

THE LIVED EXPERIENCE OF PROFESSIONAL COUNSELORS WHO ARE  
FIRST GENERATION SOUTH ASIAN AMERICAN

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by

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## **DEDICATION**

I want to dedicate this dissertation to the mental health counselors who worked tirelessly during the covid-19 pandemic, held space for those who were suffering, and continue to care for the wellness and safety of their community and the world. To the South Asian counselors who defied cultural norms and familial pressure to pursue a career in service to others, dedicated to breaking the stigma of mental health, and eager to shatter glass ceilings that are seldom acknowledged.

## ABSTRACT

Daniel, Ashley Ann, *The lived experience of counselors who are first-generational South Asian American*. Doctor of Philosophy (Counselor Education), May, 2021, Sam Houston State University, Huntsville, Texas.

There has been limited research conducted on professional counselors who are ethnic minorities, especially South Asian American professional counselors (Jangha et al., 2018). However, there has been a recent increase of ethnic minority students in counselor education programs (Hipolito-Delgado et al., 2017). As the demographics change in counselor training programs, counselor educators and supervisors must become more aware of their diverse student body (Mckenzie-Mavinga, 2005; Smith et al., 2017). The purpose of this transcendental phenomenological study was to explore the lived experiences of professional counselors who are first-generation South Asian American. I employed critical race theory and the multiple heritage identity development model as the theoretical frameworks because both address the complex identity development and educational needs of South Asian American professional counselors. The interview questions were created to understand the unique perspective of 11 participants. Themes that emerged from the data were multiple heritage identity development, counselor identity development, multicultural competency, and racial identity and counseling. According to this study, counselor educators and supervisors should consider the full humanity of the counselor trainee and how their multiple identities may impact their development. Future researchers should continue studying South Asian professional counselors, within-group differences in the South Asian community, and best practices for counseling South Asians.

**KEY WORDS:** Counselor education, South Asian American, Counselor identity development, Transcendental phenomenology

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## CHAPTER I

### Introduction

Counselor professional development has been studied and analyzed across six decades of research (Ard, 1973; Fleming, 1953; Gaoni & Neumann, 1974; Grotjahn, 1955; Hess, 1980; Hogan, 1964; Littrell et al., 1979; Loganbill et al., 1982; Miller, 1982; Sansbury, 1982; Stoltenberg, 1981; Stoltenberg & McNeill, 2009; Watkins, 1995; Yogev, 1982). Each researcher from Fleming (1953) to Stoltenberg and McNeill (2009) have determined that a counselor's professional identity develops in stages, beginning with being a novice counselor and finally reaching autonomy. However, these stages of change do not adequately address the issues faced by counselors who are marginalized or stigmatized (i.e., racial, ethnic, religious, or sexual minorities) and the difficult experiences they navigate in the classroom, clinical setting, or supervisory relationship (Williams & Raney, 2020).

The Integrative Developmental Model (IDM), established by Stoltenberg in 1981, represents the common themes present in counselor development research (McNeill & Stoltenberg, 2016). Development is organized into three successive and overlapping stages. The first stage describes trainees being more susceptible to vulnerability, anxiety, and self-doubt because they begin with a diffused sense of professional identity. At this stage, trainees may have only a basic idea about what it means to be a mental health counselor. In the second stage, trainees can progress through several formative experiences that facilitate professional development; learning from these experiences will shape the ideas they previously had about their role as a mental health counselor. In the third stage, trainees who can integrate these formative

experiences progress from their training with a coherent sense of professional identity. At this final stage of development, the clinician displays confidence, security, and assuredness in their technical skills and a general sense of professional identity (Choudhury et al., 2019).

As indicated, early graduate training is often marked by feelings of anxiety, vulnerability, and a diffused sense of professional identity (Watkins, 1995). Counselor training is often focused on competency development and skill-building (Kamen et al., 2010). However, to provide optimal training, many aspects of the whole person must be considered, such as their gender, culture, and religion (Aponte & Kissil, 2014).

Cultural competence requires the development of cultural awareness, skills, knowledge, and a range of communication skills and counseling techniques (Sue, 2009). Multicultural counseling competency has focused on the therapist-client relationship; however, multicultural training should also consider the trainees' cultural background. Counseling students who cannot acknowledge their unique experiences during their development are in danger of having their professional growth stifled and may not feel safe or supported (Williams & Raney, 2020). The exploration of multicultural issues is critical and impacts a counselor's transition from trainee to professional, facilitating the trainees' ability to form and articulate a professional voice (Jain & Aggarwal, 2020).

Some students of color have reported experiencing microaggressions, prejudice, and other social injustices within the clinical setting (Williams & Raney, 2020). Often, trainees of Color worry that these added stressors can complicate their transition through the stages of their professional identity. Professional development can be difficult to

navigate given these added stressors, which often have lasting negative effects (Constantine & Sue, 2007).

An increased number of ethnic minority students enter professional counselor training programs (Hipolito-Delgado et al., 2017). There has been research on Asian American professional counselors (Alcoff, 2003; Lam et al., 2013). It is important to recognize that Asian Americans, among other racial and ethnic populations in the United States (U.S.), are a diverse population with different historical experiences, cultures, and citizenship statuses (Wyatt & Belcher, 2019). According to Pew Research Center (2017), there has been a rapid increase of South Asian Americans (SAA) in the United States. Therefore, it is imperative to understand the nuances of this group. Issues such as power differentials, cultural responsiveness, and the adaptation of therapeutic interventions to meet unique cultural needs may be important to address when working with SAA counselor trainees (Jain & Aggarwal, 2020).

There is an irrevocable connection between a trainee's professional development and personal identity development (Alves & Gazzola, 2011). The stress and anxiety that a novice trainee is expected to face may be more pronounced for an SAA student who is experiencing stress related to their personal identity. Counselor educators and supervisors need to understand how their students' culture and values can impact their professional identity development (Sue et al., 2012).

### **Statement of the Problem**

While counselor development has been studied (Dong et al., 2018; Gibson et al., 2010), limited research has been conducted on professional counselors who are ethnic minorities, especially South Asian American professional counselors (Jangha et al.,

2018). I performed multiple library searches of my topic, which returned minimal results. I used PsychINFO, Psych ARTICLES, and Psychology and Behavioral Sciences Collection to find my articles. A search of South Asian American Professional Counselors returned zero results. Asian Americans are among the fastest-growing groups in the United States, with South Asians identified as the fastest-growing Asian ethnic subgroup in the United States, representing 20 percent of the population (Daga & Raval, 2018; Tummala-Narra et al., 201). According to Meyer et al. (2011), clients have reported feeling better understood by counselors from similar ethnic backgrounds due to similar cultural scripts and ethnic-specific perceptions. South Asians who pursue a career outside of the cultural norm reported that they do so to help their community (Fouad et al., 2008).

South Asians are at high risk for depression, self-injury, and suicide. Despite the need for mental health services, many South Asians living in the United States. have negative attitudes toward seeking professional psychological help (Arora et al., 2016; Singh & Hays, 2008). South Asians may be more comfortable seeing a professional counselor who shares their cultural background (Meyer et al., 2011). There has been a recent increase of ethnic minority students in counselor education programs, addressing the deficit that has been present (Hipolito-Delgado et al., 2017). As the demographics change in counselor training programs, counselor educators and supervisors must become more aware of their diverse student body (Mckenzie-Mavinga, 2005; Smith et al., 2017).

### **Purpose of the Study**

The purpose of this study is to explore the lived experience of professional counselors who are First Generation South Asian American.

### **Significance of the Study**

The significance of the study is that the number of ethnic minority clinicians entering professional counseling programs is growing, and it is important to understand the experiences of groups that have not been given a voice (Lester et al., 2020). Research has been conducted on domestic and international ethnic minority professional counselors (Cho & Seo, 2017; Constantine & Sue, 2007; Datu, 2013; Delgado-Romero & Wu, 2010; Spalding et al., 2019), career and South Asians/South Asian Americans (Adya, 2008; Gupta & Tracey, 2005; Kantamneni & Fouad, 2013), South Asian identity development (Ibrahim et al., 1997), and personal development in counselor education programs in India (Thomas & George, 2016). However, after using the databases PsychINFO, PsychARTICLES, and Psychology and Behavioral Sciences Collection, there were zero results found on professional counselors who are SAA. Therefore, this research study will contribute to the literature gap and provide information that is valuable to counselor educators and supervisors.

### **Definition of Terms**

#### **Professional Identity**

Indicates one's work values, abilities, and knowledge, a sense of unity among the implicated professionals and possessing personal responsibility to the profession,

conducting oneself ethically and morally, and experiencing feelings of pride for the profession (Brott & Myers, 1999; Hiebert & Uhlemann, 1993).

### **Counselor**

A person with a Master's in Counseling or a related field treats various mental health concerns (Alves & Gazzola, 2011).

### **Counselor Identity Development**

The changes in the emerging counselor that begin in training (Alves & Gazzola, 2011).

### **South Asian**

A person who identifies with an ancestral heritage from South Asia. South Asia includes India, Pakistan, Nepal, Sri Lanka, Bangladesh, Bhutan, the Maldives islands, Iran, and Afghanistan (Shariff, 2009; Singh & Bhayana, 2015). South Asians practice various religions such as Hinduism, Islam, Jainism, and Christianity (Shariff, 2009).

### **First Generation American**

This describes the children of people from varying nationalities and religions who immigrated to the United States (Shariff, 2009).

## **Theoretical Framework**

Critical Race Theory (CRT) aims to address racism that silences the voices of marginalized ethnic and racial groups within the education system. Ladson-Billings and Tate wrote *Toward a Critical Race Theory of Education* in 1995 to critique the racelessness of the education system (Patton, 2016). This theory can be used as an epistemological lens for transforming higher education. In regard to counselor training,

CRT theorists can challenge current training approaches related to multicultural counselor preparation and give importance to the content needed to address students of color's lived experiences (Haskins & Singh, 2015). Recognizing people of color's experience and knowledge is one of the major tenets of CRT (Matsuda et al., 1993). The counternarrative in CRT has the purpose of counteracting the dominant group's stories and giving a voice to marginalized groups. Another critique of CRT is color blindness, a framework that maintains an unequal status quo. However, more work needs to be done to explore how color blindness is evident in the curriculum, assessment, and education (Dixon & Rousseau Anderson, 2018).

The Multiple Heritage Identity Model (MHIM) is an important theoretical framework for this study due to the multiple identities being studied (Henriksen & Paladino, 2009). Dr. Henriksen's model describes the integrated identity process within one person (profession, race, ethnicity, nationality, religion, etc.). This model describes multiple heritage individuals moving through the phases of neutrality, acceptance, awareness, experimentation, transition, and recognition. At awareness, the individual is beginning to awaken to the knowledge that they have more than one identity that they distinguish in themselves. Through experimentation and transition, they can explore their various identities until integration is achieved at the final stage. At recognition, the individual can understand and accept that they are an individual with multiple holistic identities.

CRT and the MHIDM are the foundation for my study to understand the professional and personal identity development for South Asian American professional



counselors. CRT is used to understand how counselor educators and supervisors can address counselor trainees' needs from various ethnic backgrounds. Especially as this research focuses on the development of counselors, it is important to have a lens that addresses this group's educational nuances. The inclusion of MHIDM is to honor the process of identity development for any individual who can identify multiple heritages within themselves. A South Asian American counselor may be working towards integrating all of their identities as they develop professionally and personally.

### **Research Question**

What is the lived experience of Licensed Professional Counselors who are First Generation South Asian Americans?

### **Limitations**

My research had the following limitations. Cultural differences across South Asia are broad; therefore, the data gathered may not be transferable to all South Asian Americans. Participants might not identify with their culture of origin as a significant identity, which may influence how they answer the questions compared to those who primarily identify with their culture of origin. Finally, since accreditation among CMHC programs has become adopted within the last decade, many clinicians that I interviewed may not have attended a CACREP program. As a result, the interviewees may have varying experiences in the quality of their CMHC programs.

### **Delimitations**

The study was delimited to adults age 18 and older and must have completed their Master's in CMHC or the equivalent. The participants must identify with a country of origin from South Asia and must be first-generation Americans. Participants must also speak English as I will be interviewing them and English is my primary language.

### **Assumptions**

Several assumptions were accepted in this study. These included:

1. Participants who were interviewed were consenting to participate in the research.
2. Participants understood the reason for the research, the wording of the interview questions, were capable of self-reporting and were candid and truthful in answering assessment items.
3. Analysis of the data collected accurately revealed the participants' meaning.
4. The methodology intended was appropriate for this study.

### **Organization of the Study**

The next chapter will provide a review of the literature. This information will examine professional identity development for counselors, and counselor education, and multicultural competency. Additional literature will examine the mental health needs of South Asians and the need for South Asian counselors in the field. Upon a detailed review of the present literature regarding professional identity development and South Asian counselors, the third chapter will detail the methodology. The methodology will include information regarding participants, data collection, and data analysis.

## CHAPTER II

### Literature Review

The purpose of this chapter is to provide an overview of the literature related to the experiences of South Asian American (SAA) counselors, especially in regard to their professional and personal development. The chapter begins with discussing counselor identity development by describing professional identity development, the Integrative Developmental Model (IDM), racial identity development, and multicultural factors of counselor education and training. Then I discussed Asian and Asian American counselors' experiences, education, clinical experiences, and advocacy. I reviewed the literature on Asians and South Asians' mental health needs and their perception of professional counselors.

An extensive search on counselor identity development and SAA revealed sufficient literature on the overview of counselor identity development and counselor training. There is a limited amount of research available about South Asian counselors in the United States (U.S.), although there has been a call to increase ethnic and racial diversity in the counseling profession (Hipolito-Delgado et al., 2017; Lam et al., 2013). There is some research on counselor education and South Asian immigrants or international counselors (Cho & Seo, 2017; Datu, 2013; Eunsun Joo, 2009; Ibrahim, 2015; Thomas & George, 2016). However, there is no available research on First Generation SAA counselors.

## **Counselor Identity Development**

According to Erikson (1968), a major task of human development is identity formation, which is multifaceted and constantly evolving. Individuals form themselves by synthesizing multiple domains and social identities. Professional identity is an ever-changing entity that needs to be continuously studied (Prosek & Hurt, 2014). The process of professional identity development has been defined as the “successful integration of personal attributes and professional training in the context of a professional community” (Gibson et al., 2010, p. 32-24). Therefore, when studying counselor identity development, one must consider both the individual and the profession as a whole.

In recent years, counseling professionals have worked towards establishing a separate identity from counseling psychology. Having a clearly defined professional identity enables mental health counselors to achieve recognition as a mental health discipline (Reiner et al., 2013). Counselor educators, credentialing organizations, and advocacy organizations are expected to advocate for a clear counselor identity. Some barriers forming a clear counselor professional identity include licensure reciprocity, divergent titles, regulations, and other professions that provide mental health counseling (Olson et al., 2018). While there has been an effort made to increase portability, “limited evidence was found to confirm a seamless license transition between any states, including the 11 states identified via [American Association of State Counseling Boards] AASCB” (Olson et al., 2018, p. 98).

### **Chi Sigma Iota**

Discussions regarding counselor professional identity began in 1998 with the Chi Sigma Iota Counselor Advocacy Leadership Conference. The purpose of the conference was to discuss the goal of addressing counselor identity in order “to ensure that all counselor education students graduate with a clear identity and sense of pride as professional counselors” (Chi Sigma Iota, 1998, Theme A). In 2007, the 20/20 summit invited 30 delegates who agreed to the document Consensus Issues for Advancing the Future of the Profession (Kaplan & Gladding, 2011; Mascari & Webber, 2013). The 20/20 Vision for the Future of Counseling emphasized the importance of a shared vision for counselor professional identity. It developed a consensus definition of counseling: “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (Kaplan et al., 2014, p. 368; Kaplan & Gladding, 2011). Defining the profession and developing a shared vision were important first steps for developing a professional identity discipline (Reiner et al., 2013).

### **The American Counseling Association (ACA)**

The ACA has been identified as having the responsibility to communicate the distinctness of professional counseling. The ACA has done this by establishing a code of ethics and standards of practice. It has advocated for counselors to be included in the Public Health Act, providing continuing education, and the publication and distribution of knowledge (Person et al., 2020; Woo & Henfield, 2015). According to Reiner et al. (2013), a majority of 378 counselor educators (62%; n = 234) stated that the ACA and its divisions are responsible for enhancing counselor professional identity. In response, the

AASCB and ACA sponsored 2009 20/20: A Vision for the Future of Counseling (Kaplan & Glading, 2011).

### **The Council for Accreditation of Counseling and Related Education Programs (CACREP)**

Unlike other countries, the United States does not have a ministry of education that functions with quality control over institutions of higher education. The Higher Education Opportunity Act (HEOA) was created in 2008 and established requirements for the U.S. Secretary of Education to publish a list of accrediting agencies recognized nationally for higher education institutions. Among these include CACREP, American Psychological Association-Commission on Accreditation (APA-CoA), Commission on Accreditation for Marriage and Family Therapy Education (COMAFTE), Council on Social Work Education (CSWE), and Council on Rehabilitation Education (CORE) (Lile, 2017; Urofsky, 2013).

CACREP was created in 1981 by the APGA to strengthen public recognition of counseling and establish consistent qualifications for practicing as a counselor (Bobby, 2013; Wilson et al., 2017). CACREP standards (2015) described eight core areas that address the knowledge and skills needed for professional counseling identity development. Several CACREP standards address professional identity intending to clarify the counselor training programs' responsivity with developing counselor professional identity. Person et al. (2020) conducted a study to analyze CACREP's impact on counselors-in-training professional identity development. The author found that the overall scores on the Professional Identity Scale in Counseling (PISC) were significantly higher for students attending a CACREP-accredited master's program.

Additionally, those who held membership in local and state ACA chapters had increased participant scores on the overall PISC (Person et al., 2020).

### **Diversity Factors in APA and CACREP**

The Association for Multicultural Counseling and Development (AMCD) in 1992 created the multicultural counseling competencies (Sue et al., 1992). The ACA “was urged to take a proactive stance in incorporating these standards of practice to reflect an increasingly diverse society” (Alvarado et al., 2019, p. 138). The Multicultural and Social Justice Competencies (MSJCC) was introduced to incorporate the term social justice and reflect the societal and professional changes. To diversify the cultural backgrounds of licensed counselors, CACREP (2009) required that counselor education programs make “systematic efforts [to] attract, enroll, and retain a diverse group of students and to create and support an inclusive learning community” (p. 4). Counselor educators are encouraged to consider the potential impact of their students’ diversity status on their professional development (Lam et al., 2013).

### **Professional Identity Development Across Mental Health Professions**

Other mental health professions, such as social work and clinical psychology, has been established as a profession for an extended period. There are various similarities between the professions; however, professional counselors typically have a Master’s in Counseling and treat various mental health concerns. These vocations have developed their professional identity in similar ways, and counseling professionals have followed a similar course.

Social work is defined as a helping profession that aims to help individuals, families, and groups restore their capacity for social functioning and work towards

creating societal conditions that support the community (National Association of Social Workers [NASW], 2017). Social workers are the nation's largest mental health services providers and employ the micro, mezzo, and macro areas of society. Similar to the mental health counseling profession, social workers have historically been on a search for a united and integrated voice (Forenza & Eckert, 2018). Although the profession was established almost a century ago (Hill et al., 2017), social workers continue developing their own professional identity.

