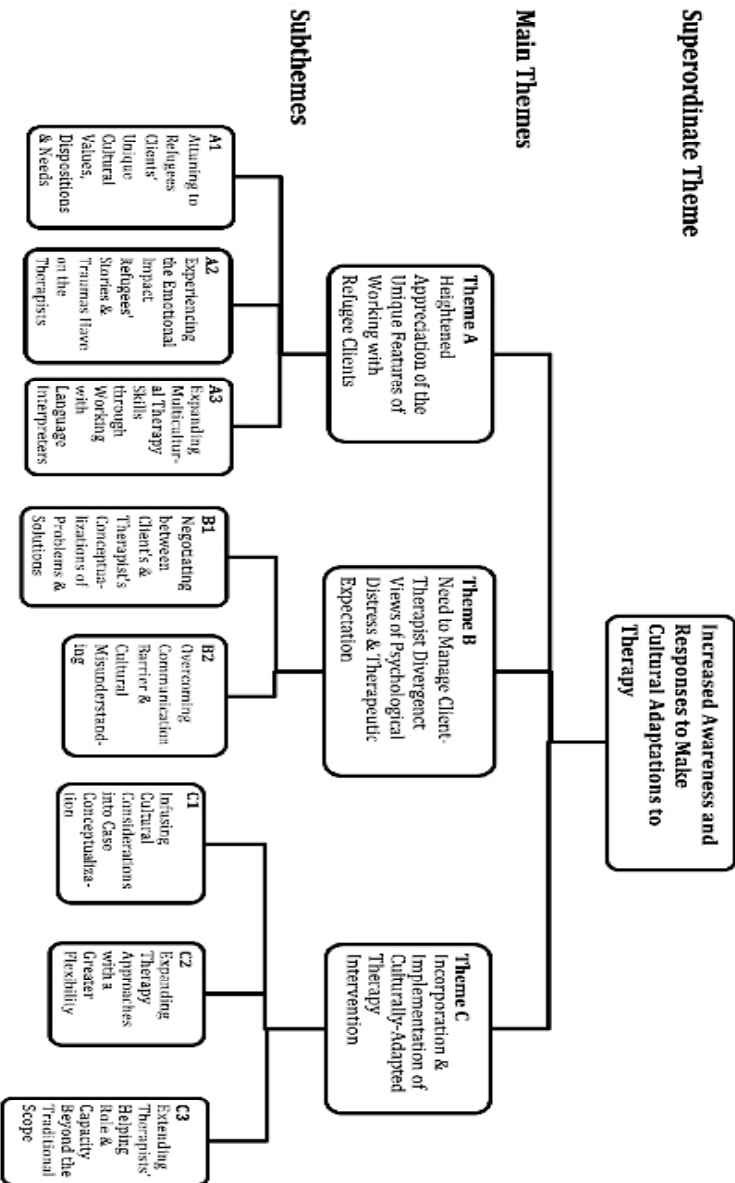
## Results

One “superordinate theme” emerged from the analysis of participants’ CIJs that addresses the research questions of this study – *Increased Awareness and Responses to Make Cultural Adaptations to Therapy*. It represents one of the three higher-level themes identified in the larger, overall project described earlier. As mentioned previously, we focus on this particular theme because it represents macro findings corresponding directly to the specific objectives of this GTM investigation. What is particularly unique about participants’ learning under this subordinate theme is that they were acquired directly, through first-hand therapeutic interactions with refugee clients, as identified in participants’ journal narratives. Nested within this umbrella, there are three “main themes” with eight “subthemes.” The overall thematic diagram of the study’s findings is presented in Figure 1.

### **Theme A: Heightened Appreciation of the Unique Features of Working with Refugee Clients.**

Among the most salient first impressions participants highlighted in their initial sessions with refugee clients was how strikingly different this first-hand, cross-cultural therapy encounter was for them as compared with their previous therapy experiences with general, non-refugee clients (hereafter referred to as “general clients” for brevity). This speaks to the particularity and novelty associated with experiencing practicum-based MCT involving culturally diverse refugee clients.