Establishing a professional identity for social workers is an ongoing process due to the dichotomy and broad service of the profession, the desire to be considered a scientific profession, and the socio-political framework of the profession (Forenza & Eckert, 2018; Gitterman, 2014; Hill et al., 2017). A primary aspect of developing a professional identity is creating a working definition. According to Hill et al. (2017), the major milestones of developing a definition of social work began in the late 1880s and occurred in three phases: pre-working definition period, working definition period, and post-working definition period. The author conducted an exploratory study of social workers in the United States to determine social work statutory definitions. While social workers have been working towards a unifying definition since the 1800s, there is no unified definition as various states give precedence to different social work aspects (Gitterman, 2014; Hill et al., 2017).

Counseling psychology was officially established in 1951 and has been recognized as an applied psychology specialty in many countries over the past six decades (Goodyear et al., 2016). The establishment of the International Association of Applied Psychology's Division of Counselling Psychology, formed in 2002, indicates that there is



a common shared international identity. According to a study conducted by Goodyear et al. (2016), when surveying counseling psychologists worldwide about establishing their professional identities, they found professional self-designation, satisfaction with career choice and training, and core values were all important aspects. The author found consistency among all eight countries surveyed in regard to satisfaction with career choice and training. Overall, there was not much divergence among the eight countries in regard to professional identity.

Brady-Amoon and Keefe-Cooperman (2017) stated that the growing movement towards establishing professional counseling as a separate entity from counseling psychology and psychology is against the roots, history, and values of all three professions. It is believed that CACREP and other advocates for a separate professional identity for counseling are a threat to the established identity of counseling psychology. Counseling psychology has a recognized identity because of the strong history, the establishment and strength of the American Psychological Association, accreditation training, licensure, and international licensure and identity. Counseling psychology “is at the intersection of psychology and professional counseling” and bridges the services gap (p. 42). Therefore, as professional counselors are working towards establishing their own professional identity, counseling psychology's identity is being questioned.

Social work and counseling psychology are among various other professions that have developed a united counselor identity for decades and even a century. The counseling profession is a relatively new vocation, and it would be prudent to follow a similar course as other mental health profession. A clear professional identity is only one aspect of counselor identity development that contributes to holistically conceptualizing a

counselor's growth from trainee to professional. In summary, professional development has been a crucial aspect of the counseling profession over the past few decades. Like the process taken by social workers and counseling psychologists, professional counselors have focused on developing the profession's legitimacy through professional organizations, reciprocity, definition building, research, and education. By developing a unified voice, professional counselors can gain the recognition needed to help the public and continue growing as a discipline efficiently.

### **Counselor Training and Development**

According to Gignac and Gazzola (2018), there is a difference between individual professional identity and collective professional identity. Individual professional identity is established regarding personal work values, skills, personal growth, success at work, and innovation. The latter refers to the status of the profession, shared identity, and the history of the profession. Identity work is an ongoing mental activity that an individual undertakes to construct a coherent and distinct understanding of self. Various dynamic elements facilitate identity work, such as critical incidents or developmental turning points. These moments can be transformative and crisis-inducing (Gignac & Gazzola, 2018). At the beginning of their training, their professional identity can be assessed by their professors and supervisors based on various supervision models. The supervisor's role is important in the early stages of counselor development because trainees are characteristically insecure, lack insight, control of boundaries, and rely on others for guidance (Alves & Gazzola, 2011). The development of a person's professional identity is a process of ongoing maturation throughout one's career (Brott & Myers, 1999). Dawson (2018) stated that increased clinical experience years increase

clinical confidence and can wholly transform a clinician's professional identity, attitude, and abilities. The Integrative Developmental Model (IDM), established by Stoltenberg in 1981 originally as the Complexity Model, outlined the development of a counseling professional based on three different levels and eight domains (McNeill & Stoltenberg, 2016). Supervisors and professors have a crucial role in a trainee's development, and they need to be aware of the needs of the professional counselor at each stage. As Gignac and Gazzola (2018) stated, an individual's professional development is characterized by their skills, personal growth, and success at work, all of which are part of IDM.

There are "three overriding structures that provide markers in assessing professional growth and by which we monitor trainee development": self and other awareness, motivation, and autonomy (McNeill & Stoltenberg, 2016, p. 11). Regardless of the clinical setting, each of these three structures will reflect the trainee's developmental functioning. First of all, the structure of self and other awareness indicates developing a trainee's knowledge and their ability to implement it in a professional setting. The structure of motivation reflects the trainee's interest and investment in their clinical training. Finally, the structure of autonomy changes with the amount of independence reflected by the trainee (McNeill & Stoltenberg, 2016). A counselor trainee's development as a clinician is another important aspect in their overall identity development.

According to Li et al. (2018), IDM must consider the extra layer of complexity when supervising students from different cultures. For instance, when working with Asian international supervisees, supervisors should explore how their culture influences their motivation, autonomy, and self and other awareness. The supervisor's willingness to

openly address their supervisees' cultural needs is the most powerful multicultural intervention (Bernard & Goodyear, 2009). Asian international supervisees and all ethnic minorities who move through the three levels of development have unique needs that must be considered to properly aid their development as counselors (Li et al., 2018; Park-Saltzman et al., 2012).

### **Counselor Training**

Counselor educators influence professional counselors' development through teaching and supervision, designing the learning environment, providing resources, and mentorship (Woo et al., 2016). Counselor trainees and new professionals can experience various challenges as they begin their professional identity development. These challenges may include high academic and professional expectations, the continuous emphasis on self-awareness of biases and values, self-doubt regarding skills and competency, and constant professional evaluation. These challenges can lead to burnout, stress, a focus on external validation, and failure to integrate their personal identity with their professional identity (Dong et al., 2018).

There has been a shift in training programs over the past decade toward a culture of competence. While there has been the development of competency assessments, it is important to understand how trainees conceptualize their competency (Kamen et al., 2010). Counselor trainees have reported having anxiety and confidence issues due to their counselor training programs' ambiguous standards and unrealistic expectations. This can also be exacerbated if the trainee comes from a different cultural perspective (McNeill et al., 1985). Although educators may conceptualize their student's competency one way, the trainee's perception of their competency is an important factor. This is especially true

for counselor trainees of Color (Lam et al., 2013). Objective and subjective forms of assessing competency are important to evaluate the progress of a counseling student (Kamen et al., 2010; Li et al., 2018).

According to Hou and Skovholt (2020), another shift has occurred in counselor development research that focuses on resilience rather than a problem-oriented lens. Highly resilient therapists' characteristics include strong interpersonal relationships, actively engaging with self, possessing core values and beliefs framework, and desire to learn and grow. As research in this area continues, researchers need to study the problems that trainees face, such as anxiety and confidence issues and study the strengths that grow over time. Research on identity development is limited to counselor trainees, but there is not much research regarding a counselor's development post-graduation (Hou & Skovholt, 2020).

### **The Complexity of Professional Identity Development**

While all of these factors have been established as important elements in counselor professional identity, Grafanaki (2010) stated that researchers focus on skills building rather than relevant and meaningful factors to the trainee. The therapist “brings a complex personal self that influences the professional persona in the dynamic milieu of the person-to-person engagement that is talk therapy” (Aponte & Kissil, 2014, p. 153). Therefore, when studying counselor trainees, it is important to recognize the therapist's full humanity that includes their culture, religion, personal struggles, and struggles in their communities (Aponte & Kissil, 2014). Counselor educators and supervisors who focus on skill-building rather than the complexity of the whole person may do a

disservice to their trainee in their formative years (Grafanaki, 2010; Wagner & Hill, 2015).

### **Racial Identity Development**

There is an irrevocable connection between a counselor's personal and professional identities (Alves & Gazzola, 2011). Integration of the personal self and professional self forms an overarching counselor professional identity. The integration process occurs in the later stages of the counselor's career, but this concept's foundational awareness begins early on. Identity development progresses across the career lifespan and can be influenced by race and ethnicity (Prosek & Hurt, 2014). Racial and ethnic identity is critical to the framework of an individual's identity. Each person can benefit "when multicultural frameworks are used in their learning environment" and are allowed to develop their ethnic identity (Chavez & Guido-DiBrito, 1999, p. 39).

Racial identity refers to the psychological response to one's race, both in relation to one's own racial or cultural group and that group's place in the wider social setting (Delsignore, et al., 2010). Racial identity reflects the extent to which individuals identify with their own racial group influences, thoughts, perceptions, emotions, and endeavors toward persons from other groups. Multicultural counseling requires the whole person's involvement; therefore, there is a relationship between multicultural competency and racial identity development (Delsignore, et al., 2010). When the counselor can fully understand and involve their own racial identity, they will be more competent as a multicultural counselor (Matthews et al., 2018; Vinson & Neimeyer, 2003).

According to Delgado and Stefancic (2001), the goal of critical race theory (CRT) is to address racism that silences marginalized ethnic and racial groups' voices. Counselor

educators can apply this theory to attend to equity and social justice issues in the counseling room and within the relationship between faculty and students (Taylor et al., 2009). This theory challenges current training approaches related to multicultural counselor preparation and gives a voice to course content needed to address the lived experiences of students of Color (Haskins & Singh, 2015). Students have stated that those who feel marginalized in society continue to experience isolation and alienation in the classroom (Negga et al., 2007). Counselor educators need to be aware of CRT's five major tenets: the permanence and intersectionality of race and racism, the critique of liberalism and color blindness, counterstorytelling, interest convergence, and Whiteness as property (Delgado & Stefancic, 2001).

### **Social Justice and Advocacy**

Counseling programs train students to be skilled counselors and encourage them to advocate for social change and challenge policies and systems that adversely impact the mental health of the oppressed. However, students should also be taught to advocate for themselves (Delgado-Romero & Wu, 2010). Social justice issues can be particularly important for students of Color to address their needs as a marginalized community openly. Curtis-Boles et al. (2020) stated that educators should build an inclusive learning environment that seeks to disrupt the dynamics of oppression, privilege, and power, model responsibility by discussing race and racism, and engage in collaboration with colleagues and advocate for students (Inman, 2018).

### **Culture-Matching**

Cross-cultural counseling has been thoroughly researched due to the history of non-diverse counseling professionals (Arshad & Falconier, 2018; Delsignore et al., 2010;

Gim et al., 1991; Holcomb-McCoy & Meyers, 1999). However, as counselors from different cultural backgrounds have begun to enter the field of counseling, it is important to explore the impact that culture matching may have on the therapeutic relationship. Fry et al. (1980) conducted a study to test the hypothesis that racial differences may mediate counselor-client interactions in regard to the counselor's attending skills, response style, and delivery. The results of the study indicated that racially matched clients rated their counselors as having better delivery and more appropriate responses.

While culture matching has shown to be beneficial among certain ethnic groups due to style and delivery, there are other benefits to the therapeutic relationship that must be considered. Matching the characteristics of clients and therapist on factors like ethnicity has been suggested to help with better understanding a patient's reality (Cabral & Smith, 2011). Clients have reported that they feel better understood by counselors from similar ethnic backgrounds (Meyer et al., 2011). Ethnic matching can also enhance the effectiveness of intervention because of cultural scripts, ethnic-specific perceptions, and ethnic specific channels of communication (Field & Caetano, 2010). In these cases, treatment is more likely to be utilized and lower dropout rates are reported (Ibaraki & Hall, 2014). However, strict matching is not practically possible due to the heterogeneity in each culture. Therefore, therapists should be aware of differences even within the same culture (Jacob & Kuruvilla, 2012). Clients from shame-based cultures may not prefer a counselor from a similar ethnic background due to the stigma of speaking about private habits, sex life, close relationships, and feelings (Ibaraki & Hall, 2014; Zane & Ku, 2014).



According to Moller et al. (2016) SAA reported that they perceive White counselors to be culturally ignorant and often avoid working with them due to this belief. However, at times SAA prefer to work with White counselors due to perceiving them as more non-judgmental. SAA reported that Asian counselors might also be avoided because they are perceived as untrustworthy and might not adhere to confidentiality. Some participants preferred a South Asian counselor because they can more accurately understand their problems. Even still, other SAA respondents reported that the religious orientation of their counselor was more important than their ethnicity (Moller et al., 2016). There is not enough consensus to determine whether ethnic matching among Asian Americans has a positive impact on the therapeutic relationship or outcome.

### **Ethnic Minority Counselors**

The multicultural movement in counseling research began in the 1960's and has raised awareness of the counseling needs of culturally different clients, however the diversity status of the counselor is significantly under-addressed in multicultural counseling discourse (Lam et al., 2013). When the diversity of the counselor is addressed in research, it is limited to focusing on the impact of the counselor's ethnicity on the therapeutic alliance and treatment outcomes rather than the professional development of the counselor.

Hipolito-Delgado et al. (2017) stated there is a shortage of counselors from non-western communities and a recent increase of students of Color in counselor education programs. Counselor training programs must make an effort to understand the needs of students of Color. There are many benefits to having a culturally diverse student body, for instance, multicultural competency increases for all students who are part of an

ethnically diverse classroom. In order to continue the growth of diverse counseling student bodies, counseling programs must work towards cultivating an environment that encourages students from all ethnic and cultural backgrounds to feel included and understood (Hipolito-Delgado et al., 2017).

Thrower et al. (2020) conducted a qualitative study of eight multicultural and social justice counselor educators in the U.S. The author found that the “leaders reported having difficulty facilitating conversations about race when the leaders felt their own racial identity development was at an early stage” (p. 16). There are costs to students of Color when instructors are underprepared to address racial and cultural issues in a group setting. For instance, multicultural courses have traditionally focused on teaching White students and assume that students of Color require less attention in addressing their personal biases (Sue & Sue, 2013). Possibly as a result, there has been a limited amount of research investigating the dynamics between ethnic minority counselors working with White clients.

Spalding et al. (2019) interviewed ethnic minority counselors who stated that when working with White clients, race became a barrier for them either in the form of insecurity, the need to prove themselves to their client, or worry about being perceived negatively. Racial consciousness is defined as a multidimensional construct that includes the counselor’s awareness of self as a racial being, awareness of the racially different client, and awareness of how the interaction of these variables might impact the therapeutic relationship. While many Black clients feel more comfortable with another Black counselor, it is often because the counselor was reported to have more racial consciousness than the White counselors (Mckenzie-Mavinga, 1991; Want et al., 2004).

For counselor trainees, racism is an important feature that needs to be addressed in counselor training programs. Students of Color cope with feelings of alienation and isolation in the classroom by either withdrawing from the learning process or advocating for their racial group. Black and Asian counselors stated that training and education has failed to acknowledge their perspectives and experiences and that they wanted to see changes in counselor training to focus on their own unique needs (Mckenzie-Mavinga, 1991). Want et al. (2004) reported on the value of racial consciousness. Trainees have stated that they would like the space to contemplate the impact of racism on their lives and how to address the issue with future clients (McKenzie-Mavinga, 2005; Smith et al., 2017). Another important factor is the importance of recognizing the trauma associated when discussing the impact of racism (Cardozo, 2006; Mckenzie- Mavinga, 2005). It is valuable for researchers to study how a counselor's ethnicity, microaggressions, and marginalization has influenced their experience in the counseling profession. Jangha et al. (2018) called for future researchers to study other ethnic minority counselors across phases of their development to provide culturally informed training.

### **Asian Counselors**

Asia is a vast continent made up of Eastern countries like China and Korea, Southern countries like India, Bangladesh, and Sri Lanka, and South Eastern countries like Vietnam and the Philippines (Lui & Rollock, 2018). Research regarding Asian counselors has focused on counselors from various Asian countries abroad (Cho & Seo, 2017; Eunsun Joo, 2009; Li et al., 2019; Park, 2020) and foreign-born counselors living in the United States (Goh et al., 2014; Li et al., 2018; Kim et al., 2001; Ko, 2016; Li et al., 2018). However, there is little to no research on American born Asian counselors.

Although they are often defined homogenously, there are many elements that diversify this group such as culture, religion, language, and history.

Research on counseling and counselor education in Asia is sparse due to the novelty of the profession (Datu, 2013; Eunsun Joo, 2009; Chi-Sing Li et al., 2019; Thomas & George, 2016). Researchers from Asia have questioned whether the model of the West can be applied to clients living in the East. Due to cultural differences, counselors in the East have unique needs in regard to battling mental health stigma, an inherent power-dynamic between client and counselor, and preference for a solution-focused approach to counseling (Cho & Seok Seo, 2017; Eunsun Joo, 2009).

Cho and Seok Seo (2017) conducted a study to determine how Korean counselors perceive the therapeutic relationship. The author found that Korean counselors would characterize a strong therapeutic relationship exists if there was care and protection for the client, a genuine interaction, if they share similar experiences, have a sense of connection and communication, are involved in the client's personal life, and acting as a human being rather than a professional. In order for the clients in these countries to be properly served, theory and practice must align with their values and culture (Aga Mohd Jaladin, 2017; Duan et al., 2011; Tuicomepee et al., 2012). For example, Thailand is among many Asian countries that are now working towards aligning "western theories and practice with [their] culture and religious practice" (Tuicomepee, et al., 2012, p. 359). Asian counselors often become educated in the U.S. and bring their knowledge to their home country. They attempt to integrate their personal experience, training, and knowledge of culture to develop culturally appropriate interventions (Taephant, et al., 2015).

### **International Students from Asia**

There has been a growing number of international students enrolling in the U.S., with many students choosing to major in counseling over the past decade. There are various benefits for being an international student studying in the United States such as the education system, leadership opportunities, experience, and accredited programs. However, studying in a U.S. counseling program can also be traumatic because of the different rules, values, and behaviors that might be in conflict with their culture (Goh, et al., 2014).

International students who studied counselor education in the West have experienced an ethical dilemma because of the different value systems. For example, Korean female students who studied counseling in the United States reported that their career decisions were heavily influenced by their parental expectation, filial piety, and traditional gender roles (Park, 2020). Counselor education programs and supervisors should be aware of the cultural implications of their students' lives and how it might impact them. In order to address the distress that international students experience, effective and culturally sensitive mentorship is necessary (Beer, 2015; Park-Saltzman et al., 2012).

The distress is not limited to counselor trainees, but for Asian women seeking counselor education faculty positions in the U.S. (Kim et al., 2001). Despite the barriers they have faced, these women “believed that their unique challenges provided them the opportunity to grow personally and professionally” in multicultural awareness and empathy for students (p. 158). Despite being in different stages of their professional development, foreign-born trainees and faculty experience distress that is not properly

addressed in the U.S. counseling profession (Chen et al., 2013; Kim et al., 2001).

According to Hye Jin Tina Yeo et al. (2019) the difficulties faced by international Asian students can be applied to American born Asian students because they “frequently reported being mistaken for international students and hearing or experiencing hostile remarks and racial slurs intended for Asian International students” (p. 50). Both American and foreign-born Asian students reported being harassed for their accent and physical features by White domestic students. In order to create an inclusive environment, educators and leaders must work towards creating a supportive learning environment, have difficult conversations, and take the differences of these students into account to support a multiracial campus (Hye Jin Tina Yeo et al., 2019).

### **Asian American Development**

American born Asians may experience a similar cultural dilemma depending on their value for acculturation. Acculturation is described as the adoption of the mainstream culture, and enculturation is the retention of one’s culture of origin (Chang et al., 2013; Kim et al., 2001). Asian Americans can both retain their Asian identity and adapt to the norms of the dominant culture (Chen & Fouad, 2013). Suinn (2010) found that enculturation can play an important role in educational development for Asian Americans. Elements like cultural orientation and family obligation can influence Asian Americans to choose a career that fulfills family obligation rather than their own interests (Chen & Fouad, 2013).