Figure 1. *Thematic Highlights of the Findings under Superordinate Theme: "Increased Awareness and Responses to Make Cultural Adaptations to Therapy"*



### ***A1. Attuning to Refugee Clients' Unique Cultural Values, Dispositions, and Needs***

Given the collectivistic backgrounds of most refugee clients, many participants were quickly made aware of the need to attend to their clients' strong familism and communal orientation, as illustrated in the following example by Avery. Avery recalled in her journal about her Iraqi client's unexpected request for her daughter to sit in the therapy to be her emotional support. Initially taken aback by the request, Avery had to think on her feet and drew upon her previously learned cultural knowledge about familism and interdependence among many culturally diverse populations. Avery proceeded to honour the client's request and reflected on this critical incident in her journal afterward:

At first, when presented with this request from my client, I felt torn. On the one hand, I had been taught that these types of requests can be detrimental to the therapeutic process and should be entered into very cautiously and temporarily, if at all. On the other hand, I was aware of the need to be more flexible and open to situations that I might not expect from clients from the mainstream [individualistic] culture.

Participants further observed that working with refugees compelled them to attend to refugees' cultural-contextual attributes and intersectionality of identities. For instance, nearly all of the participants mentioned the potential effects of acculturation and migration on refugees' well-being. Julie reflected on her therapy session with her Colombian client:

It will be important for me to keep in mind that acculturative stress is equally as important as any other concern that I am more used to working with in therapy session [...] In future sessions, I think I will have to pause and ask myself how the client's immigration experience is impacting on the situations he is speaking about in order to view him as the complex, multifaceted individual that he is.

In a similar vein, Gary expressed culture-informed empathy in seeing his female middle-aged Iraqi client's struggle with underemployment through the lens of systemic barriers and social injustice against refugee newcomers in Canada:

I felt sad and frustrated for her and tried to show that I agreed with her that the system here is unfair for new immigrants [...] I think this helped me to further identify with the client's struggles [...] Because of her refugee status, she is unable to find meaningful work and is left feeling unfulfilled.

### ***A2. Experiencing the Emotional Impacts Refugee Clients' Stories and Traumas have on the Therapists***

Half of the participants reflected on the profound emotional impacts of hearing their clients' traumatic stories. Participants' experiences with these

affective reactions appeared to be far-reaching and felt at both professional and personal levels. Following an Afghani male client's recounting of his plight of being forced into the Taliban camp, Alice cogently described her reactions, "the most impactful part of today's session was hearing my client's account of being detained in the Taliban training camp [...] It increased my awareness in understanding that people do not have a choice but to follow the Taliban orders." The broader context of this excerpt by Alice suggested that her reported "awareness" was, in fact, imbued with empathic feelings of weightiness and helplessness due to her Afghan client's forced submission by the authority and the client's predicament in the camp as a detainee. Given the enormity of refugee clients' traumatic experiences, some participants reported feeling inadequate in their ability to help refugees. For example, Amy recalled:

At first, I hoped that unpacking the situation would shed light onto the situation and help my client view her situation in a new light [...] However, as she continued to describe the terrifying situations she constantly faces and continued to complain, with a tone of resignation, I felt more and more hopeless.

In fact, Amy's despairing reaction is common for clinicians who work with refugee survivors of trauma and torture, due to the emotion-laden nature of this work (Gorman, 2001). Participants' narratives suggest that their direct cross-cultural interactions with refugee clients were highly emotionally challenging and evocative for them both professionally and personally.

### ***A3. Expanding Multicultural Therapy Skills through Working with Language Interpreters***

Nearly half of the therapists identified the experience of working with language interpreters in a clinical context as a distinctive aspect of this multicultural practicum. Molly reflected on the critical importance of working closely with the language interpreter when her female Iraqi client unpromptedly brought a drawing of herself, the interpreter, and the therapist, Molly, to their fifth session:

I was incredibly touched when [client] shared the picture she drew, and my heart warmed as we looked at it together [...] During this moment, I felt that a strong warm bond was shared among all three of us. [...] This experience also made me more aware of the benefits of having good relationships present between the interpreter-client and interpreter-therapist in addition to client-therapist toward helping cultivate an atmosphere of warmth and safety for the client.

Similarly, Carole recounted her expanded appreciation of the integral role language interpreters play in cross-cultural therapy in the following reflection:

It was also very interesting to see how easy it was to implement a relaxation exercise with the help of a language aid [...] [Interpreter] did a good job of mimicking the soft tone of my voice, and I do not think there was anything lost in the intervention.

Both excerpts offer a glimpse of participants' newfound appreciation for acquiring the skill of working with interpreters as valuable learning in furthering their multicultural orientation. Incidentally, all participants in this study pointed to the skills they learned in collaborating with language interpreters as a vital part of their expanding cultural learning and skills development while being trained to work with refugees.

### **Theme B: Need to Manage Client-Therapist Divergent Views of Psychological Distress and Therapeutic Expectation**

This second main theme highlights participants' responses to the challenges and struggles associated with refugee client-therapist cultural differences. In particular, this theme underscores participants' growing recognition of the client-therapist "cultural distance," as illustrated below.

#### ***B1: Negotiating between Client's and Therapist's Conceptualizations of Problems and Solutions***

About half of the participants described having to negotiate and navigate between their professional assessment based on their clinical training and refugee clients' cultural beliefs. Carole, a Canadian-born Asian participant, was faced with her older Bhutanese male client's unbending insistence, attributing his depressive mood solely to external circumstances, despite his diagnosis of cognitive impairment. Carole recounted, "the biggest challenge for me is how to help the client understand his role in maintaining his difficulties in a way that is not off-putting to him." Similarly, Julie's interaction with her Bhutanese client compelled her to make adjustments when her client viewed her as an expert or "authority": "[when] working with people of certain cultures that put great emphasis on showing respect for those in authority [...] I need to be more aware that they could be reluctant to disagree with me." These are distinct examples of which participants' worldviews and therapy repertoires were stretched by having to sensitively manage and bridge the cultural and attitudinal gaps between them and their refugee clients.

#### ***B2: Overcoming Communication Barriers and Cultural Misunderstanding***

Despite the aid of language interpreters, cross-cultural communication difficulty and misunderstanding occurred in refugee client-therapist interactions. One common issue the participants discovered was refugee clients' unfamiliarity and unease with Western-based counselling and psychotherapy.

This experience is well-illustrated by Amy's vivid critical incident during her first session with her female Iraqi client:

First, my client sat down and pushed her chair far away from me, communicating a deeper sense of distrust or discomfort with the session compared to how my usual clients react in a warm and approaching manner. Second, compared to student clients, my client expressed much more concern and vigilance when discussing videotaping, confidentiality, and informed consent.

Another unique communication-related theme identified by the participants was that working with refugees also required them to simplify the language they typically used, because many clients were not familiar with psychological concepts and/or colloquialisms in English. Avery remarked on the impacts of this novel cultural learning experience with her female Iraqi client in the first session:

This is the first time I have a real concept of the barrier that language and culture present, beyond the intellectual understanding of it. Trying to explain psychological questions in plain, straightforward language was much more challenging than I expected. I also felt that this must seem a strange experience for her [the client] as well.

### **Theme C: Incorporation and Implementation of Culturally-Adapted Therapy Intervention**

This last main theme pertains specifically to the participants' learning and development of therapy skills and responses to address the issues that arose from the previous two themes. It gives hints to participants' growing openness and confidence to engage in culturally-guided and informed conceptualization and therapy adaptation.

#### ***C1: Infusing Cultural Considerations into Case Conceptualization***

Nearly all of the therapists noted the impact of working with refugees on their clinical case conceptualizations; interestingly, not only for their culturally diverse clients but also for their general clients. The following quote illustrates Helen's display of cultural humility and her shift in cognitive/cultural perspective as she re-evaluated and recalibrated her initial, Western-based conceptualization of her Iraqi female client:

My [initial] conceptualization of her primary concern being that of her overly close relationship with her children needs to be tempered by issues of culture. What I might consider overly close by Western standards may be much closer to normal parent-child interactions in Middle Eastern culture. This will also influence the course of treatment and my therapeutic



approach. In this first interaction, it became apparent that I will need to include a cultural framework in working with this client and that we cannot simply proceed with “therapy as usual.”