Asian Americans are often presented as a homogenous community, especially in regard to career. Therefore, a wide range of educational pursuits within the community are ignored. Often, the educational goals of Asian Americans are influenced by their

cultural values and minority status (Chen & Fouad, 2013). Asian Americans (4% of the US population) make up 30% of medical scientist, 25% of computer engineers, 17% of physicians, 14% of dentists, and 1% of social service workers (U.S. Bureau of the Census, 2007). The more that an individual is acculturated, the relationship between their interests and occupational choice is stronger (Fouad et al., 2008). Asian Americans who hold positions in industries where their ethnic group is not usually well-represented reported being proud of their careers and feel their accomplishment “demonstrated to mainstream society their ability to challenge stereotypes regarding acceptable careers for Asian Americans” (p. 54). These individuals report seeing themselves as role models in the community and state that they chose careers to provide help to their community members (Fouad et al., 2008).

There are various challenges that Asian Americans face in their career development, such as navigating between their culture of origin and mainstream U.S. culture (Fouad et al. 2008). Vocational development is an important aspect of Asian American ethnic identity (Leong & Chou, 1994) and career can be the bridge between mainstream culture and their minority culture. Acculturation can increase difficulties in career decision making due to conflict with their parents (Ghosh & Fouad, 2016).

### **Asian American Racial Identity Development**

Asian American counseling students and counselors wrestle with their own process of racial/ethnic identity development, while at the same time facing the challenge of being trained in a profession dominated by Whites. They may be asked to play roles and communicate in styles developed from the Western tradition, which may not translate readily into their own cultural context (Lam et al., 2013). In order to understand the

experiences of Asian American counselor trainees, one needs to understand their racial identity development. How they perceive themselves as racial beings influences how they view themselves, engage with others, and navigate the racial dynamics of society (Chan, 2017). Race in the United States is often framed as relating to Black and White communities, rendering Asian Americans as invisible in racial discourse (Alcoff, 2003).

Previous racial identity models focus on the experiences of African Americans (Atkinson et al., 1998; Cokley, 2007; Helms, 1995; Iwamoto et al., 2013; Kim, 2001; Phinney, 1992). Traditional Asian American identity development models conceptualize development as progressing linearly, however others have “emphasized the interconnectedness of race with gender, faith, and other social identities and the role of environmental factors such as immigration history, family culture, and sociopolitical climate in affecting” how Asian Americans experience race and develop their racial identity (Chan, 2017, p. 14). As the Asian American population diversifies, how they make meaning of their racial identities does as well. Thus, the understanding of Asian American identity must become more complex (Chan, 2017).

Ibrahim et al. (1997) developed one of the few conceptual models of South Asian Identity Development. Although South Asians are diverse in language, religion, food, and practices, they are often categorized as a homogenous group in the United States. While this model describes the racial identity process of South Asians, it does not describe the important factors unique to individuals born in the United States (Iwamoto et al., 2013).

Despite the exponential growth of South Asian Americans in the U.S., research on career and professional development for this group is often overlooked. Kantamneni and Fouad (2013) call for more research to be conducted to investigate the role of cultural



factors on SAA vocational interests. Regarding professional development, SAA and Americans have differing values in regards to perspectives on workplace discrimination, mentoring, professional challenges, and career decisions (Adya, 2008). Gupta and Tracey (2005) compared interest-occupation congruence between South Asians and Caucasians and found that South Asians were less congruent. More research is needed to understand the influence of culture on South Asian career development (Kantamneni & Fouad, 2013).

### **South Asians and Mental Health**

Asian Americans are one of the fastest growing groups in the United States, with South Asians identified as the fastest growing Asian ethnic subgroup in the United States, representing 20 percent of the population (Daga & Raval, 2018; Singh & Hays, 2008; Tummala-Narra et al., 2019). South Asia is comprised of the countries India, Pakistan, Nepal, Sri Lanka, Bangladesh, Bhutan, the Maldives islands, Iran, and Afghanistan (Shariff, 2009; Singh & Bhayana, 2015). South Asians practice various religions such as Hinduism, Islam, Jainism, and Christianity. South Asian Americans describe people from these varying nationalities and religions that have immigrated to the United States (Shariff, 2009).

Literature on the mental health needs of South Asians began with the influx of immigrants to the United States in the 1970s. Panganamala and Plummer (1998) conducted a study of 101 Asian Indian immigrants and first- and second-generation Asian Indians with the purpose of exploring the attitudes towards psychotherapy. The author concluded that there is heterogeneity within the Asian Indian community regarding psychotherapy. While there were some respondents that had a negative view of

psychotherapy, the results indicated that most Asian Indians have a neutral or positive view toward psychotherapy. It is important to assess individual attitudes and comfort with counseling rather than generalizing (Panganamala & Plummer, 1998).

South Asians are at a high risk for depression, self-injury, and suicide however, despite the need for mental health services, many South Asians living in the U.S. have negative attitudes toward seeking professional psychological help (Arora et al., 2016). The more an individual identifies with their South Asian values, the more likely they will have negative attitudes toward help seeking. One of the largest barriers to seeking help for mental health is the stigma of mental illness among SAA. Those with mental illness are devalued, disgraced, and unfavored. The perception of discrimination from society is extremely influential (Arora et al., 2016; Kumar & Nevid, 2010; Loya et al., 2010). Gender differences concerning mental health stigma are present within SAA groups with SAA women having fewer stigmatizing beliefs toward mental health treatment compared to men (Vogel et al., 2007).

The cultural factors that have been identified as the primary reasons for avoiding help seeking among South Asians include societal stigma and avoidance of shame, discomfort with self-disclosure outside of the family, emotional restraint, and social conformity (Loya et al., 2010). In a cross-cultural study conducted by Loya et al. (2010), it was found that SAA reported a poorer attitude and reluctance toward help-seeking, as well as personal stigma toward people with mental health problems compared to Caucasians. Educational initiatives such as psychoeducation about mental illness and contact with those that have mental illness may work in reducing the stigma towards help seeking (Arora et al., 2016; Loya et al., 2010).

Mokkarala et al. (2016) conducted a study and found that Whites had higher rates of help seeking than South Asians. South Asians were more than twice as likely to perceive character deficiencies as the cause of mental illness. Attributing mental illness to biological factors correlated with lower shame and higher perceived support for help seeking among Whites while South Asians attributing mental illness to biological factors was correlated with higher shame and lower perceived support for help seeking.

Various reasons may be present as to why South Asians do not typically seek mental health counseling. For example, public display of emotional instability can create a negative perception of the individual and their family (Kumar & Nevid, 2010). Immigration status may also impact attitudes toward counseling (Panganamala & Plummer, 1998). South Asians that immigrated to the United States later on are less likely to have a positive view of mental health services. Those that were younger during immigration are more likely to have a neutral or positive attitude toward psychotherapy (Kumar & Nevid, 2010; Panganamala & Plummer, 1998).

### **The Model Minority Myth**

The Model Minority is a term used when describing SAA as a group that outperforms other ethnic groups academically, socially, and professionally (Daga & Raval, 2018). Indian Americans, the largest South Asian group, have an estimate of 70 percent having college degrees and a median family income of over \$101,000. However, this term is now classified as a myth with 7.3% of Indian Americans impoverished, reporting experiences of discrimination, and mental health difficulties. Pressure related to the model minority stereotype has led to lower resilience and a higher chance of mental health issues. The model minority image is fictional and is used to deny problems faced

by ethnic groups (Sue, 2009).

Gupta et al. (2011) conducted a study with 291 Asian Americans, 34 percent of the sample identified as South Asian. The author aimed to examine whether internalization of stereotypes, either positive or negative, could have harmful effects on an individual. Endorsing racial stereotypes can place pressure on SAA who do not believe that they can meet the standard of the model minority. Shame and embarrassment are possible outcomes if the individual internalizes the group's stereotype. Finally, SAA who endorse the myth may refrain from seeking mental health services in order to feel that they belong to the problem-free community. These results may explain why there is so much conflicting information in literature regarding South Asians. Due to fear of not adhering to the model minority myth, South Asian self-reports on mental health may not be reliable (Gupta et al., 2011).

### **Mental Health Needs Among South Asian Americans**

A content analysis conducted by Inman et al. (2014) analyzed 3 decades of psychological research for the SAA community in the U.S. The top five topics in SAA literature include psychological health, interpersonal dynamics, acculturative stress, identity, and domestic violence. The studies on psychological health were focused on depression among SAA and depression in relation to discrimination. A large amount of research has been dedicated to studying acculturative stress. Acculturative stress is subjective to the amount of acceptance received in the host country and the greater the individual's comfort with Western values. While there has been an increase in research regarding identity, there is need for more studies on understanding the process of identity formation in SAA. Finally, there was a dramatic increase in research regarding domestic

violence in SAA communities between 1990-2000. Domestic violence within this community seems to be prevalent in this group when compared to other cultural groups. The high rate of intimate partner violence is alarming because of the symptoms of depression, suicidal ideation, and psychological distress experienced by trauma victims (Inman et al., 2014).

### **Discrimination**

South Asians have a history of discrimination in the U.S., recorded in the 1923 trial of the *United States v. Bhagat Singh* where SAA were denied citizenship because they were not White. Between 1987-1988 SAA were terrorized in Jersey City, New Jersey by self-proclaimed “dotbusters,” as well as post 9/11 harassment and scrutiny (Nadimpalli et al., 2016). The complexity of the SAA racial experience has been invisible. Racism related stress can impact racial identity development, sense of self, and the ability to cope with racism related stress (Tummala-Narra et al., 2012).

Racism is related to higher levels of emotional stress and has a negative impact on SAA psychological health (Kaduvettoor-Davidson & Inman, 2013). There is a relationship between perceived discrimination and depressive symptoms for SAA. Racial discrimination and identification as an ethnic minority contribute to stress for South Asians. The more aware an individual is of racist messages, the more impact it can have on self-esteem. Many second-generation SAA reported that they were unprepared for the realities of discrimination (Tummala-Narra et al., 2012). When assessing the mental health needs of this population, it would be important to be aware of the level of discrimination-related stress present for the individual. South Asians that report incidents of racism and discrimination also report other mental health problems (Tran &

Sangalang, 2016).

### ***Acculturative Distress***

Immigration to a new country exposes the individual to a new culture that may not be in adherence to their original cultural norm (Singh & Bhayana, 2015). This lifestyle change can cause stress on the individual. Furthermore, the family system can move through stages of acculturation at different rates and intensities, which can place stress on the family system. Bi-cultural SAA can experience cultural conflicts in their interpersonal relationships and within themselves. An individual's amount of acculturative distress is dependent on how much they adhere to their heritage culture. The more the individual adheres to their heritage culture, the less likely they will experience interpersonal conflict, especially with their parents (Singh & Bhayana, 2015).

While second-generation SAA experience difficulties with acculturation, it is also difficult for older immigrants who immigrate to the United States later in life. The stressors these individuals experience include language barriers, navigating cultural norms, dependence on their adult children, and changes in the structure of the family. Older immigrants may also be in danger of becoming clinically depressed due to the acculturative stress, a diagnosis that can go unnoticed by family and professionals alike. The role of support is an important coping skill for older immigrants. For example, senior centers have been established to provide older adult immigrants a place to feel supported and interact with their peers (Tummala-Narra et al., 2013).

### ***Sexual Violence***

When studying sexual violence among South Asians, researchers often focus on exclusively domestic violence issues. Intimate partner violence among SAA women was

as high as 77 percent (Tummala-Narra et al., 2017). Adherence to Asian values, similar to lower levels of acculturation, can have an impact on how SAAs approach sexual violence disclosure. Those who adhered to Asian values were less likely to disclose emotional and sexual abuse (Foynes et al., 2014). The relationship between adherence to Asian values and abuse disclosure may be due to the fear of stigma.

Contrary to other mental health related issues for this population, SAA women in abusive relationships will often seek help from mental health professionals or the police. However, SAA would be more willing to seek help from a mental health professional rather than law enforcement. If help is sought, SAA will more likely seek informal help from family or their community. Unfortunately, the family and community of the abused SAA often encourage women to remain in abusive relationships due to cultural values and fear of shame and disgrace (Kim et al., 2001).

Experiences of childhood sexual abuse, rape, and forms of sexual violence outside of Intimate Partner Violence have been unexplored. Studies have also been limited to immigrant women and first-generation women. Indian American women are less likely to report violent sex crimes or seek mental health support when compared with women from other cultural backgrounds (Kim et al., 2015; Tummala-Narra et al., 2019). Families and ethnic/spiritual communities can contribute to both stress and support for Indian American survivors of abuse. If they choose to not share their trauma with family or friends, survivors will often rely on their spirituality to cope with the trauma. Survivors feel a lack of trust and confidence in the community to protect them, yet they feel reluctant to disclose their sexual abuse to people outside of their ethnic and religious communities due to fear of discrimination. SAA survivors of sexual abuse may also

believe that mental health workers would not be culturally aware enough to address their needs. Another challenge faced by survivors is navigating the problem of stigma within the SAA community. SAA may believe they cannot openly discuss their trauma and still be welcome in their families or community (Tummala-Narra et al., 2019).

The mental health needs of the South Asian community are relevant to professional counselors who are SAA for a number of reasons. Difficulties like discrimination and acculturation may be part of the racial identity development of SAA professional counselors (Prosek & Hurt, 2014). Counselor educators and supervisors must be aware of these complexities when working with SAA counselor trainees (Aponte & Kissil, 2014). SAA professional counselors might be better equipped to address the needs of this community due to culture-matching, their focus on social justice, and advocacy (Cabral & Smith, 2011; Curtis-Boles et al., 2020). The needs of the South Asian community are not being met if SAA professional are not being trained and included within the counseling field.

### **Summary**

In summary, counselor development models and programs have not taken into account the needs of ethnic minority counselor trainees. Counselor education programs across the U.S. have become more ethnically diverse however, counselor educators and supervisors have not adapted to the needs of ethnic minority counselor trainees. Racial identity formation occurs in accordance with professional identity formation and multicultural competence development. Elements like racism, power, microaggressions, and cultural nuances, and social advocacy must be openly discussed within counselor education. It would be remiss to not address the unique needs of these students as they



are simultaneously developing as professional counselors. Research focused on SAA identity development and professional development is scarce, therefore it is important to conduct research and edify SAA counselor trainees, supervisors, and educators.

## **CHAPTER III**

### **Methodology**

The purpose of my study was to describe the experiences of professional counselors who are first generation South Asian American. Specifically, I explored the personal, racial, and professional development of South Asian American professional counselors. The methodology I used in this study was a qualitative analysis in order to hear the authentic voices of the participants and generate a nuanced understanding of a given phenomenon (Lester et al., 2020).

The following research question was addressed in this methodology: What are the lived experiences of professional counselors who are first generation South Asian American? Chapter III began with an overview of the transcendental phenomenological research design, bracketing, reflexivity, selection of participants, informed consent, instrumentation, data collection, data analysis, trustworthiness, and a summary to conclude the chapter.

### **Research Design**

A qualitative methodology was ideal for understanding the perspectives of those being studied and allows people to speak in their own voice and not have to conform to categories imposed on them (Palinkas, 2014). Creswell (2013) and Moustakas (1994) stated that the research design most beneficial for understanding the lived experiences of this group was a phenomenological design. This was particularly appropriate for understanding the unique experiences of South Asian Americans in the counseling profession.

Moustakas (1994) recommended that the phenomenological researcher focus on an individual's experience and from what context they are experienced. Phenomenology was rooted in the philosophical traditions of Edmund Husserl. Husserl postulated that by reaching a transcendental state, researchers would become aware of their conscious and unconscious beliefs (Husserl, 1931, as cited in Phillips-Pula et al., 2011). Transcendental phenomenology focused on the essential meaning of an individual's experience and this methodology can be used to analyze the interviewee's perceptions of a phenomenon in depth (Moerrer-Urdahl & Creswell, 2004).

### **Transcendental Phenomenology**

Husserl believed that natural science comes from a set of perspectives that are not questioned by scientists (Phillips-Pula et al., 2011). Phenomenological researchers studied how knowledge came into being and they provided clarity on the assumptions that grounded human understanding. In transcendental phenomenology, the researcher aspired to preserve some semblance of objectivity, believing that by doing so the credibility for their methodology could be assured (McConnell-Henry et al., 2009). Transcendental phenomenologists saw merit in structured approaches that mimicked empiricism which could help ensure validity. van Kaam (1966) stated that relevant research explored human behavior empirically while preserving a lived relationship.

Transcendental phenomenology was best suited for my study because the researcher is not limited by bias as they study the "reality in which individuals live, move, and are" (Phillips-Pula et al., 2011, p. 70). I had a similar experience and background as my participants, which I will go into more detail later on in this chapter. An important aspect of this methodology is bracketing experiences in order to limit my

bias. Through transcendental phenomenology, I was able to identify the interviewees' significant statements, themes, and develop an essence of their lived experiences.

Moustakas (1994) specified the following steps for transcendental phenomenological research: extrapolate significant statements from the participants, identify themes, and develop an essence of their lived experiences. Creswell (2012) stated that the first step in conducting a transcendental phenomenological study was to identify what would be studied, bracket the researcher's experience, and then gather data from that population. The textural descriptions, created by integrating themes into a descriptive text, will be used to capture the essence of each participant's lived experience (Creswell, 2012). Following that, the textual descriptions were combined with a structural description of their experiences (Creswell & Poth, 2018; Moustakas, 1994).

### **Bracketing**

Husserl advocated for the use of phenomenological epoche, or bracketing, because he believed that "in order to expose the true essence of the 'lived experience' it [is] first necessary for any preconceived ideas to be put aside" (Husserl, 1931, as cited in McConnell-Henry et al., 2009, p. 8). To generate valid data, it is first necessary for the researcher to put aside any presuppositions that they might have in regard to what is being studied. Therefore, by bracketing my experiences I was objective when studying this phenomenon.

Through reduction the researcher intends to leave behind the barriers, assumptions, and suppositions that prevent them from being able to access phenomena as they truly appear (Errasti-Ibarrondo et al., 2018). In order to reduce my bias, I utilized reflexivity. I was first interviewed by someone outside of my committee in order to

identify where my influence might become an issue. I also journaled throughout the study, especially after each interview was conducted, in order to bracket my own experience. Finally, my chair, committee members, and peers approved my grand tour questions to limit an opportunity for bias. The purpose of reduction was to eliminate what is taken for granted and leave aside the barriers and assumptions that prevent us from accessing the true essence of the phenomenon (Errasti-Ibarrondo et al., 2018).

### **Positionality**

In the following words, I share how I have been influenced by the phenomena that will be studied. I am a 29-year-old Indian American woman who was born and raised in the United States to two immigrant parents. I was raised to put my education first and achieve the American Dream, fulfill their expectations and plans for my life, and meet the expectations of my social group. I decided to pursue a bachelor's degree in Psychology, a Master's in Counseling, and ultimately my doctorate in Counselor Education. As a counselor, I have had a unique experience. I have been able to work with clients from all backgrounds, ethnicities, and religions. I have had a number of past clients that identify as South Asian and were willing to try mental health counseling because they could talk to someone who looked like them. Additionally, I have been able to speak and advocate for my community regarding their need to seek mental health help, sexual violence advocacy, and psychoeducation.

Dr. Chi-Sing Li is the director of my dissertation. He has been a counselor educator and supervisor in United States for 20 years. Growing up in Hong Kong, he has had experience and understanding of the Asian culture in general. However, Dr. Li does not have much knowledge about South Asian Americans and their experience. His areas of

research are counseling with international students, Chinese and Asian Americans, and counselor training and supervision.

Dr. Richard Henriksen is my methodologist. His background is multiple heritage, and he has a wide range of experiences as a person and a counselor educator. His life expectations were not focused on education but on physical labor. He is currently a professor of counselor education and has a history of completing and publishing qualitative research.

Dr. Tim Brown is counselor educator, licensed professional counselor, and former school counselor. As a school counselor, he often worked with immigrant families, including first- and second-generation immigrants, from South Asian countries. As a counselor educator he has taught and supervised counselors-in-training who were immigrants from South Asia or of South Asian descent. As a researcher, he has experience with both qualitative and quantitative research, including research focused on cultural issues in counseling.

### **Participants**

My participants must have completed their master's degree in counseling, be fully licensed as professional counselors, currently practicing, and identify as first-generation Americans with an ethnic heritage from South Asia. Through criterion purposeful sampling I recruited 11 participants, according to Creswell (2012) that was within the recommended number of participants needed for a phenomenological study to reach saturation. I also collected demographic data such as their country of origin, sex, age, years in practice, and work setting (Appendix D).

In order to recruit my participants, I developed a flyer to be posted on social media that will include the purpose of my study, sampling criteria, and the researcher's contact information. The flyer was posted on both public and private social media platforms. I used the online directory [southasiantherapists.org](http://southasiantherapists.org), a global directory of South Asian therapists and mental health counselors, to contact eligible participants. I also used [psychology today](http://psychologytoday.com), an online directory for professional counselors across the United States. Contact was made via email after obtaining the professional counselor's contact information. Additionally, professional counselors that I interviewed were asked to pass on the contact info to other clinicians who meet the criteria. When the professional counselors agreed to participate in this study, I sent an encrypted email to establish an appointment time for our interview along with a Zoom invite link. When necessary, I sent a follow up email to confirm the appointment.

### **Informed Consent**

Professional counselors who met the participant criteria scheduled a time to meet with the interviewer via Zoom due to COVID-19 restrictions. The participants were sent an encrypted email with the informed consent form (Appendix A). The informed consent form included information of the participants' protection, benefits, and potential conflict that might arise by participating in the study. Participants were told that they could withdraw from the study at any point without any obligation and were informed of any risks that might occur during the process of the study. Participants were told that they can refrain from answering any questions that caused them discomfort without any penalty. Signed informed consent were not required in this study, participants gave verbal consent that was audio recorded as part of the interview.

## **Participant Sampling**

Palinkas (2014) stated that purposeful sampling was used in qualitative research to maximize the information gained from what is typically a smaller group of participants. Purposeful sampling techniques was the primary tool used to identify and select participants for this study. I used purposeful sampling procedures to choose the participants that would lead to saturation, “the point at which no additional data collection is needed, no new codes are developed, and themes and subthemes have been fully fleshed out” (Padgett, 2008, p. 171). I chose participants that have a South Asian heritage, were born in the United States, have a master’s degree in Counseling, and are licensed professional counselors. By using criterion sampling, I was able to ensure that all of the participants had experienced the same phenomenon and are from a similar professional and cultural background.

The snowball sampling technique was used to identify any other potential participants via those who have already been a part of the study. In this sampling method, previously identified participants nominated other potential participants to take part in the research (Creswell & Poth, 2018). This method of sampling was important in order to identify and recruit additional participants.

## **Instrumentation**

According to Moustakas (1994), an interview was the primary tool for gathering data for a phenomenological study. I, the interviewer, was another instrument of the study because I was conducting the interviews. Finally, a demographic survey (see Appendix C) was given and included questions about the participant’s pseudonym, type of licensure, employment status, racial identification, sex, age, and nationality. Englander



(2020) stated that overly structured interviews were critiqued by researchers because there was not an allowance for an explorative approach to human scientific research. The format of the phenomenological psychological interview can be seen as semi structured in that it is structured to include necessary questions, while unstructured in that it will not just follow the predetermined questions but “instead follow the lived experience of the research participant in the context of the interaction” (Englander, 2020, p.58). I used a semi-structured questionnaire for the interviews and introduced follow-up questions as needed. I asked nine questions and my interviews lasted 30 to 60 minutes. The questions were developed based on the current literature, the tenants of critical race theory, and the multiple heritage identity development model. The interviewees were given the option to opt out of a question or end the interview entirely if needed.

The semi-structured interview participant questionnaire (Appendix B).

1. What made you interested in becoming a professional counselor? (Fouad et al., 2008; Kantamneni & Fouad, 2013)
2. What was your educational experience in counseling like and what cultural factors impacted you? (Negga et al., 2007)
3. What has been your experience practicing as a professional counselor? (Hou & Skovholt, 2020).
4. How has your cultural background impacted your work with clients? (Matthews et al., 2018; Vinson & Neimeyer, 2003).
5. What has been your experience with clients who share your cultural background? (Cabral & Smith, 2011).

6. What advice would you give to other first generation South Asian Americans beginning their career in counseling? (Watkins, 1995).

7. What advice would you give to Counselor Educators and Supervisors training South Asian American counselor trainees? (Hipolito-Delgado et al., 2017).

### **Data Collection**

I received approval from the Institutional Review Board (IRB) after completing my doctoral proposal. Data was collected through informed consent, demographic surveys, interviews, and member checking (Hays & Singh, 2012). Participants were sent a packet that included an informed consent and the demographic questionnaire. I informed my participants of the requirements, purpose, and duration of the study and reminded them that they are free to withdraw at any point.

The audio-recorded semi-structured interview began after conducting the demographic survey. The interview was conducted over Zoom due to the COVID-19 pandemic. Participants were encouraged to prepare for the interview in a closed room and private location. Participants were reminded not to use identifying information such as names and that any identifying information will be removed from the audio-recording and transcript. Participants were also reminded that they can stop the interview at any time, refrain from answering a question, and can ask any questions.

I took notes during and after each interview to mark important points and begin data analysis. I transcribed the audio-recordings after each interview and analyzed the transcripts for themes. I did not conduct another interview until the transcription was complete in order to build on themes and work towards saturation. I conducted member-checking by contacting the participants after data analysis was conducted to verify the

results and build trustworthiness (Maxwell, 2020). All notes, transcripts, and audio-recordings were saved on separate encrypted flash drives and destroyed within three years after the completion of my defense.

### **Data Analysis**

The data collected in this study was analyzed by using Moustakas' (1994) Modification of the van Kaam (1959, 1966) method for analyzing phenomenological data. The modified van Kaam method was made up of seven phases for examining the complete transcript of interviews: horizontalization, reduction, identifying themes, final validation of themes, textural descriptions, imaginative variation, and essence. According to Lester et al. (2020), qualitative data analysis was a nonlinear process that occurs in phases. The first phase in this analysis was to list every relevant experience of the phenomenon through horizontalization, each statement was treated with equal value (Moustakas, 1994). The second phase was to apply reduction and elimination strategies. Each expression should be tested for two requirements: whether it contains a moment of the experience that is necessary for understanding it and if it is possible to label it. Any vague or repetitive expressions that do not meet the requirements was eliminated (Moustakas, 1994). The third phase was clustering and identifying themes. I clustered the experiences of the participants into smaller themes and then determined that the clusters become the phenomena's core themes (Moustakas, 1994).

Lester et al. (2020) stated:

First, a researcher must bring together various related categories. This involves recognizing the similarities, differences, and relationships across categories.

Second, with these similarities, differences, and relationships acknowledged, the

researcher [will then assign] a statement to these categories. This theme name should be inclusive of all underlying categories, as well as descriptive of their content, the relationship between them, as well as being responsive to any similarities or differences observed. Themes are generally aligned with the conceptual or analytic goals of the study and therefore are designed in response to the study's primary research questions or focus (p. 101).

The fourth phase includes the final validation of the themes. This step will include checking extracted themes against the participants' responses in the transcripts. The data are then reduced by removing repetitive or vague explanations and any themes that are not compatible with the participants' responses will be removed.

In the fifth phase, individual textural descriptions of each interviewee's experience were developed. Creswell (2012) recommended that researchers should construct a formulated meaning from each of the themes identified in the data and then integrate the themes into a textural description of the phenomenon. I used examples from the interview that guided the results and discussion portions of the study. The sixth phase of the data analysis included constructing a general description of the participants' structure of their experience based on the textual description created in step five and begin imaginative variation. In the final and seventh phase of Moustakas' (1994) Modification of the van Kaam (1959, 1966) data analysis process I created a textural-structural description of the essence of the experience for each research participant. The structural description is a description of how the phenomenon occurred and in what type of setting (Creswell, 2012). I then combined the textural descriptions from step five and the structural descriptions in step six to develop an essence of phenomena. To complete

the data analysis, I constructed a figure that will give a visual representation of the essence of the data analysis.

I conducted member checking by sending the results of the data analysis to the participants for verification. I revisited the literature review after analyzing the data in order to identify any gaps in the literature. I then implemented triangulation by including my own journal entries, notes, and recordings of the interviews as data.

### **Trustworthiness**

According to Palinkas (2014) reliability or dependability of a qualitative study “is usually achieved by establishing a specified level of agreement in identification of topics or themes” (p. 853). I achieved credibility for my study through triangulation, transferability, dependability, and member checking. A primary focus of the methodology was to increase the transferability of findings from one context to another (Palinkas, 2014).

### **Triangulation**

According to Maxwell (2020) multiple sources of data can improve the interpretation of data and create depth for the understanding of the phenomena. I used data collection triangulation in the study by collecting data through individual interviews, field and interview notes, and demographic questionnaires. I examined all of the data obtained along with observations, notes, survey answers, and protocols. Triangulation was also strengthened through peer review in the study to provide feedback and process the results. According to Morse (2015) this process “increase[d] scope or depth of the study, because different sets of data” may elicit different perspectives (p. 1216). This form of validity further increased the chance of transferability for this study.

### **Transferability**

According to Maxwell (2020) transferability “implic[d] that the results of the study can be transferred to contexts and situations beyond those directly studied” (p. 5). The investigator was urged to provide sufficient details in order for the reader to speculate whether the findings can be applied to other cases. By providing sufficient detail within the methodology, future researchers will be able to replicate the study with other populations.

### **Dependability**

According to Lester et al. (2020), qualitative researchers must pursue the same type of rigor that is seen in published quantitative research. Anderson (2017) recommended 10 evaluation criteria for rigor including an audit trail, member checking procedures, triangulation, and peer debriefing. An audit trail based on Halpern (1983)’s six categories was used to establish dependability through the use of raw data, data reduction and analysis products, data re-construction and synthesis products, process notes, materials relating to intentions and dispositions, and instrument development information. Triangulation and peer review were implemented as two more forms of confirmability by consulting with my dissertation committee and other professional counselors during data analysis.

### **Member Checking**

Member checking refers to giving the completed analysis back to the participants to confirm that the results are accurate (Morse, 2015). This strategy was used to explore the validity and reliability of the results, provided validation of my interpretation of the results, and allowed time for the participants to provide clarity. Member checks were

conducted with all the interviewees and ensure the accuracy of their responses. Once themes are identified, the participants were asked to meet the researcher for a follow-up call to determine if the themes that were extrapolated truly captured the experience of the participants (Creswell & Poth, 2018).

### **Summary**

The purpose of this methodology was to understand the perspectives of those being studied and to allow people to speak in their own voice and not have to conform to categories imposed on them. Qualitative methods were especially useful during the initial stages of research because investigators were able to obtain data when there was not enough previous research available (Palinkas, 2014). Furthermore, a qualitative methodology was used to gain an in-depth understanding of the phenomena. Therefore, this methodology was appropriate for this study due to the missing amount of literature on South Asians in the field of counseling.

A semi-structured interview was the method of data collection and all the interviews were audio-recorded, transcribed, and analyzed for themes. The description of the themes became the structure of the essence, captured the meaning given to the experience, and interpreted those meanings. The essence of the experience of my participants were organized and analyzed through the Modification of the van Kaam (1959, 1966) method. In Chapter IV I presented the results of the study. Furthermore, the research question was reintroduced, the chapter will include the participants' demographics, descriptions, themes, and the summary of my findings.

## CHAPTER IV

### Results

The purpose of this study was to describe the lived experiences of professional counselors or are first-generation South Asian American (SAA). Specifically, I explored the SAA professional counselor's development, the convergence of multiple identities, and their impact on the care of clients in the South Asian (SA) community. This study explored the career development of SAA and the barriers or enrichments experienced by their various identities. A transcendental phenomenological approach was used to explore the essence of the experience that emerged from the semi-structured interviews. The data was organized by using Moustakas's (1994) phenomenological approach and analyzed through Moustakas' (1994) Modification of the van Kaam (1959, 1966) method for phenomenological data. The research question that this study addressed was: What are the lived experiences of professional counselors who are first-generation South Asian American?

I began this chapter by describing the demographics of my participants followed by a detailed description of each of my participants. I included themes and sub-themes that emerged from the participant's transcripts, descriptors that supported the identified themes, and a synthesis of the essence of the participants experiences.



Qualitative data were collected through virtual interviews, demographic questionnaires, and field notes to develop insights about the essence of the participants' experience. The semi-structured interviews took place online via Zoom due to the limitations of the covid-19 pandemic. I corresponded with each participant to decide on the best meeting day and time for the interview. In Appendix D I have created a table that accounts for each participant's pseudonym, gender, age, country of origin, and licensure. The themes that emerged from the transcribed interviews were (a) multiple-heritage identities; (b) counselor identity development; (c) multicultural competency; and (d) racial identity and counseling.

### **Participant Demographics**

A demographic questionnaire (Appendix B) was given along with the informed consent (Appendix A) in order for the participant to fill it out and send it back prior to the start of the interview. Participants were asked to describe their demographic information (i.e., age, gender, licensure, country of origin, preferred counseling theory, and preferred population/specialty). Participants ages ranged from 25-51. Two of the participants identified as male and nine identified as female. All of the participants were licensed as either licensed professional counselors (LPCs) or Licensed Marriage and Family Therapists (LMFTs) and identified as South Asian American. All 11 participants were living in different parts of the United States, four of the participants were licensed in the West, four were licensed in the South, two were licensed in the North East, and one was licensed in the Midwest. Two of the participants had their doctorates in their respective fields and the rest were master's level clinicians.

## **Participant Profiles**

The demographic questionnaire was obtained either prior to the interview or within the semi-structured interview. There were 11 participants that met the criteria for my study. Data saturation was reached satisfactorily within the 11 participant interviews and a brief summary of each interviewee is detailed below. A detailed table of the participant demographics is included in Appendix D.

***Participant #1.*** Aisha was a 28-year-old female who identified as a South Asian American with family origins from Sri Lanka. She was licensed as a mental health counselor in the North East and has been practicing for two years in private practice. Growing up, she had plans to be a humanitarian and join the UN but changed her career goals after deciding that she wanted a career where she could see an immediate change. Aisha also practiced Islam and entered the counseling profession in order to be a resource to South Asians and Muslims.

***Participant #2.*** Anisha was a 25-year-old female who identified as a South Asian American from Punjab, India. She was licensed as a marriage and family therapist and has been practicing for two years in private practice in the North East. She became interested in the counseling profession after her father was diagnosed with depression. Anisha was extremely passionate about the profession and believed she was an advocate for those who are oppressed. Since she was both American and South Asian, she used both sets of values in order to work with first- and second-generation SAA clients.

***Participant #3.*** Arsalan was a 36-year-old male who identified as a South Asian American from Lahore, Pakistan. He was licensed as a professional counselor from a southern state has been licensed for four years. Arsalan described the islamophobia he

experienced right after September 11 while he was in the 12<sup>th</sup> grade. He made the decision to become a professional counselor for social justice and to make a difference in his community. He made the decision to move to a more diverse suburb where there is a large South Asian and Muslim population, one of the largest in the United States, in order to be available to his community. Arsalan had a race-based interaction while in his counseling master's program where a professor took offense to a correction Arsalan made during their multicultural counseling course. The incident escalated to the point where he was almost dismissed from the program. He stated that he was "really scared because [he] felt that [he] was being profiled... being stereotyped."

***Participant #4.*** Azma was a 51-year-old female who identified as South Asian American with her culture of origin from India. She was licensed as an LMFT in a western state and has been licensed for 20 years. When in her counseling program, she stated that she would filter what she talked about regarding her culture because her cohort would not understand her experience. When talking about the difficulty in her marriage they would suggest that she leave him, not understanding the stigma of divorce in her community. In her 20 years as a marriage and family therapist she has seen the stigma around counseling weaken in the South Asian community. She stated that "there has been a drastic change, in just the way people are defining therapy and how they view therapy."

***Participant #5.*** Hira was a 29-year-old female who identified as a South Asian American from Pakistan. She was licensed as a professional counselor in a southern state for over a year. She felt lucky to have parents that were open-minded and progressive when it came to education and her deciding what career she wanted to pursue. When she made the decision to change her career path from medical school to mental health

counseling, her family was very supportive. As a novice counselor, one of her biggest fears was whether wearing her hijab, headscarf, would impact her work with clients. She made the decision to remove her hijab because she did not want them to only see her as a hijabi female person of color and doubt her ability to speak English eloquently.

***Participant #6.*** Jenny was a 29-year-old female who identified as South Asian American from India. She was licensed as a professional clinical counselor from a western state for one year. She became interested in the counseling profession after noticing the mental health issues that were specific in the South Asian community like acculturation issues, trauma from immigration, and how they impacted her family and others. She reported that when she works with people that share her cultural background, she has to be more aware of her countertransference, but she does notice that her strengths come out when working with SA clients. Her current workplace had made her part of a committee that worked towards diversity and inclusion, something she urged all supervisors and leadership teams to develop.

***Participant #7.*** Michelle was a 37-year-old female who identified as South Asian American from Karachi, Pakistan. She was licensed as an LMFT in a southern state and has been licensed for 12 years. Michelle has worked in both a west Texas town and a larger metropolitan city in Texas, both her experiences were vastly different. She described one race-based incident that occurred during her practicum in west Texas, a White male client told her “Michelle, I would never have picked you as my therapist, but I am so glad I did because I would never have thought that we had so much in common.” Michelle stated that she was shocked that her client saw her differently because she just saw herself as a person and not by her race. She had very few White clients see her in

west Texas but had a diverse caseload when working in the metropolitan city. As a Christian, Michelle talked about how she felt like even more of a minority, while she could relate to South Asian clients on language and culture, she could not relate to everyone based on religion.

***Participant #8.*** Priya was a 29-year-old female who identified as South Asian American from India. She was licensed as a clinical professional counselor in the Midwest and has been licensed for five years. She originally wanted to be a doctor but realized it was not the career for her after taking a few pre-med classes. During her last few years of college, she chose to shadow a few health care professionals, through most interested in social work, and finally mental health counseling. A race-based incident occurred while working under her preliminary license in community mental health. After only working there for a few weeks, a few clients went directly to her supervisor and said they were uncomfortable working with her because she was different from their background, religion, and “doesn’t have the same face.” The supervisor did not handle the situation well and said that Priya was at fault. Although the supervisor was also a person of color, she did not empathize, problem solve, or support her through that situation and Priya had to seek support elsewhere.