### ***C2: Expanding Therapy Approaches with a Greater Flexibility***

Participants’ journals also revealed increasing flexibility in their therapy interventions and skills as a result of having to respond to refugee clients’ unique set of needs. During the seventh session, Julie’s growing flexibility as a therapist was observable in the way she came to challenge her “default” mode of conceptualization about her Bhutanese client’s presenting issue:

I was constantly stuck in my own views of therapy (focusing on changing clients’ emotions) rather than seeing things from the client’s point of view. In the future, I need to be more in tune with how the client speaks about their unique problems and try harder to think about them in the same way, or at least closer to the client’s view of recovery. Different cultures view the processes of the mind and emotions differently, with some aspects more in the client’s control than others. I have noticed that I tend to push my own opinion of these processes more than I should.

Flexibility in participants’ therapy repertoire was also evident in their use of “self-disclosure” as part of their relationship-building skills with refugee clients, to help foster and solidify trust and therapeutic alliance. When Alice’s male Afghan client asked her about the link between his trauma symptoms and personality in their fourth session, she described her expanding cultural comfort in responding to the client with a more flexible and “personalized” self-disclosure.

I used a self-reference to help explain my position that a multitude of factors contribute to people’s values, behaviours, etc. I think I responded in a way that I would not respond with other clients, and I integrated my cultural experiences to help explain my position. It’s like I respond in a more genuine way or in a way that alludes to my beliefs more. I think this has contributed to our strong working relationship. I think this experience helped me practice my skill to speak to my beliefs, describe my stance, which includes more self-disclosure than I typically engage in with other clients.

### ***C3: Extending Therapists’ Helping Role and Capacity Beyond the Traditional Scope***

Reports of broadening the therapist’s helping role were also indicated as a common theme in many participants’ journals. Following the second session with a young Eritrean female client, who described a situation in which her confidential information was inappropriately handled within the medical system, Kelly described feeling compelled to be an advocate for the client:

I believe this incident has made me want to take on more of a role in advocating for the rights of my client than I had expected. I do not tend to be a very pushy individual, yet I realize that for something as important as the well-being of my client, I will be able to adopt this broader role.

Participants' experiences in trying to find a delicate balance between being culturally adaptive and flexible, and being ethical and professional often became a topic of discussion during the weekly supervision. Despite these challenges, participants revealed progressive gains in expanding their therapy perspectives, roles, and repertoire of skills in working with refugees. This is best illustrated in Carole's concluding journal reflection below. It occurred following the refugee client's unexpected request of wanting to have photos taken with Carole during their termination session, to help mark their client-therapist relationship:

In a way, multicultural therapy has been liberating for me. I often feel that this approach grants me permission to do things that – despite feeling natural and consistent with a therapeutic approach – are outside the range of things that are typically done in therapy. [...] Yet this [having the photos taken] is not something that is traditionally done. My experience in this session with the client showed me how such unconventional interventions can really serve to acknowledge the therapist-client bond.

## Discussion

The current grounded theory research of therapist trainees represents a unique empirical attempt to qualitatively study and analyze trainees' experiences of change and development of multicultural counselling and social justice within a refugee-serving, skill-focused, multicultural practicum. In the following sections, we discuss and interpret the study's thematic findings and consider their implications for MCT theory-building, research and practice.