***Participant #9.*** Rohan was a 41-year-old male who identified as South Asian American from India. He was licensed as a marriage and family therapist in the West and has been licensed for 12 years. While identifying as a South Asian American, he also mentioned identifying as a Christian, homosexual, male. Throughout his career people have asked why he does not refer to himself as a “Christian counselor,” an “LGBTQ+ counselor,” or a “South Asian Counselor”, but he wants to do it all. People in the

LGBTQ+ community have said that because he does not specialize in working with LGBTQ+ clients he must be uncomfortable with his homosexual identity and unsafe to work with. He stated that this happens in the South Asian community as well because he identifies as Christian, a minority among clients who identify as Hindu, Muslim, Jain etc. He has spent a lot of time developing a network of SAA counselors in California and has now developed a group of colleagues that he can collaborate with on clients and research.

***Participant #10.*** Vidhya was a 44-year-old female who identified as South Asian American from Rajasthan, India. She was licensed as an LMFT in the West and has been licensed for five years. Vidhya was a tech entrepreneur prior to deciding to change careers. She had always been interested in social sciences but did not consider becoming a marriage and family therapist when she was younger because it was not an acceptable option in the SA community. She noticed that her children were being bullied in school and were learning bad habits from their peers, this intrigued her to learn more about the human mind, which led her towards becoming a counselor. Vidhya noticed that her SA clients felt comfortable working with someone from a similar background because they no longer had to explain cultural nuances to get to the root of their issue. However, there were SA clients who would call for consultation and not pursue working with her because they were more acculturated and felt more comfortable with a non-SAA counselor.

***Participant #11.*** Zahra was a 38-year-old female who identified as a South Asian American from Hyderabad, India. She was licensed as an LMFT in the South and has been licensed for over ten years. She was the middle child of five children, grew up in a Muslim household, and was encouraged to become a medical doctor from a young age. However, after an experience in the Peace Corps, she decided that a career as a

professional counselor was more meaningful. Zahra mentioned how much she loved working with SA clients because she was able to truly understand their experience. She did not feel that her marriage and family courses fully prepared her to work with SA clients and that “even when [she] was in graduate school and [was] learning stuff about family systems, [she] just thought, okay, this is not going to fly.” Concepts like enmeshment and boundary setting did not fit the reality of her SA clients.

### **Emerged Themes**

Once the semi-structured interviews were complete, I transcribed each of them.

The grand tour questions were as follows (Appendix B):

1. What made you interested in becoming a professional counselor?
2. What was your educational experience in counseling like and what cultural factors impacted you?
3. What has been your experience practicing as a professional counselor?
4. How has your cultural background impacted your work with clients?
5. What has been your experience with clients who share your cultural background?
6. What advice would you give to other first generation South Asian Americans beginning their career in counseling?
7. What advice would you give to Counselor Educators and Supervisors training South Asian American counselor trainees?

Follow-up questions were asked as needed. After the transcription was complete, I identified the core themes and shared them with the participants to give them the

opportunity to agree or disagree. All of the participants confirmed the accuracy of the themes and gave minor feedback. The themes that were identified as follows.

### **Themes Endorsed by Participants**

- A. Multiple Heritage Identity Development
  - a. Assertion of Cultural Identity
- B. Counselor Identity Development
  - a. Movement from Career Confusion to Clarity
  - b. Purpose for Choosing the Profession
  - c. Reliance on Support System
  - d. Impacts of Discrimination
- C. Multicultural Competency
  - a. Integration of Eastern and Western Intervention
- D. Racial Identity and Counseling
  - a. Attitudes Toward Counseling in SA Community
  - b. Culture Matching
  - c. Boundary Crossing

### **Multiple Heritage Identity Development**

The first theme I identified was the simultaneous development of multiple identities occurring for the SAA professional counselor. Some identities were more important to the individual than others, but all were in the process towards integration. For instance, some SAA counselors were early in their racial development, while others were focused on understanding how their other identities, (gender, career, religion, sexuality etc.) played a role as well. All 11 participants identified multiple identities and



how they impacted them professionally. I also identified one sub-theme: (a) assertion of cultural identity, which was discussed by 10 out of 11 participants.

Multiple heritage identity development was a theme present in each participant's experience. Anisha mentioned the growing awareness of having more than one identity when she stated:

I felt like I was lived this double life of loving Justin Bieber and the Jonas brothers, but then watching Priyanka Chopra. It was like I lived these two separate lives because I had grown up in a very Jewish community. I was the only girl of color in this neighborhood.

Priya, like the other participants, noticed how her multiple identities impacted her work with clients and stated, "I've definitely gotten more comfortable kind of addressing, okay, I'm Indian. Yes. I have an American accent... being more comfortable speaking about that more openly versus like what's going to happen if, if [the client] bring[s] it up." The identities mentioned were not limited to ethnicity and nationality. Vidhya stated,

I come from a joint family and a family of 15 members. So a huge family. I have two kids, two boys, and one is in college and the other one is in the high school. My husband is a tech entrepreneur. I was a tech entrepreneur too, before becoming a psychotherapist. These elements of identity impacted the SAA therapist in different ways.

Michelle recalled how she was not as aware of her racial identity and that it was disconcerting when her client was focused on her race when she had not been, "I think for me, it was this, um, realization that my clients see me differently than maybe I see myself because I see myself as just a person."

Rohan shared how he hoped to embody all of the identities that were important to him within his therapeutic practice:

I've been in private practice now nine years. That's when I really looked at who did I want to be? I'd probably I'd even go to 10 years because I started thinking about it 10 years ago. I had all of these competing factors, my colleagues, and even personal friends who were like, you need to be an out therapist or a South Asian therapist or a Christian therapist. And I'm like, why can't I do it all? You know? And like, and I, actually, one thing I've seen through my career in private practice is because I don't put it on my like, like I don't say that I specialize in, right. I've actually had members of the community, like, wonder if I'm uncomfortable with my identity. And some like, especially in [LGBTQ+] communities have been like, well, if you're not going to like put it out there then maybe you're not a safe therapist, which ouch, like it's been interesting. And also, I felt like, Ooh, like some type of weird discrimination is the only word that comes to mind.

*Assertion of cultural identity.* The multiple heritage identity development also impacted the participants' need to assert their cultural awareness. For 10 out of 11 participants, there was a need or expectation to educate society, classmates, supervisors, counselor educators, bosses, and colleagues about their SAA experience. Arsalan recalled a moment in his clinical mental health counseling program:

I think it was like when I was in grad school, I was always bothered by other students kind of stereotyping South Asians and Muslims, you know, they'd be like, Oh, I have this Indian client. And you know, the parents had an arranged marriage

and all that. And then, then the whole class becomes a discussion about arranged marriage uh, I'm like, there's a difference [between] forced marriage and arranged marriage. [My] parents didn't have an arranged marriage. They had a love marriage and they, they see that as something exceptional, like, 'Oh my God. Wow. Like how so?

Five of the participants talked about how they felt responsible for educating their classmates and professors on multicultural issues, Anisha stated it simply, "we have to educate them in order for them to educate others." Rohan shared how the expectation to educate his classmates on his identity left him unsure of how to process his own development:

But I felt like in some classes professors would call me in as the expert or whatever, which also was like, nice. I also felt like there isn't anybody to give me that mentoring. So, on that level, again, launching into my doctoral career...as being South Asian and as being out, like, I felt like I didn't know what the future would hold for me. And I've had to find my way as a professional of color, who also holds multiple intersecting identities.

For some participants, asserting their cultural identity caused some anxiety. Hira shared an internal conflict she experienced regarding a professor that left her feeling helpless:

But for two semesters, she mispronounced my name and it wasn't that she was intentionally mispronouncing my name. She genuinely thought that that was what my name was and I never corrected her. I was like, Oh, if I correct her, I don't want to call her out in front of everyone. I don't want to correct her because I don't

want to offend her. Whereas she never stopped me from correcting her. I could have gone up to her and said that, 'Hey, that's not my name. This is how you pronounce my name.

### **Counselor Identity Development**

Counselor identity development was the second theme I identified from the participants' interviews. There were also four sub-themes endorsed by the participants as having a significant impact on their professional development: (a) movement from career confusion to clarity; (b) purpose for choosing the profession; (c) reliance on support system; and (d) impacts of discrimination. Sub-themes (a) and (b) were identified by all 11 participants and sub-themes (c) and (d) were identified by 10 out of 11 participants.

The journey from novice counselor to experienced counselor was expressed by all 11 participants. When talking about their experience as novice counselors the SAA counselor talked about feeling anxious and unsure of themselves. Anisha stated,

I'm still really confused. And I feel like I want to do so much. And I feel like I want to narrow it down. I'm giving advice to myself and others. It's really hard to do everything. Yeah. But I'll, I'll find it one day. For now, I'm good.

Zahra recalled how anxious she was when working with difficult clients for the first time:

They were mandated, you know, so it was where, I mean, of course, like some clients were motivated, but a lot of them were also resistant, you know, because they were mandated to come. Um, they were just coming because of the court. And so, you know, there were challenges in that because it's like, okay, well you don't want to be here, but you know, especially as a new therapist, it, it wasn't easy.

The mature clinicians were able to integrate their personal and professional identities and felt more confident. Arsalan stated,

Now I get to finally work with the population that I wanted to work with, which were South Asians and Muslims. And, um, those are the majority of my clientele. And, uh, yeah, it's been a really great experience. I feel like, I just, I feel like I'm doing what I wanted to do back in undergrad, you know, this is how I envisioned it, but that's where I saw myself. And it's really nice to, to be here and really looking forward to, you know, talking to clients and helping them through their issues.

Azma recalled how she used to feel very intimidated when working with South Asian men because some of them have the philosophy that “women are unable to educate or help or support South Asian men.” When asked how she addresses this issue with clients now after working 20 years, she stated,

It's easier because I'm more confident about my skills, um, because of my experience, but it still will come up and I just, I guess I just wonder if that will ever change and just, I still question it, but I, yeah, I moved past it quicker than I did before.

Seven of the 11 participants mentioned how their SAA identity influenced their counselor development. Hira recanted an uncomfortable experience in the sexual concerns course of her counselor education program:

And I did take the sex therapy class. Now I didn't have a wealth of information on that because just in general, being a Pakistani Muslim female, that's not something that, that wasn't a topic that was like open growing up in my household

or that wasn't the topic that was disgusted in general in society as well. That wasn't something that people were like talking about and whatever information you gathered was like from movies and stuff like that. So, I didn't have a lot of knowledge in regard to that. And so, I remember that class was a bit difficult for me because you know, a lot of classes, you have assignments where there's a lot of self-reflection that you need to do. And, I was just like, I don't know what to talk about in this particular case.

Jenny recalled her beginnings as a novice counselor:

I was also then dealing with my, my own personal cultural identity and working with, clients. I have to be, you know, you show empathy and understanding and really listen, who may see me then see, think that I'm different or think that I don't get it or don't understand or coworkers, like how do you talk about really sensitive subjects or how do you, how do you raise that awareness, you know, without sort of becoming personal or inappropriate and like in a workplace, none of that, none of those conversations were really happening. So it was just kind of like, this is the elephant in the room.

Vidhya stated, in regard to knowing how to work with SA clients, “part of me believes like maybe these things should have been addressed even when we were in school, that would make it easy for us to be like, be ready when we are launching ourselves.” Overall, lack of racial identity development and education influenced their professional development as counselors.

*Movement from career confusion to clarity.* The first sub-theme that was identified within counselor identity development was the movement from being confused

about their career choice to finding a clear direction. All 11 participants indicated that their decision to become counselors began with an initial uncertainty, often contemplating various options until they ultimately found that a career as a professional counselor fit them best. The clarity of their career choice was triggered by an event, person, or deeper understanding of self.

Michelle recalled how her professional development began:

I went into mental health really kind of like as if, look, my dad's a physician, right. Like pretty, pretty common. Right. So like my sister was the first child was going to also be a physician. And then for me, um, there was a lot less pressure on kind of what are you going to be when you grow up kind of thing. I remember I had a friend in, I want to say high school who came to me one day and she started telling me about her cutting behavior, um, which I just, you know, like for any 16-year-old coming from our culture, that just seems like so different from anything that was really in my realm of normality, um, that it should have really freaked me out, but it didn't, there was an instinct to lean into that. Like, tell me more about that. What are you going to do? Um, and really was kind of like a flash that went off for me, which, you know, basically told me like, yeah, I think you would really like to go into mental health. Um, and so that's why when I went to college, I chose to go for general psychology, and really in the pursuit of, um, health psychology, I really started to become very interested in, well, if you change one person, what happens to the rest of their family? Because we are so family oriented as, South Asian people, um, and thinking about my family, like if I worked on myself, that's cool and whatnot, but what happens to my family? Like

if they continue to be who they are, then what happens to me in that system. And so that was the kind of thinking that really started me off on the path of that MFT, um, where I felt like that was really more aligned with how I viewed the world and our culture, um, and mental health.

Arsalan, who initially planned to have a career as a filmmaker, had a similar experience:

When I went to college, uh, my dad, um, you know, was, he was interested to know what I wanted to do for a living and everything, what I wanted to pursue. And, um, I was into filmmaking at that time and I saw myself as being like a filmmaker director and everything, and my parents were there, were supportive of it. Um, after they saw some of my work as my friends and I would shoot short films and everything, but my dad was like, okay, well, what do you want to do as a backup? Like, what's your backup plan? And, um, so I was like, I hadn't really thought about that. Um, so I ended up taking some psychology classes and the first psychology class I took just really, uh, appealed to me. And I, you know, just really fascinated by, um, the thought process, the behavioral, you know, things like why people behave the way they do, why is a person the way they are and how their early life experiences shaped who they are. So that was very interesting to me. Um, so I ended up double majoring, like I was doing filmmaking and psychology. Um, and, uh, and I just remember like, you know, I had this, I had this plan to go to LA, I had won like a couple of awards with my films in the past. Um, but I had this epiphany just one day when I was like driving home from, you know, meeting all these other aspiring South Asian filmmakers. Like I've never, I



was in New York and I was never in a room with that many South Asian filmmakers before, you know, um, and I just kind of saw their lifestyle and just how much of a struggle it was and how they're working all like working like at restaurants and just struggling to, you know, pay the bills and, you know, uh, pay the rent and all that. And, um, I just remember just thinking about how, like, you know, the digital age has really opened up a lot of opportunities for people like, especially with YouTube. So I was like, I'm happy doing, I love doing independent filmmaking. There are drawbacks to it, of course. But, um, I had this passion for counseling, you know, this idea of being a counselor. And I remember like one of my ethics classes in undergrad, I just envisioned myself like, um, I don't know what it was about that class. Like it's, I guess we were watching a bunch of videos, um, but just see just, I could see myself in an office and just working with, you know, one-on-one with people and just really making a difference. But, um, even more than that though, like I, like, I have a lot of, um, like social justice principles are very important to me.

Zahra's journey, like many of the participants, began with plans for medical school:

[My parents] really encouraged us to, just to be doctors like, you know, how all Desi's are. Um, and so, but for me, I thought about it, but I didn't end up pursuing it. I went to college in Illinois my undergrad was in teaching in elementary education, but I minored in psychology. I did the peace Corps in the Philippines after undergrad. So when I was there, you know, I was a teacher trainer and I enjoyed what I did, but I felt like my calling was psychology. So when I came

back from that, I said, you know what? Like the thing I appreciated most about my experience in the Philippines were the relationships I made, I felt like on our death bed, what do we think about, we think about our relationships. We don't think about making more money or like having been at work more, you know, we think about our relationships. So then I knew I wanted to, to change to something in psych, but I didn't know exactly what area, because there were so many different areas. And then I came across marriage and family therapy and I was like, Oh, wow, okay. Like, this is what life is about.

***Purpose for choosing the profession.*** The second sub-theme was endorsed by all 11 participants because the decision for becoming a counselor was often marked by a clear passion and calling for the profession. They believed they could be a resource for their community and could not see themselves working in another profession. They also stated that they had a natural ability as a counselor that was either identified by themselves, friends, or family. Aisha stated, “I really wanted to feel like, you know, to be a resource for South Asians, as well as Muslims.” In regards to being passionate, Anisha stated,

I'm going to sound so cliché. I really love what I do. Um, I truly, truly love it to a point where I'm really passionate about it and that's why I kind of did this interview because I was like, I just want to get it out there that this is so important.

All 11 participants mentioned that they believed they had a natural affinity towards counseling, Rohan stated, “I just found like amongst my friend group growing

up, whether that's in elementary or high school, I always found that people would turn to me to talk about like things going on in their life.” Zahra also confirmed,

I'm definitely doing what I'm meant to do. And I feel like a big part of it. Of course. I mean, being a middle child, you know, I think you can adjust to different personalities. So you are more, usually more open-minded in that way, I think, or just easy going.

***Reliance on social support.*** The third sub-theme I identified was the importance placed on whether support was present throughout the SAA counselor's development. Azma recalled going through a crisis during her master's program and the importance of having her cohort's support through that difficult period, “I remember going through infertility and also marriage problems, uh, it was, it almost felt like I had these 25 people who were my counselors and we would share our stories and we would gain support from one another.” During Aisha's master's program she faced an encounter with a professor in which she experienced racial discrimination, she stated, “I'm glad that I had support, um, with like my other classmates who also were like, you know, she's insane.” Their support and validation enabled her to get through the class and move forward in the program.

Six of the 10 participants who mentioned support were specifically speaking about parental support. Some, like Hira, recall that their parents provided affirmative support during their professional development,

My parents had one thing they'd say, Hey, pursue whatever you want to, as long as it's something that you're passionate about, like, we support you a hundred percent. So when that decision actually came about, like, you know, shifting from

med school to going into mental health counseling, my family was very supportive.

However, three of the participants mentioned that their parents were not supportive of their career path. Priya stated,

And so since my master's program, that's certainly been an evolving discussion with my parents and helping them understand the work that I do. Obviously not sharing like personal client details, but just like broadly, like this is a presenting concern. Like you can benefit from this.

Rohan recalled what it was like to tell his parents about his career decision:

Um, when I told my parents, they were like, why do you want to do this? And I said, well, because, um, I think mental health was really important. And they were like, don't you want to look at another career? And like, you're going to hear a lot about people and their problems. And isn't that going to be a lot? For me, it wasn't, and I convinced them otherwise and I sold them to the idea that like, well, I'm not going to be a medical doctor, but I'm going to be a doctor and it's still a health science, you know? I mean, and that's the way I sold it. I can't tell you that my family completely understands it. My mother to this day. I mean, I started my graduate education in 2001. So we're talking 19 years ago. Like, I can't tell you that my mother or my father completely understand why I do what I do.

***Impacts of discrimination.*** The fourth sub-theme that was identified by 10 out of the 11 of the participants was how their development as counselors was impacted by discrimination from either society, their counseling program, faculty, colleagues, bosses, or clients. The discrimination they experienced had a range of severity, from having a

power struggle with faculty or experiencing microaggressions that were not addressed. These experiences impacted their sense of self, view of the world, and professional development. Throughout counselor development, from novice to experienced counselor, the SAA professional counselor experienced a discriminatory event that complicated their professional development. Three of the ten participants experienced these discriminatory events before they left their training programs.

Arsalan recalled an event that happened as a counselor education student during his multicultural counseling course:

It was in the beginning of this semester. I was like, man, this is going to be my favorite class. You know, uh, definitely like this is why I got into counseling. This is my favorite topic. And, um, the professor was using this language. He was using this term illegal aliens. Right. And I simply raised my hand and I just said that the actual, you know, the term illegal alien is actually dehumanizing for a lot of people, especially people who are criminalized by that language. I said, the conversation has shifted. And the language now is undocumented immigrants. And I think that if we were counseling people, we should use undocumented immigrant instead of illegal alien. And I would just to my shock, he just looked at me and he's like, uh, don't be so over-sensitive about the language. And I said, I'm not being over-sensitive, I'm just saying that if we're building rapport with clients, and if I were to use that term, and they're from a group of people, um, that's criminalized by the language, I'm going to damage the rapport right there. And, uh, then he just towered over my desk. And in front of the whole class, he said, now you're just lecturing. He's like, this is my class. And then he goes over to the

board, he draws like a scale of multicultural development. And he's like, your multicultural development is all the way at the end here, because you have a problem with the way other people, um, with other people's views. He said that, uh, he's like, if you don't care about multicultural competency, then there's a door right there. You're, you're welcome to leave. I said that you always tell us to encourage us to participate and I'm participating. Right. But if you don't want me to participate, then I'm not going to participate...He wouldn't apologize to me. Um, I tried to get the Dean involved, the Dean tried to mediate it, and he just told her and, and me that he was not going apologize, that he had done nothing wrong. Arsalan reported that he was then called into a meeting with human resources and the chair of graduate education for disciplinary action. He recalled,

I was just really, like, I was just really scared because I felt that, uh, I mean, I really felt like that was, uh, being profiled. I felt like I was being stereotyped, I think just, uh, because it wasn't just like the illegal alien thing too. Like there were things he was saying about Muslims. Like he had admitted in, in class that when 9/11 happened, he admitted that he had a bias against Muslims, you know. I had to write a skills development paper, but I was so worried about my career because I felt that it was going to incriminate me and that it was going to ruin my career. I had so much anxiety about it.”

While a student counselor intern, Michelle recalled this experience:

He was referred to me by one of my friends actually... [He] just told me one day, you know, um, Michelle, I would never have picked you as my therapist, but I'm so glad I did because I would never have thought that we had, so we would have

so much in common. Um, and I remember thinking, wow, that's a really weird thing to say to somebody. Um, and so I remember processing it with my practicum group and people saying, wow, that's like really racist, um, or what have you. And so there was a lot of labels thrown around, but I remember that being kind of one of those moments of like, wow, um, my clients see me differently... I think for me, it was this, um, realization that my clients see me differently than maybe I see myself because I see myself as just a person. Um, but then to hear feedback like that, um, is difficult.

Priya recounts an experience while being a counseling intern:

Within the first three months of me having graduated from my master's, I'm completely a newbie in the field. Don't really know too much about how this works in a professional setting. I had probably within a span of three to four weeks, like a few different clients go to my, go to my supervisor directly and not address it in sessions with me saying that my therapist is a different background from me and, um, different religious background as a practice doesn't have the same face. And then my supervisor actually ended up turning it around and putting the blame on me that I was the one who was, um, kind of at fault in a sense for having this mismatch... And I'm like, I wasn't even aware that these people were having these thoughts. I can't read their mind. I ended up getting penalized for it.

Hira recalled a discriminatory incident that occurred while she was working as a licensed professional counselor:

People say that, Hey, your name is so difficult. Can I give you a different name? Because I can't pronounce your name. To me, those are like the things that I've like dealt with in the profession, in the professional field. And I think that that's where I take notice a lot of things. And that's where I think there needs to be a lot of education in regards to that.

### **Multicultural Competency**

The third theme that was identified was the multicultural competency of the participants. Ten out of the 11 participants mentioned how their multicultural course and counseling program contributed to their multicultural competency in the field. One sub-theme was present and mentioned by all 11 participants was (a) integration of eastern and western intervention.

When talking about her multicultural course Aisha stated, “to be honest, I really don't even remember. Um, yeah, so I feel like it didn't even make a big impact.” Arsalan talked about how had a terrible experience in his multicultural counseling course. He stated that his professor “did not even cite any curriculum. He was just like talking from experience. Like, it was very weird. It was just like, Oh yeah, I watched a lot of comedy shows...” Azma recalled what it was like for her to be the only South Asian in her counseling program:

I had to educate a lot of people in my program, which I felt proud to do cause my, you know, to let them know, Hey, I had an arranged marriage and well, our culture really supports couples be together and, divorce is definitely, um an option, but it's just the last thing that we discuss. And it's not the first thing we discussed, you know, and just the whole arranged marriage and what that looks



like and what my wedding was, was like. So I was the only Indian student in the cohort, in the program. I'm not the only Asian, but Indian. And so it was just, like I said, a lot of, um, like explaining about my culture, especially the cultural competencies and cultural diversity classes that we had. So, um, they probably gained more information than I did because it was something new for them. Hira suggested one way to address this issue, "one course in diversity is not enough to be able to go out there in the real world, and then be able to talk about these very real issues and concerns, because that's just in general, that one course I think is, is a problem." Rohan stated, "My master's program was in marriage and family therapy. I felt that the undergraduate education was stellar and it prepared me for that. Like, I felt very confident about, and during the field, I also, um, felt that that education was so solid. Like my master's program was solid and I appreciated what I've learned now. Some, some downsides was that there was only one class in diversity counseling."

*Integration of eastern and western intervention.* When working with clients from SA backgrounds, the participants had to develop interventions that combined the knowledge gained from their programs as well as eastern values. When conceptualizing a client and their family, it was important to take into account their cultural values that might have been different from the family theories taught in their programs. SA clients would seek the SAA counselor for their ability to integrate both world views in session. Jenny stated, "Therapy is still a very white, you know, Eurocentric sort of field. I think that it is changing, which is really great to see."

Michelle recalled:

So, we have this wealth of knowledge, whether it's from our, you know, our family members and the way they live or things we've experienced ourselves that we can totally draw on in order to help clients. Right. Um, so talking to people about, well, who do you have in your family? What does your family say about this? Um, I don't know if a lot of people talk about that, but we certainly do.

Right. Because our family is going to have an opinion on everything that we do.

Right. Um, and when I ask clients that they will, you know, there's so much, again, they're bringing resources to the table that we're not tapping into because we're not seeing it from, you know, maybe a different cultural perspective.

Rohan recalled how his own experience also informed how he approaches SA clients:

Then this is the other piece that I think is really important, recognize that many of the models of psychotherapy are not going to be, are not going to fit the family of origin that you grew up in. Because I just remember a lot of the families. I mean, I practiced using all the MFT theories, but then some of them I'm like, yeah, this would never have worked in my family. You're going to tell us to like differentiate or to like create boundaries or whatever, I'll even use this example. I went to a therapist very briefly who, when I first came out, like I was going through some conflict with my family. And they're like, why is family important to you? Why don't you just cut them off? They're so toxic. And I'm just like, you're telling a South Asian person to just like completely cut themselves off from a family. And I was like, wow. Okay. And then, and this was after just like

halfway through the first session and doing an assessment and I'm like, Ooh. So I just, again, I just bring that up because, um, I think you start like wondering and going, how do I fit with this with my experience?

### **Racial Identity and Counseling**

The fourth theme identified in this study was the impact of racial identity on counseling for both the client and clinician. All 11 participants mentioned at least one aspect of how racial and ethnic identity has influenced the SA community, counseling between the SAA counselor and SA client, and factors that impact the therapeutic relationship. Ethnic identity impacted the way the counselor saw themselves, their purpose as counselors, and ability to help their community. There were three sub-themes present as well, (a) attitudes toward counseling in SA community, (b) culture matching, and (c) boundary crossing.

Hira stated,

I used to wear a headscarf when I first started my therapy profession over time, I made the decision to kind of remove my hijab, which was just a personal decision. And so one of my biggest fears was that people are going to come in, they're going to see that I'm a person of color. They're going to see that I am a hijabi female person of color, and they're going to probably, you know, immediately think that I am not knowledgeable or I'm not eloquent in speaking.

*Attitudes toward counseling for SA community.* The SA community has a history of stigmatizing professional counseling. All 11 participants were either focused on reducing the stigma of counseling in their community as their reason for joining the profession, noticed a change in stigma since their career began, or were discouraged by it.

Azma recalled how the attitude towards therapy has changed in the SA community over the past 20 years:

I'm very proud of my community, when the word counseling would come up, you know, people would say, Oh, I don't need counseling. I have my friend, or I have a sister have my aunts, and I had to have to explain to them that that's not therapy, you know, so I said, well, a lot of education again, just like, okay, well, I'll tell you what, you know, I can explain what therapy means. And still, it was a struggle to actually define that for people in my cultural community to understand what therapy meant. Also there would be some very interesting comments, like just talking. I mean, just why aren't you, you know, well, I talk to people all the time, you know, it's like, why would I, why would I pay to talk to you? I talk to people all the time. It's, it's interesting, you know, and also that fear of, Oh, will this information be shared or, you know, so if I see you down the street or, especially in the Indian community, there's that fear of, um, information being leaked out into society, because I think a majority of the culture is very conscious of social status and what their social status looks like, you know? And so that was a fear that lots of people had. So, this is, I'm talking about maybe 10 to 15 years ago, but now it's, there's, there has been a drastic change, I think in just the way people are defining therapy and how they view therapy.

Zahra recalled how stigma towards mental health impacted her personally, My dad, he, you know, he passed away. Um, it's been like almost four years. He was someone who he struggled emotionally for years and I saw it, you know, I mean, he had a lot of loss in his life and he was definitely depressed at the end

and, you know, I, of course like I would encourage him to seek help, but like in the culture, you know, and that generation, like, they just don't, they just don't see a way out of it.

Arsalan stated, "I mean, there's this whole idea that yeah, there's stigma in our community, but then this whole belief that like our people don't look, we don't seek counseling, I've learned very quickly that that's not true. There's a demand for it."

***Culture matching.*** All 11 participants stated that SA clients who sought out the SAA therapist stated that they benefited greatly from the match in culture. They believed that their counselor understood their cultural background and that they did not have to educate their counselor like they had to with a non-SA counselor. The SAA counselor also enjoyed the culture match because it felt easier to counsel someone from their own background due to the similar experiences, values, and ability to build rapport easily. Some SA clients did not prefer a counselor who matched their cultural background because they could not trust the counselor to keep confidentiality or did not feel comfortable.

Zahra recalled what it was like for her to see SA clients:

I identify as a desi Muslim therapist. I mean, I'm not like so religious or so traditional or anything, but I know obviously the cultural, um, component to it.

And so I love working with desi and Muslim clients. I mean, I have like a range, but I really love working with them because I feel like instead of knowing this much, like I know this is much more, you know, um, and so many times, even when I was in graduate school and we were learning stuff about family systems

and all that, and I just thought, okay, this is not going to fly, but like making these boundaries in our culture, you know, in my family. And so I think just understanding that piece, like really helps you when you are working with, Desi, um, you know, like Desi clients, um, because you know, so much more and you can just, you know, like if I, if I was, you know, not Desi and I would be looking at and listening to like couples or, you know, how they bring all the family is so enmeshed all of that, like they just wouldn't get it. They wouldn't understand the dynamics, but I get it.

Arsalan stated:

They don't feel comfortable talking to somebody outside their cultural background because they don't want their parents to be seen as like in a stereotypical light. Like they want help dealing with the toxicity, but at the same time they don't want like this kind of like this, you know, this white gaze on it, right. Like this kind of judgmental perspective on it.”

Michelle stated that culture matching is not limited to just SA clients:

I have had people tell me, I sought you out because you were a Brown person. And so people are telling me that this is important to them. And when I say Brown people, I mean, I mean all kinds of brown people, right. So right when they say representation matters, it really matters to people.

Three of the 11 participants talked about how culture matching was not always sought after by SA clients. Rohan recalled how this occurred in his own practice:

I will say I've actually worked with a few South Asian clients that I'm not sure if it's their own preference, or even if there's like some type of internalized

discomfort with their own culture or whether, because I identify as South Asian and they identify as South Asian that maybe, perhaps they feel like maybe I would judge them and all that.

***Boundary crossing.*** The third sub-theme identified was boundary crossing, seven out of the 11 participants stated that when working with SA clients there was a higher likelihood for the SAA counselor to experience countertransference, over identification with the client, and seeing the client as a community member. It was important for the SAA counselor to bracket their experience, understand their biases, and ask questions in order to prevent from assuming that their client had the same values and experience as their own.

Priya recalled what it was like to begin working with SA clients in her private practice:

It's certainly been the balance between over identifying with them being like, Oh my God, you feel the same way my mom does that too. Your mom does that. Okay. Like, wow, Indian parents are South Asian parents. Okay. They're all the same. Um, and kind of maintain me like this. Like that's like one extreme that I've had that I've been like, okay, you need to reel it back a little bit. Let's maintain some professional boundaries with this versus, um, kind of moving to the other swing where it's like, let me just be like, yes, we have the same background and trying to stick to my boundaries and things like that.

Jenny recognized the same issue in her own practice:

That's part of part of my countertransference as a therapist is that when I, when I can, the more I can relate, the more relief I feel, but it's also like, it's, it doesn't feel as challenging. So, it, on one hand working with people who are not from my

cultural background, challenges me and helped me grow as a therapist. But on the other hand, I feel like my strengths really come out with clients that are from similar background as me.

Arsalan stated what it takes for him to maintain professional boundaries:

So, um, I never go into it thinking like, okay, I'm going to just assume that this person has, I don't know, has a parent who are, you know, had an arranged marriage for example, or like I always check in to, you know, ask those questions just because I don't want to go into it with assumptions because I think cultural competency, just because I'm Brown doesn't mean I'm culturally competent by default. Right. It's nice to hear people tell me that they're so glad that they have, they feel comfortable talking to about cultural factors and I noticed like sometimes there's some transference and countertransference that goes on where it's like, Oh man, like I'm thinking like, yeah, it sounds similar to what my parents went through and then I use self-disclosure very strategically, you know, whenever I feel like it's beneficial for the client.

Some participants were not as aware of their countertransference, like Anisha when she said,

But I think I bring a lot of that when a lot of when I have clients that are like, you know, I, you know, got into this marriage and I don't really have a background or I didn't do anything. It breaks my heart. Um, and that's the one thing I will tell girls is like, you need to stand up, I don't care what you do. I don't care if you're a business owner, do something for yourself, be an independent person first and then be somebody's wife. That's what you want if that's what works, but you need to do



things for yourself because that's how I was raised. I really, I feel like I really implement that in my therapy. And I'm just like, come on girls, like we got this because we have to stand together.

### **Synthesis of the Experience**

The research question that was answered for this study was: What are the lived experiences of professional counselors who are South Asian American? I sought to find the essence of how South Asian American professional counselors developed their multiple identities (see Figure 1), integrated their personal identity with their professional identity, and how academic and clinical race-based interactions were experienced.

The essence of the participants' experiences in this study indicated that South Asian American professional counselors' cultural factors impacted each stage of development from choosing a career to clinical practice and maturation. The complexity of the individual is based in holding multiple interconnecting identities, none of which can be isolated or compartmentalized. Ethnicity and culture were the predominant identity mentioned by the SAA professional counselor, a major component of Critical Race Theory. The participant's race impacted their educational experience, especially in regards to discrimination and multicultural competency. However, it was not the only factor that the participants' focused on. The participants' multiple identities were being simultaneously developed. While some were more cognizant of their identity development than others, each one was on a journey towards integrating all of their identities. This process is a major tenant of the multiple heritage identity development model.

The textural-structural descriptions of participants in this study captured the uniqueness of the participants' experience and the essence of the lived experiences of professional counselors who are SAA. Each participant described how their cultural background, familial values, and focus on community well-being, were the driving force behind their professional development. There was a shared belief that they could be a resource for their community, a calling that they had to fulfill based on a purpose deeply imbedded into their perception of self.

Zahra stated:

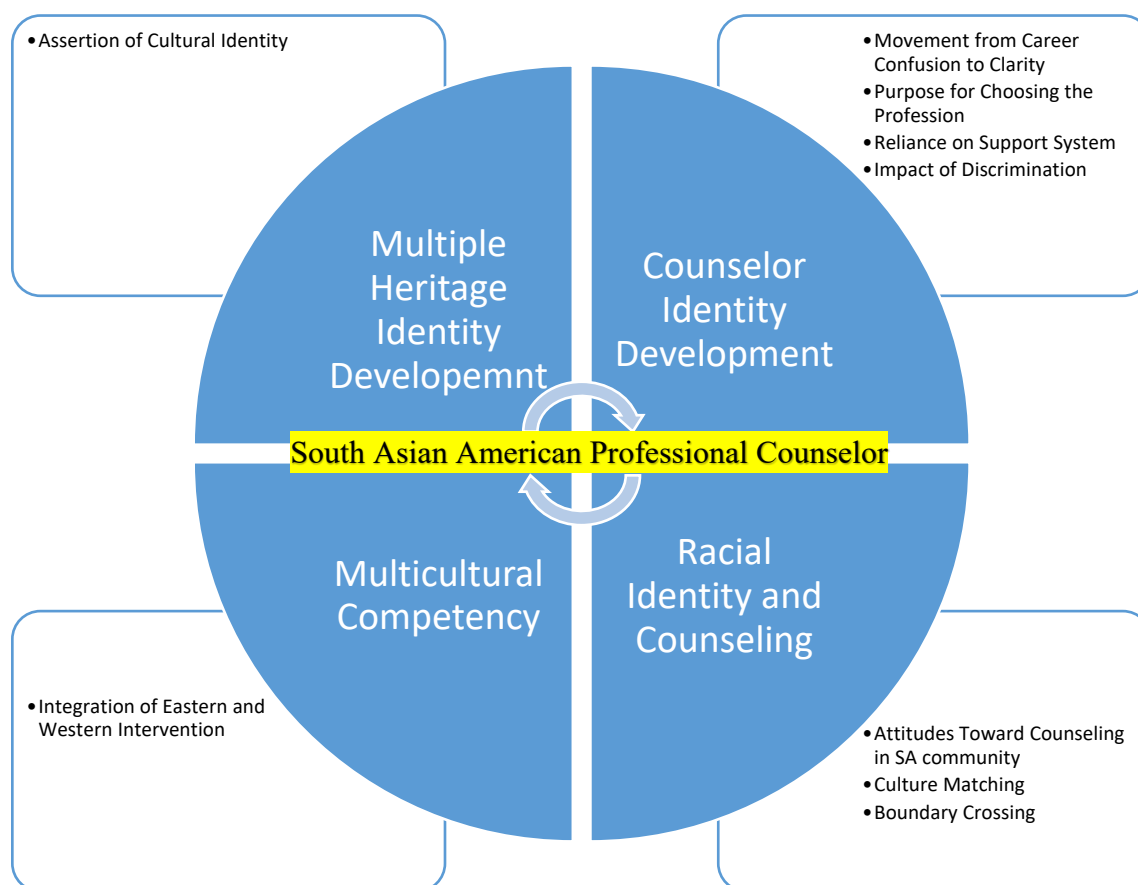
It's also healing for me because like I said, in our culture, we don't really grow up, you know, learning how to do feelings. And so to, to be able to really help educate people on that and to have them experience that like that is really, really fulfilling. So it has been so amazing. I love what I do even. I mean, I don't necessarily have to work now, you know, because I have my small kids, but I just, I can't imagine not.