### **Conceptualizing and Hypothesizing Trainees' Responses and Changes Through Working with Refugee Clients: A Preliminary Framework**

Pertaining to Research Question 1, Themes A, B, and C offer a potential explanatory scheme for the changes experienced by the trainees when they worked and interacted with culturally-diverse refugee clients within a therapeutic context (see Figure 1). Specifically, participants' journal narratives reflect an evolving process or trajectory of change that shifted from the experiences identified in *Main Theme A* → *Theme B* → *Theme C* over the course of their therapy process with refugee clients. The process gives hints to a deep, experiential unfolding of development that began with trainees' initial, roused cultural awareness (including cultural discomfort) when working in a novel, cross-cultural therapeutic context. This experiential learning process then evolved

into trainees' increased culturally-adapted skills and behaviours in the later part of their therapy work with refugee clients. However, these developmental movements should not be construed as a straight, linear trajectory; it is more likely to be a continuous, dynamic iteration process that the trainees cycled through, across and between these thematic domains, depending on the stage of the therapy process and the issue at hand when working their refugee clients (Boucher & Kuo, 2020; Kuo, Soucie, & Huang, 2020).

As a case in point, the participants' earlier CIJs during the initial phase of therapy showed an increased awareness of the cross-cultural therapeutic dynamic in supporting refugee clients. These examples include the various ways in which counselling refugees were markedly different from working with trainees' general, non-refugee clients (e.g., the uniqueness of clients' trauma stories and having to work with interpreters). These challenges to trainees' awareness were well captured by Theme A – *“Heightened Appreciation of the Unique Features of Working with Refugees.”* This sharpened awareness on the part of therapist trainees likely led up to a realization of the *“Need to Manage Client-Therapist Divergent Views,”* as embodied by Theme B. This occurred as the therapists' relationship with their refugee clients continued to evolve as therapy progressed. The responses required of trainees were exemplified by having to negotiate (Subtheme B1) and overcome communication barriers (Subtheme B2) with their clients. Eventually, these observations and experiences would likely have prompted trainees to modify and adjust their therapy approaches and interventions to *“Incorporate and Implement Culturally-Adapted Therapy Intervention,”* as denoted in Theme C.

This explanatory framework is conceptually aligned with the Tripartite model of Multicultural Counselling Competence proposed by Sue and colleagues (Sue et al., 1992; Sue et al., 2019). The three main themes well map unto Sue et al.'s (1992) Tripartite model concerning (a) cultural awareness (i.e., heightened appreciation – Theme A); (b) cultural knowledge (i.e., knowledge to manage cultural differences – Theme B); and (c) cultural skills (i.e., implementation of culturally-adapted therapy approaches – Theme C). Moreover, the trainees' process of learning and change captured in the present study clearly revealed characteristics of “cultural humility,” “cultural opportunity,” and “cultural comfort” – the defining elements of the Multicultural Orientation Framework (MCO; Davis et al., 2018; Hook et al., 2013). Evidence of these cultural characteristics is prevalent in the emerged subthemes; for example, A1: *Attuning to Refugee Clients' Uniqueness*, C1: *Infusing Cultural Consideration into Case Conceptualization*, C3: *Extending Therapists' Role and Capacity*, and others. Therefore, the trainees' process of change described above appears to corroborate with conceptual propositions hypothesized by the multicultural competence and the cultural humility literature.

### **Conceptualizing and Hypothesizing Therapist Trainees' Development of Multicultural Counselling Competence Through Working with Refugees: A Cognitive-Affective-Behavioural Model**

In response to Research Question 2, the present thematic findings suggest that the learning process and the learning impacts experienced by trainees through this refugee-serving multicultural practicum were observed in at least three specific domains – *cognition, affect, and behaviour (or skills)*. Based on our GTM analysis, we forward a preliminary, three-pronged conceptualization below.