The personal calling and purpose for the profession is further confirmed when the SAA professional counselor began working with the community. Priya recalled:

I've heard this from a lot of my own clients who saw non-Asian therapists basically, where they'll talk about their family dynamics and they're like, Oh, well you need to like stand up to your parents or like, say this to your parents. And it's like, I don't do that. I don't speak in that way to my parents ever. Um, so like they know it on paper but, what that actually translates to in real life for a lot of South Asian people, South Asian women, primarily who I've been working with so far, um, and putting what we know from the textbooks and stuff into what that

actually looks like in practice, I think has been like the main gap that I've seen from, um, my own conversations with my colleagues, but also, um, clients that have come to me then this is so different working with a South Asian therapist, um, compared to, um, a previous therapist, like one of my clients hadn't told her parents that she was seeing a therapist and, um, ended up getting into a fight and an argument with her parents. And was like, this is why I have to go to therapy. And her parents were just like, wait, what? You're going to therapy. And obviously they have some sort of notion in their mind and she's like explaining like, yeah, I'm just really stressed that this, our relationship, isn't helping anything. And then towards the end, she's like, no, I have an Indian therapist. And her parents just like completely changed like, Oh, so she understands, um, like kind of what you're going through and you don't have to like, explain everything that's going on...just from what she's told me, they were a little bit more understanding in terms of the idea of her going to therapy because she had an Indian therapist.

The experiences of these 11 participants were that South Asian American professional counselors used their many converging personal identities to inform their lived experiences. There were many factors that influenced the participant's experience as they were all professional counselors in the United States. Their lived experiences were further impacted by the race-based experiences they faced while developing as counselors.



**Figure 1**

*Synthesized Lived Experiences of South American Professional Counselors. Note: This figure illustrates the themes that captured the experiences of professional counselors who were first-generation South Asian American.*

### Summary

In this chapter, I included the four themes that emerged from the 11 participant's transcripts, descriptors that support the themes identified, and a synthesis of the essence of the participant's experiences (Moustakas, 1994). Semi-structured interviews with South Asian American professional counselors were conducted in order to understand their lived experiences. Through the interviews, I was able to explore the essence of the experiences of South Asian American professional counselors. The participants'

statements were analyzed through Moustakas' (1994) Modification of the van Kaam (1959, 1966) method. The essence of the participants' experience emerged from the themes and sub-themes found from the verbatim transcripts.

In Chapter V, there is a summary of the study and discussion of the findings. There is also a report of the implications and recommendations for South Asian Americans who are training to be professional counselors or are professional counselors. Interventions and approaches for counselor educators and supervisors are discussed as well. Finally, there is a presentation of the research question and final conclusions.

## CHAPTER V

### Discussion

The purpose of my transcendental phenomenological study was to explore the lived experience of professional counselors who were first-generation South Asian American (SAA). Through this methodology, I captured the participants' perceptions and developed insight into the essence of their experience. This chapter contains a summary of my study, an analysis of the theoretical framework, and a discussion of what was found in the transcribed interviews. The chapter concludes with recommendations for future research, implications for counselor educators and supervisors, and a summary.

### Summary of the Study

The transcendental phenomenological design was used to explore the experience of professional counselors who are first-generation SAA regarding their multiple intersecting identities, the impact of those identities on their professional training, and work with clients. I used purposeful sampling to ensure that my participants fit the criteria. I interviewed 11 professional counselors from across the United States with cultural origins from South Asia, namely India, Pakistan, and Sri Lanka. My participants had a wide range of ages, licensure, and religious affiliations. To remain as unbiased as possible and maintain integrity, I focused on bracketing my own experience and suppositions as a first-generation South Asian American professional counselor. I did this through member checking, peer debriefing, triangulation, and journaling before and after the interviews.

I conducted the semi-structured interviews and transcribed them through transcription software. I analyzed each transcribed interview before conducting the next

one to develop appropriate follow-up questions and build on the themes that began to emerge. Four themes and nine sub-themes emerged from the data. The four themes were: (a) multiple-heritage identity development; (b) counselor identity development; (c) multicultural competency; and (d) racial identity and counseling.

The theme of multiple-heritage identity development had one sub-theme, (a) assertion of cultural identity, endorsed by 10 out of 11 participants. The theme of counselor identity development had four sub-themes, (a) movement from career confusion to clarity; (b) purpose for choosing the profession; (c) reliance on a support system; and (d) impacts of discrimination, the first two were identified by all 11 participants and the last two by 10 out of the 11 participants. The third theme of multicultural competency had one sub-theme, (a) integration of eastern and western intervention, which all the participants endorsed. The final theme, racial identity, and counseling had three sub-themes (a) attitudes toward counseling in the SA community, identified by all the participants; (b) culture matching, endorsed by all the participants; and (c) boundary-crossing, identified by seven of the participants.

### **Theoretical Framework**

Two theoretical frameworks were used to examine the perceptions of professional counselors who are first-generation SAA, critical race theory (CRT) and the multiple-heritage identity development (MHID) model. CRT was an important framework to incorporate based on the pedagogy of creating equitable training (Haskins & Singh, 2015). The MHID model was appropriate for this study due to the multiple intersecting identities of the participants (Henriksen & Paladino, 2009).

*Critical race theory.* The tenants of CRT may be beneficial to counselor educators who want to develop a counseling pedagogy that addresses issues of equity and social justice in the counseling classroom (Delgado & Stefancic, 2001; Haskins & Singh, 2015). Accord to Taylor et al. (2009), an aim for CRT is to provide marginalized students a voice by revealing their narratives of oppression and resilience. This purpose is reflected in the aim of my study, to give a voice to counselor educators who are not represented the first tenant of CRT addressed the intersectionality of multiple marginalized identities (Anderson & Collins, 2017) and feelings of alienation and despair that can occur in the educational experience (Delgado & Stefancic, 2001). These concepts were extremely important to my study as my participants voiced their difficulty navigating these race-based issues. My study also supports the third tenant of CRT, counterstorytelling, through the phenomenological method. According to Haskins and Singh (2015), the individual's ability to name their own reality is critical in order to give them the opportunity for empowerment and healing from racism and oppression. Of the 11 participants, ten identified moments of discrimination that occurred at some point in their professional development.

Through CRT, I was able to uncover the multiple ways that participants were impacted through their racial lens throughout their development as professional counselors. The interviewees shared how their race and ethnicity was experienced in society, as a trainee, and clinician, making their race a core aspect of their professional development. Michelle recalled how she experienced this in her counselor training program:



I was the only person of color in my program. Um, I think there was one other person, but she was a third-year doc student. And so I never really saw her very much. That's kind of how that started. And so, what would happen a lot is in courses when we talked about issues of ethnic minorities, like everybody would turn to look at me, um, because I was, you know, the one that most readily fit that bill. Um, and so I ended up being, seen as kind of like a mouthpiece for different cultures. So I ended up being that person a lot and I remember not liking it very much.

This instance illustrates moments for the participants when the institution, counselor educator, or supervisor failed to show that they were equipped to teach racially, ethnically, and linguistically diverse students. According to CRT, the continued production of educators and supervisors who are not multiculturally competent is a product of racist systems (Rogers-Ard et al., 2013). Matias (2016) stated that when teaching race-related content, educators focus on the emotional needs of White students rather than ethnic minorities. Azma recalled how this was the case in her multicultural competencies course, "they probably gained more information than I did...because it was something new for them." Like other participants, Azma indicated that the focus of the multicultural competency course was on educating White students about other cultures, rather than addressing the needs of ethnic minority students.

***Multiple heritage identity development model.*** The term multiple-heritage individual was used to describe a person who had "multiple aspects of heritage, including race, ethnicity, religion, language, gender, and national origin" (Henriksen & Paladino, 2009, p. 13). This term encourages clinicians, educators, and supervisors to be aware of

multiple influences that could be impacting the individual, rather than limiting their focus on one identity like race. While race and ethnicity were important to address in my study, the influence and interaction of the participant's other identities like gender, nationality, religion, age, and profession were important as well. The MHID model was developed by Henriksen and Paladino (2009) to illustrate the integration process that occurs for individuals who are multiple-heritage as they move from the stage of neutrality to an eventual recognition of all their identities. The MHID model is made up of non-linear periods that can be revisited by the multiple-heritage individual. Each of the 11 participants fit the definition of multiple-heritage based on the demographic information in Appendix D. Each person was on a different stage in the integration process. Michelle illustrated how she moved from neutrality to acceptance of her multiple-heritage identity:

I remember processing it with my practicum group and people saying, wow, that's like really racist, um, or what have you. And so there was a lot of labels thrown around, but I remember that being kind of one of those moments of like, wow, um, my clients see me differently. Um, so like maybe my white clients, or really, I think for me, it was this, um, realization that my clients see me differently than maybe I see myself because I see myself as just a person. Um, but then to hear feedback like that, um, is difficult.

Michelle illustrated how she began her practicum experience with the belief that she was "just a person" and that her racial identity did not have to a factor in defining who she was. However, through the race-based interaction with her client, she moved from neutrality to an acceptance of herself as both a woman of color and a professional counselor. According to Henriksen and Paladino (2009), in the second phase of

*Acceptance*, the individual accepts the socially enforced identity and their difference from others. Priya provided a statement that indicated her movement on the MHID model from acceptance to awareness of her multiple identities:

I've definitely gotten more comfortable kind of addressing, okay, I'm Indian. Yes. I have an American accent. So certainly, that's a part of it, but I don't come from like the same cultural background and being more comfortable speaking about that more openly versus like what's going to happen if, if they bring up, um, somebody from their background that I have no clue about and being more kind of open and like, Oh, I don't know too much about this. Let me do some work on it. Or if you care to explain just a quick summary of what you're discussing and I think it's certainly been a learning curve.

Priya's multiple-heritage development involved her racial identity, nationality, and professional identity in her work with clients. She also illustrated how racial identity development enabled the clinician to be multiculturally competent. According to Delsignore et al. (2010), multicultural competency involves racial identity development because it requires the involvement of the whole person.

One tenant of the MHID model is the need for acceptance, which is defined as the "overwhelming desire to be acknowledged for their multiple heritage identities" (Maxwell & Henriksen, 2012, p.25) This was further illustrated in the sub-theme "assertion of cultural identity." Azma alluded to this when she stated:

Because of my cultural background, it was a little bit, um, I was hesitating because I felt [my cohort] wouldn't understand my story and my culture. So even if I share what I'm going through, I was not sure how people would react. Like for

example, some people, you know, were questioning why I was still with my husband, um, at that time, why don't you leave them? You know, why are you still with him? And so, yeah, it was difficult for me to, um, just talk about my life because I wasn't sure if that would be understood. Um, so I had a lot of, I had to educate a lot of people in my program, um, which I felt proud to do to let them know, Hey, you know, I had an arranged marriage and well, you know, our culture really supports couples to be together and divorce is definitely an option, but it's just the last thing that we discuss. And it's not the first thing we discuss, you know, and just the whole arranged marriage and what that looks like and what my wedding was like.

The MHID model helped guide my study due to the unique experience of my participants. Similar to their racial development, the development of their multiple-heritage identity is directly related to their multicultural competency (Matthews et al., 2018; Vinson & Neimeyer, 2003). Counselor educators and supervisors that are aware of the needs of multiple-heritage students and trainees can better meet their unique needs.

The creation of my research question was guided by my review of literature: What is the lived experience of professional counselors who are first-generation South Asian American? This research question was answered by conducting 11 semi-structured interviews with participants obtained through purposeful sampling. By following Moustakas' (1994) Modification of the van Kaam (1959, 1966) method, I extracted themes and sub-themes through the audio-recorded interviews and transcripts. The essence of the statements emerged through data analysis of the interviews. The four subthemes that emerged from the seven grand tour questions were (a) multiple-heritage

identity development; (b) counselor identity development; (c) multicultural competency; and (d) racial identity and counseling. In the next section, I explain the essence statement for each of the identified themes and sub-themes.

### **Discussion of the Findings**

Through the transcendental phenomenological approach, I was able to begin addressing the gap in literature in regard to understanding the lived experiences of professional counselors who are first-generation SAA. The goal of this research was to reveal the essence of how a professional counselor's multiple identities can impact their professional development and work with clients.

The essence of the participants' experience in this study depicted how the SAA professional counselors' identities impact each stage of professional development, starting with the initial decision to become a professional counselor. Furthermore, the participant's multiple identities impacted their work with clients. The MHID model is at the center of the participants' experience as they work towards integrating their personal and professional identities. This integration process is more complete later on in their counselor identity development (Alves & Gazzola, 2011). Based on the semi-structured interviews, essential statements were identified, each theme was discussed in terms of CRT and the MHID model, as well as the important and unique findings of the study.

***Multiple heritage identity development.*** The first theme of multiple heritage identity development represented the participant's movement from awareness to recognition of their multiple identities. All 11 participants were aware of their multiple identities and the influence of their identities on their profession. Nine of the participants reported that their race, religion, and profession were all intersecting identities that

influenced their purpose for joining the profession and overall work with clients. The full recognition of all their identities was hindered by a race-based incident in their counselor education program, with clients, supervisors, colleagues, or society as a whole. The sub-theme, assertion of cultural identity, is part of the second stage of the MHID model *Acceptance*. All 11 participants stated that there was the desire to educate and assert their experience as South Asian American. Six of the participants stated that their participation in the interview was an opportunity to share their story, further asserting their cultural identity. These themes can be applied to other ethnic minority clinicians and vital for providing adequate multicultural counseling courses. Through this study I have found that a new approach is needed to develop multiculturally competent clinicians and educators.

In regards to CRT, the participants would assert their identities in educational settings to educate their White classmates and to engage in counter storytelling. Ten of the participants stated that being able to explain their cultural identity was a positive experience and that they hoped their insight would benefit their peers. These experiences were not limited to their counseling programs, five of the participants mentioned that counter storytelling was necessary beyond training programs. Race-based incidents in the clinical world, among staff, supervisors, clients, and colleagues, indicated that the South Asian American professional counselor had to continue educating non-South Asian American staff on their cultural experience. Through this study I have found that counselor education programs can change by focusing on the needs of non-White students. As ethnic minority students are increasingly enrolled in counselor education programs, it is important to meet their unique needs.

This researcher has discovered that a new model is needed for educating ethnically diverse counseling trainees. Namely, a new model that can address the unique cultural competency needs of minority groups. As counseling programs become more ethnically diverse, educators, supervisors, and administration must adapt to the needs of their changing student body. The complexity of the counselor trainee has been addressed in counselor literature (Grafanaki, 2010), however the complexity of multiple heritages has not been addressed in the way that this study has. The participants in this study identify multiple, intersecting, identities that can sometimes be at odds with one another. Eastern and Western heritages, religion, sexuality, and profession were some of the main identities mentioned by the participants. Research has been conducted on how counselor development is impacted by personal identity development and that counselor educators should be aware of how culture and values can impact the professional development of trainees (Alves & Gazzola, 2011; Sue et al., 2012). This study provided further evidence for this, as the irrevocable connection between personal identity and professional identity were, were especially evident as the participants were both multiple-heritage individuals and also identified as part of an underrepresented group. The influence of their personal identity was evident from the start of their training and through professional growth and development.

***Counselor identity development.*** The counselor identity development theme was the second theme identified and the largest theme of the study. The first two sub-themes of movement from career confusion to clarity and purpose for choosing the profession were endorsed by all 11 participants. The sub-themes reliance on support system and impacts of discrimination were endorsed by 10 participants. The professional

counselor's race impacted all four sub-themes, thereby indicating a relationship between counselor identity development and cultural identity. In accordance with CRT, counselor education programs that do not take the trainee's race into consideration are doing them a great disservice (Haskins & Singh, 2015). Especially in regard to the impacts of discrimination, applying the tenets of CRT can help counselor educators attend to the needs of South Asian American students in regard to equity and social justice in the classroom.

Application of the MHID model can bring further clarity to these sub-themes as well. Overall, this theme represents the acceptance and recognition of the individual's professional and personal identities. For example, for nine of the participants, the confusion present when choosing a career was usually due to a clash between what the participant's community and family believed was a proper career choice versus what the individual wanted to pursue. For all 11 participants, clarity was achieved by accepting that they had skills that could make them a potential resource for their community. The integration of their professional identity and racial identity was present in all four sub-themes. In regards to social support, this was evident when six of the participants mentioned the importance of parental support as they perused their career, a common aspect of Asian career development (Ghosh & Fouad, 2016). Two of the six participants stated that there was a disturbance in their professional development because their parents did not support or understand their career choice.

The impacts of race-based issues were evident throughout the counselor's identity development. Li et al. (2018) found that race and ethnicity were factors that impacted counselor training. The findings of this study affirm that race and ethnicity impact



counselor training, but evidence is provided that race and ethnicity impact the entire counselor development and professional experience for the South Asian American professional counselor. Race and ethnicity were factors that impacted the participant's career choice, ability to cope through their development, choice of population and specialty, counselor education, supervision, and work with clients. Researchers have found that discrimination has been a factor for counselors of color (Cardozo, 2006; Mckenzie-Mavinga, 2005; Smith et al., 2017). Through this study, I have found that South Asian Americans can experience discrimination within the counselor education system, in supervision, among colleagues, and clients. These experiences add an extra layer of complexity and difficulty to the counselor development of the trainee. While working through the anxiety and growth of typical counselor development, they must also navigate issues of discrimination and microaggressions.

***Multicultural competency.*** The participants indicated that their multicultural competency was not adequately addressed in their counselor education programs. Instead, much of their time was spent educating others rather than receiving education themselves. According to CRT, students of color feel ill prepared because of irrelevant course content that is not pertinent to marginalized students (Odegard & Vereen, 2010). This principle was illustrated in the sub-theme “integration of Eastern and Western intervention”, which was acknowledged by all 11 participants as a self-taught way to meet the needs of South Asian clients. Although South Asian students were not taught how to work with South Asian individuals and families in their training program, they felt confident in being able to combine the knowledge provided by Western counseling practices with the cultural needs of their clients. The sub-theme was relevant to the

MHID model as well, the professional counselor must be aware of their multiple identities to be comfortable with integrating Western and Eastern philosophy. The participants were aware of the need for integration while in their counselor training programs.

The South Asian American professional counselor's multiple-heritage awareness enabled them to address the unique clinical needs of South Asian clients. Supervisors that work with South Asian American counselor trainees should be prepared to guide their trainees in this area. As indicated by all 11 participants, Western theories are not enough for conceptualizing South Asian clients and families. Therefore, strict utilization of Western theories may be counterintuitive and further perpetuate "White hegemonic societal practices that silence the voices of marginalized ethnic and racial groups" (Haskins & Singh, 2015, p. 298). The ability to integrate the cultural needs of their clients with education from their training programs may encourage the South Asian American professional counselor towards the *Recognition* stage of the MHID model. Arsalan was able to reach the *Recognition* stage of the MHID model in regards to his race, religion, and profession. The awareness of his multiple heritage identity is what led him to become a professional counselor, was the focus of his clinical purpose, and culminated in his desire to work with clients with a similar background.

Researchers have found that counselor trainees of color have not found their multicultural counseling courses to be of value (Lam et al., 2013; McKenzie-Mavinga, 1991; Sue & Sue, 2013; Want et al., 2004). Through this study, I have found that my South Asian American participants have this belief as well. Rather than focusing on needs necessary for their cultural competency, the class time is spent focusing on the

needs of White students, even to the point where the participant felt responsible to educate them as well. For their cultural competency, the participants wanted more education on how to work with South Asian clients that had unique needs compared to what Western theories taught them. Furthermore, although the participant was not trained to integrate Eastern philosophies with Western education, it was necessary for them to grow that skill set while in practice.