For cognitive impacts, trainees' journal narratives have pointed to heightened awareness and an evolving and deepening understanding of themselves and their refugee clients as cultural beings. Demonstration of sharpened cultural awareness and perception was evident in subthemes A1, B1, B2, and C1. Participants' CIJs were interspersed with examples of trainees' wrestling with their own beliefs, assumptions, and biases about their refugee clients and their perceptions about how the therapy process had or had not worked with their clients. This evolving change of thinking and perspective is poignantly captured by Helen's insight that "therapy isn't just business as usual" after the first encounter with her female Iraqi client. In trainees' CIJs, there were frequent mentions of a growing vigilance about their Eurocentric assumptions and interpretations of refugee clients' issues due to their clinical training. According to the updated Culture-Infused Counselling Framework (CIC) by Arthur and Collins (see Arthur, 2018; Arthur & Collins, 2010), the basis of counsellors' "cultural awareness" should stem from their acknowledgment and understanding of their own and clients' salient cultural identities and their relative social positions. Distinctly, the participants' narratives provided burgeoning evidence and examples of these cognitive transformations.

In terms of affective impacts, another salient aspect of trainees' experiences was highlighted by the intense emotional experiences they underwent in working with refugees – a common experience for therapists who work with refugee survivors (e.g., Gorman, 2001, see also Boucher & Kuo, 2020). The display of trainees' affective processes and responses is particularly salient in Subtheme A2 – *Experiencing the Emotional Impacts Refugee Clients' Stories and Traumas Have on Therapists*. Incidentally, Barden and Cashwell (2013) asserted that experientially-based MCT interventions achieve their impact when students are presented with "a degree of emotional risk as they have to recognize and address their internalized biases and assumptions" (p. 292). Working with refugee clients in therapy provided a unique learning context in which trainees were compelled to work with any cultural discomfort that might have arisen from the client-therapist cultural differences – an experiential process that could eventually be worked through and transformed into "cultural comfort" (Davis et al., 2018; Hook et al., 2013). As follows, it stands to reason that the "visceral" and emotionally evocative nature of providing therapy to refugees firsthand

would likely have fuelled trainees' growth in cultural learning and skills. This represents a centrepiece of an effective multicultural therapy practicum. This observation closely aligns with recent MCT literature, which underscores the imperative of affective learning and processing in culture and diversity training for mental health professionals (King et al., 2019; Sue et al., 2019).

As for behavioural impacts, behavioural and skill indicators of trainees' cultural learning pervaded throughout the extracted themes in the current study; they were especially salient in Main Themes A and B. In particular, multicultural skill development was found in the way therapists adapted their intervention approaches with refugee clients as the therapy process unfolded. As an example, Alice recalled her spontaneous use of self-disclosure as she provided psychoeducation to her male Afghani client in response to his inquiry about his PTSD symptoms (Subtheme C2). Alice noted that her use of self-disclosure felt natural and fitting at the moment because her responses came across as genuine and personalized to her Afghani client. This is a poignant example of a trainee's spontaneous incorporation of a culturally-appropriate therapeutic response and relational-communication skill (i.e., therapist self-disclosure) in therapy (Sue et al., 2019). Further to that, trainees' learning to act beyond the traditional role of a clinician through social advocacy on behalf of refugees, as presented in Subtheme C3, characterizes yet another example of trainees' expanding cultural orientation and repertoire of skills. Taken together, trainees' behavioural and skills development through this practicum reflected their broadening capacity to engage refugee clients in culturally responsive and socially just working alliances (Domain III) and change process (Domain IV) as outlined in the CIC Framework by Arthur (2018).

Incidentally, the "cognitive-affective-behavioural" model described above is consistent with what was reported by therapist trainees who participated in a service-learning training involving diverse ethnic middle school students, in Lee et al.'s (2014) qualitative study discussed previously in this article. In particular, the participants identified learning gains in terms of cognitive shift, affective-relational impact, and adaptation of new behaviours and approaches. Therefore, Lee et al.'s (2014) study offers credence to this "cognitive-affective-behavioural" working model of multicultural counselling and social justice development being propositioned here. Furthermore, it is observed that the narrative themes embedded within these critical domains of cultural learning, as reported by the participant trainees, also map onto the "intrapersonal" (i.e., personal reflection and awareness) as well as the "interpersonal" (i.e., other-orientation and relational focused) components of the contemporary cultural humility perspective (Hook et al., 2013; Mosher et al., 2017). Therefore, this domain-specific, three-pronged model of multicultural development presents a promising and heuristically helpful scheme in guiding and advancing our conceptualization of therapists' cultural learning and their acquisition of multicultural skills. Having said that, this hypothesized conceptual framework

should be viewed as promising yet tentative, and it clearly warrants further empirical examination.

### **Limitations of the Study**

The results of this qualitative study should be viewed with several methodological limitations in mind. First, by default, only one male trainee (i.e., Gary) was enrolled in this practicum during the three-year span of this research project. As a result, it is unclear to what extent the study's results reflect or can be applied to the experiences of psychology trainees elsewhere or with a different set of demographic/background characteristics. Second, the study's findings were based solely on trainees' retrospective reflections without the corroboration or the perspectives of their refugee clients. Future research would benefit from collecting client data, for example, refugee clients' appraisal of their therapists' cultural competence and skills. This is empirically critical because prevailing research evidence has shown that therapists' own ratings of their multicultural counselling competence and the therapeutic relationship are often not consistent with the perceptions of their clients (Smith & Trimble, 2016). Third, existing counselling and intervention literature on working with refugees has highlighted the critical facilitating role of language interpreters in the counselling and therapy process (Boucher & Kuo, 2020). While the influence of interpreters is outside the scope of this current study, it should nevertheless be acknowledged that the quality of the client-therapist relationship and the trainees' cultural experiences and learning through this multicultural practicum might have been impacted by the effectiveness of the individual language interpreters they worked with. Finally, the participants' CIJs were collected as part of their therapy practicum. Despite the measures taken by the researchers to minimize the effect of research reactivity and social desirability on the participants, it cannot be ascertained how complete or "truthful" trainees' CIJs accurately reflect their clinical-cultural learning experiences.

### **Implications for MCT Research and Practice**

The results of the study hold several implications for MCT. Firstly, the lived experiences shared through participant trainees' journal narratives have provided a nuanced window into the complexities and the challenges associated with providing therapy services to refugees. These narratives offer valuable snapshots and concrete illustrations of the cultural learning process experienced by novice therapists when engaging in cross-cultural therapeutic interactions. Effectively, the findings of the current study have helped shed light on the question of *how* to train and prepare counsellors and mental health professionals to support the ever-increasing refugee population globally (Rousseau, 2018). Consequently, future MCT research studying the process-level development of counselling trainees' multicultural development may wish to emulate or extend the present GTM research, by either adopting a similar CIJ

method or expanding it with the use of in-depth individual interviews or focus groups with participants.

Secondly, the study's thematic findings show that this refugee-serving practicum was effective in facilitating and promoting unique elements of cultural learning in trainees, including in the emotional and behavioural domains. Therefore, the present research lends strong empirical support to proponents of multicultural practica for counsellor and psychologist training within the long-standing MCT literature (e.g., Dickson & Jepsen, 2007; Kuo & Arcuri, 2014; Kuo & Boucher, 2020; Ridley et al., 1994; Tomlinson-Clarke, 2000). Accordingly, the present model of refugee-serving multicultural therapy practicum can serve as one tangible example of experiential, practicum-based MCT for counselling and clinical graduate programs. Graduate training programs are encouraged to consider designing and/or adopting multicultural practicum as part of their advanced culture and diversity coursework. As a service-learning training, multicultural practica can be tailored to serve local diverse and marginalized communities, such as immigrants, migrant workers, international students, racial-ethnic minorities, LGBTQ+ people, etc.

Lastly, concerning multicultural counselling and MCT theory building and development, the results of this grounded theory study offer some valuable and viable directions for future research pursuits. Going forward, the thematic explanatory framework of trainees' change process and the three-pronged "cognitive-affective-behavioral" working model of trainees' multicultural development discussed and hypothesized in this study undoubtedly require further research to help verify their validity and relevance. If supported, these conceptual frameworks may serve as the basis for assessing counsellors' multicultural and social justice development and skills, informing the design of multicultural and diversity education and training curricula, guiding clinical supervision of multicultural counselling and psychotherapy, and refining and building theories and research on multicultural and social justice counselling, intervention, and training.

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