***Racial identity and counseling.*** The final and second largest theme of the study indicated that race impacted the counseling experience for both the participant and their client. The first two subthemes, attitudes towards counseling in the South Asian community and culture matching, were endorsed by all 11 participants, and seven of the participants endorsed the final sub-theme, boundary crossing. The centrality of race is a core aspect of CRT and a deeper understanding of these sub-themes can help challenge current training approaches related to multicultural competence (Haskins & Singh, 2015).

Researchers that have studied the attitudes toward counseling for South Asian have found mixed results, often indicating that South Asian are not interested in receiving mental health counseling. However, all 11 participants have stated that this community does seek out help from professional counselors. Therefore, there is a need for researchers and clinicians to be aware of how to best serve this population. Further, as indicated by the sub-theme culture matching, all 11 participants stated that clients experience a clinical benefit when working with counselors that match their ethnic background. The South Asian community is seeking mental health help from other South Asian professional counselors; therefore, it is imperative for counselor education

programs to be better prepared to educate these minority clinicians (Lynn & Parker, 2006).

Boundary crossing was a sub-theme endorsed by seven participants in regards to their work with South Asian clients. Those that were less aware of their multiple-heritage identity were more likely to impose their cultural beliefs on their clients. Five of the participants actively worked on bracketing their experience when working with South Asian clients, acknowledging that the chance for countertransference was higher when working with this population. However, this was not an issue addressed by counselor educators or supervisors, further supporting the tenet of CRT that the experiences of ethnic minorities are not given priority (Bell, 1995; Haskins & Singh, 2015).

The need for counseling within the South Asian community has been supported by research (Kaduvettoor-Davidson & Inman, 2013; Singh & Bhayana, 2015; Tummala-Narra et al., 2012; Tummala-Narra et al., 2019). Through this study, I have addressed the experience of culture matching between South Asian counselors and clients and how the mental health needs of the South Asian community are impacted by culture matching. Past research on culture matching has had mixed reviews, especially in regards to Asians seeking mental health help from other Asians (Jacob & Kuruvilla, 2012). Researchers have indicated that culture matching may not be the preference for South Asians because of the fear of being judged or having difficulty with trusting that confidentiality will be upheld by the South Asian counselor (Ibaraki & Hall, 2014; Zane & Ku, 2014). While two participants mentioned that those South Asian clients typically avoid working with them, all 11 participants indicated that culture matching was a

necessity for their clients to feel understood. By working with a counselor that matched their ethnicity, clients did not have to spend a part of rapport building with educating their counselor about their cultural experience. Through culture matching the client was able to bypass explaining cultural nuances and address the deeper issues that they were facing. Furthermore, there was no fear for the South Asian client that they would be invalidated or encouraged to behave outside of their value system. One area of concern with culture matching is boundary crossing. The participants mentioned having to be more intentional to bracket their beliefs when working with South Asian clients because there was a greater possibility that they would have countertransference. However, these issues were not addressed in their counselor training, leaving them unprepared and their clients vulnerable.

### **Implications for Future Research**

The results of this study affirmed that the complexity of the professional counselor's identity can impact their professional identity development (Aponte & Kissil, 2014). For students from marginalized communities or multiple heritages, counselor identity development is made more complicated and nuanced. The South Asian American professional counselor and counselor trainee have unique needs that separate them from non-South Asian American counselors. Additionally, this study provided the basis for further research related to South Asian American, especially in regards to identity development (Ibrahim et al., 1997).

Research on the development of a pedagogy for teaching multiple heritage students in counselor education should be further explored. Researchers could explore the clinical experiences of these individuals and how training programs can best prepare

them for their future work. The results of this study indicated that South Asian American professional counselors relied on self-taught skills and knowledge when working with South Asian clients. Therefore, it would be beneficial for researchers to explore best practices for working with South Asian and South Asian American clients. Research is needed for the development of a new model for how to counsel South Asian American clients, especially for marriage and family therapists. Future researchers should work towards defining what is a healthy South Asian family system.

The results of this study recognized the impact of discrimination on counselor identity development. Prior research has not addressed this issue or the psychological impacts of race-based interactions on the South Asian American professional counselor. Therefore, researchers could explore the impact of discrimination on the psychological well-being of this group.

Finally, South Asian Americans are a group with many within-group differences. For instance, among my participants, there were vast differences in religion, language, and culture. More research is needed to explore the experiences of professional counselors who are Indian American, Pakistani American, Sri Lankan American, Bengali American, Nepali American, and so on. Research into the nuances of each group would better differentiate the needs of students and supervisees. Furthermore, research into the experiences of second-generation and third-generation professional counselors would be beneficial as well.

### **Recommendations for Counselor Educators and Supervisors**

Counselor educators, supervisors, and training programs would benefit from understanding the needs of their ethnic minority students and recognizing the full humanity of the therapist (Aponte & Kissil, 2014). Counselor educators and supervisors who consider the complexity of the whole person can better prepare their trainees in their formative years (Wagner & Hill, 2015). While focusing on competency and skill building are important aspects of counselor education, ignoring the unique experiences of marginalized trainees perpetuates the issues mentioned in CRT. Therefore, the acknowledgement of the South Asian American counselor trainees' experience in each course and clinical experience could benefit their overall professional development and future work with clients. For example, when using IDM to conceptualize a trainee, it would be beneficial to understand how a student's cultural background might influence their stages of development (Li et al., 2018).

Eight of the participants stated that it would be important for educators and supervisors to be more aware of the cultural nuances of South Asian American counselor trainees. While a student may identify as South Asian, there are a lot of within culture differences that counselor educators and supervisors must be aware of. Differences like language, religion, and cultural distinctions are present within the South Asian identity and it would be inaccurate to assume that one South Asian experience is completely similar to another. Acculturation can also make a large impact on the cultural experience of the South Asian American student; therefore, Counselor Educators should be aware of these complexities when engaging with students.

In order for supervisors and educators to understand the experiences of South Asian American counselor trainees, they need to be aware of the racial identity development of this group and how their cultural values can impact their clinical work. The South Asian American profession counselor's perception of themselves as racial beings can influence how they engage with clients and the supervisor (Chan, 2017).

Three participants stated that it was important for them to see counselor educators who were South Asian or at least people of color. It is important for counselor education programs to meet the needs of ethnic minority students by hiring professors from similar cultural backgrounds. According to CACREP (2017), 74% of full-time faculty working in counselor education programs in 2016 were White and 61% were female. The writers of the *ACA Code of Ethics* (ACA, 2014) further advise that it is ethically responsible to hire and retain diverse faculty and staff. The participants of this study highlight that a diverse faculty not only benefits the training of culturally competent counselors (Salazar, 2009), but also enables students of color to have further support and representation (Kena et al., 2016).

Finally, seven of the participants stated that multicultural considerations should not be limited to one class. Rather, a multicultural lens should be present for each course. All 11 participants stated that multicultural considerations should be presented when teaching theory, especially in regards to conceptualizing what a healthy family system might look like for a South Asian American family (Dupree et al, 2013).

Overall, when counselor training programs consider the needs of their students of color, namely South Asian American students, the approach to training changes. Counselor educators and supervisors will instruct based on the unique perspective and



experiences of their students. When educators are aware of the race-based issues faced by counselor trainees, social justice and discussions regarding discrimination can be a regular occurrence. As a result, students of color may feel more understood, safe, and supported through their development as professional counselors.

### **Conclusion**

The results of this study suggest that the multiple identities of the individual impact professional counselor development. Furthermore, the development and awareness of the professional counselor's multiple heritage can impact their work with clients. Participants reflected on their journey towards becoming a professional counselor and the possible influence of their identity as an SAA. Participants considered how their identities (ethnicity, nationality, religion, gender, sexual orientation, etc.) have impacted their work with clients and perception of self.

Based on CRT and the MHID model, I examined the influence of race and identity development on the lived experiences of professional counselors who are first-generation South Asian American. These frameworks were used to comprehensively understand the impact of the professional's multiple identities on their development as professional counselors. CRT and the MHID model can be used to guide future research, counseling education programs, counseling educators, and supervisors to understand the holistic experience of students with complex identities and needs as they develop as professional counselors.

My transcendental phenomenological study explored the lived experiences of professional counselors who are first-generation South Asian American. The participants reported that their identity as SAA influenced their decision to join the counseling

profession, impacted their overall development towards becoming mature clinicians, and impacted their work with SA and non-SA clients. Participants noted that acknowledging their unique cultural needs was important for their experience with counselor educators and supervisors, especially concerning discrimination and microaggressions. My study added to the gap in the literature on SAA professional counselors and development. Further research is necessary to achieve a better understanding of the influence of multiple heritages on counselor development.

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**APPENDIX A****Sam Houston State University  
Consent for Participation in Research****KEY INFORMATION FOR THE LIVED EXPERIENCE OF  
PROFESSIONAL COUNSELORS WHO ARE SOUTH ASIAN  
AMERICAN**

You are being asked to be a participant in a research study about your professional development as a professional counselor within the context of your race, ethnicity, and nationality. You have been asked to participate in the research because you are a licensed professional counselor, have a South Asian heritage, was born in the United States, are above 18 years old and may be eligible to participate.

**WHAT IS THE PURPOSE, PROCEDURES, AND DURATION OF THE STUDY?**

By doing this study, we hope to learn how counseling education programs can better address the needs of ethnic minority counselor trainees. Your participation in this research will last about 1 – 1.5 hours.

**WHAT ARE REASONS YOU MIGHT CHOOSE TO VOLUNTEER FOR THIS STUDY?**

You might choose to volunteer for this study in order to contribute to the body of research that will equip counselor educators to understand the needs of their South Asian students and become aware of the unique elements of professional development for this population.

For a complete description of benefits, refer to the Detailed Consent.

**WHAT ARE REASONS YOU MIGHT CHOOSE NOT TO VOLUNTEER FOR THIS STUDY?**

There are no obvious risks that should prevent you from participating in this study.

For a complete description of risks, refer to the Detailed Consent.

**DO YOU HAVE TO TAKE PART IN THE STUDY?**

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any services, benefits, or rights you would normally have if you choose not to volunteer.

**WHAT IF YOU HAVE QUESTIONS, SUGGESTIONS OR CONCERNS?**

The person in charge of this study is Ashley Daniel of the Sam Houston State University Department of Counselor Education who is working under the supervision of Dr. Chi-

Sing Li if you have questions, suggestions, or concerns regarding this study or you want to withdraw from the study his contact information is: [aaa124@shsu.edu](mailto:aaa124@shsu.edu) and *Faculty Sponsor contact information*). If you have any questions, suggestions or concerns about your rights as a volunteer in this research, contact the Office of Research and Sponsored Programs – Sharla Miles at 936-294-4875 or e-mail ORSP at [sharla\\_miles@shsu.edu](mailto:sharla_miles@shsu.edu).

## **Sam Houston State University**

### **Consent for Participation in Research**

#### **DETAILED CONSENT THE LIVED EXPERIENCE OF PROFESSIONAL COUNSELORS WHO ARE SOUTH ASIAN AMERICAN**

##### **Informed Consent**

My name is Ashley Abraham, and I am Doctoral Candidate of the Counselor Education Department at Sam Houston State University. I would like to take this opportunity to invite you to participate in a research study of The Lived Experience of Professional Counselors Who are South Asian American. We hope that the results of the research will benefit Counselor Educators as they train ethnic minority clinicians. You have been asked to participate in the research because you are a licensed professional counselor with an ethnic heritage from South Asia and are 18 and above.

The research is relatively straightforward, and we do not expect the research to pose any risk to any of the volunteer participants. If you consent to participate in this research, you will be asked to complete a demographic form and be interviewed for 30 minutes to one hour. Any data obtained from you will only be used for the purpose of transcription and data analysis. Under no circumstances will you or any other participants who participated in this research be identified. In addition, your data will remain confidential.

This research will require about 1-1.5 hours of your time. Participants will not be paid or otherwise compensated for their participation in this project. We will be audio-recording the interviews. You can review the recording at any point. They will be destroyed after three years.

Your participation in this research is voluntary. Your decision whether or not to participate will involve no penalty or loss of benefits to which the subject is otherwise

entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled. If you have any questions, please feel free to ask me using the contact information below. If you are interested, the results of this study will be available at the conclusion of the project.

If you have any questions about this research, please feel free to contact me, Ashley Abraham, or Dr. Chi-Sing Li. If you have questions or concerns about your rights as research participants, please contact Sharla Miles, Office of Research and Sponsored Programs, using her

contact information below.

<p>Ashley Abraham SHSU Dept of Counselor Ed. Sam Houston State University Huntsville, TX 77341 Phone: (832) 413-1734 E-mail: aaa124@shsu.edu</p>	<p>Chi-Sing Li SHSU Dept of Counselor Ed. Sam Houston State University Huntsville, TX 77341 Phone: (936) 294-1935 E-mail: dcl001@shsu.edu</p>	<p>Sharla Miles Office of Research and Sponsored Programs Sam Houston State University Huntsville, TX 77341 Phone: (936) 294-4875 Email: irb@shsu.edu</p>
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I understand the above and consent to participate.

I do not wish to participate in the current study.

#### **AUDIO/VIDEO RECORDING RELEASE CONSENT**

As part of this project, an audio/video recording will be made of you during your participation in this research project for transcription purposes only. This is completely voluntary. In any use of the audio/video recording, your name will not be identified. You can review the recording; they will be destroyed after three years. You may request to stop the recording at any time or to erase any portion of your recording.

I consent to participate in the audio/video recording activities.

I do not wish to participate in the audio/video recording activities.

## APPENDIX B

### Grand Tour Questions

1. What made you interested in becoming a professional counselor?
2. What was your educational experience in counseling like and what cultural factors impacted you?
3. What has been your experience practicing as a professional counselor?
4. How has your cultural background impacted your work with clients?
5. What has been your experience with clients who share your cultural background?
6. What advice would you give to other first generation South Asian Americans beginning their career in counseling?
7. What advice would you give to Counselor Educators and Supervisors training South Asian American counselor trainees?

**APPENDIX C****Demographic Questionnaire****Pseudonym:** \_\_\_\_\_**Age:** \_\_\_\_\_**Gender:** \_\_\_\_\_**Professional License/State:** \_\_\_\_\_**Years in Practice:** \_\_\_\_\_**Current Job Title:** \_\_\_\_\_**Graduated from a CACREP University? Y or N****Place of Birth:** \_\_\_\_\_**Country of Heritage in South Asia:** \_\_\_\_\_**Preferred Counseling Theory:** \_\_\_\_\_**Preferred Population/Specialties:** \_\_\_\_\_



## APPENDIX D

**Table A1***Assigned Names and Demographic Information for Participants in the Study*

<i>“Name”</i>	<i>Age</i>	<i>Gender</i>	<i>License</i>	<i>Country of Origin</i>	<i>Religious Affiliation</i>	<i>Region</i>	<i>Degree</i>
Aisha	28	Female	LMHC	Sri Lanka	Muslim	NE	Master’s
Anisha	25	Female	LMFT	India	Sikh	NE	Master’s
Arsalan	36	Male	LPC	Pakistan	Muslim	South	Master’s
Azma	51	Female	LMFT	India	Muslim	West	Master’s
Hira	29	Female	LPC	Pakistan	Muslim	South	Master’s
Jenny	29	Female	LPCC	India	Christian	West	Master’s
Michelle	37	Female	LMFT	Pakistan	Christian	South	Doctorate
Priya	29	Female	LCPC	India	Hindu	MW	Master’s
Rohan	41	Male	LMFT	India	Christian	W	Doctorate
Vidhya	44	Female	LMFT	India	Hindu	South	Master’s
Zahra	38	Female	LMFT	India	Muslim	South	Master’s

**VITA****Ashley Daniel M.S., LPC**

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**Education**

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ABD in Counselor Education, Sam Houston State University, Huntsville, TX, Expected Graduation May 2021

M.S. in Counseling, Southern Methodist University, Dallas, TX, January 2016. CACREP accredited program.

BA in Psychology, Houston Baptist University, Houston, TX, May 2013.

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**Licenses and Certifications**

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Licensed Professional Counselor, Texas State Board of Examiners of Professional Counselors, No. 75826

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**Professional Organizations**

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Association of Counselor Education and Supervision (2021 – Present)

Texas Association for Counselor Education and Supervision (2019-Present)

Chi Sigma Iota (2018 – Present)

Texas Counselor Association (2016-Present)

American Counselor Association (2013- Present)

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## **Clinical Experience**

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### **Mental Health Counseling**

Counselor/Owner, Compassion & Wellness Counseling Services, The Woodlands, Texas (2020- Present)

Providing counseling services for children, families, adolescents, individuals and couples in private practice and via telehealth, developing own business and networking opportunities

Graduate Assistant, Huntsville, Texas (2019-2020)

Engaged with faculty and staff at Sam Houston State University Main campus on current research, data collection, and data analysis. Conducted Master's interviews on behalf of faculty for counselor mental health counseling, school counseling, and marriage and family counseling programs.

Counselor, Champions Christian Counseling Center, Tomball, Texas (2019 – Present)

Providing counseling services for children, families, adolescents, individuals and couples in a group practice setting and via telehealth

Counselor, Chambers Counseling and Consulting, Houston, Texas (2016-2019)

Provided counseling services for children, families, adolescents, individuals, and couples, Provided supervision for counseling student intern.

Counselor, The Women's Home, Houston, Texas (2018)

Provided psychoeducation and process group counseling in residential treatment facility for women in alcohol and drug recovery

Mental Health Counseling Student Intern, Mayhill Behavioral Health Hospital, Denton, TX (2015-2016)

Provided counseling services in a mental health hospital including intakes, treatment planning, psychoeducation and process group counseling, individual and family therapy, staff meeting among psychiatrists, nurses, social workers, and counselors to discuss patient progress, and discharge interviews

### **Consultation and Supervision**

Doctoral Student Site Supervisor, Sam Houston State University Trauma Center, The Woodlands, TX (2019)

Conducted onsite supervision for practicum class to observe sessions, process clinical work, and address any crisis situation

Doctoral Student Supervisor, Sam Houston State University, The Woodlands, Texas  
(2018-2019)

Conducted individual supervision with clinical mental health counseling practicum student once a week, observed live and recorded sessions, and conducted midterm and final evaluations

Site Supervisor for Mental Health Counseling Student Intern, Chambers Counseling and Consulting, Spring, Texas (2018-2019)

Conducted individual supervision with clinical mental health counseling practicum student once a week, acquired clients for her case load, observed live and recorded sessions, and conducted midterm and final evaluations

### **Teaching**

Graduate Teaching Assistant, Sam Houston State University, Huntsville, Texas (2020)  
Courses Co-Taught: COUN 6374, Group Counseling (Online)

Graduate Teaching Assistant, Sam Houston State University, Huntsville, Texas (2019)  
Courses Co-Taught: COUN 5394, Crisis and Trauma Counseling

Guest Lecturer, Sam Houston State University, Huntsville, Texas (2019)  
Guest lectured for COUN 3321, Introduction to Helping Relationships

### **Research Agenda**

#### **Counselor Education and Development**

- The development and growth of counselors from students to professionals
- Gatekeeping and growth of the counseling profession
- Advocating for high quality counselor education programs

#### **Spirituality in Counseling**

- Spirituality in counseling
- Competence and teaching spiritual competency in counselor education programs
- Spiritual development

#### **Counseling Diverse Populations**

- Educating minority students in counselor education
- Counseling minority clients
- Addressing barriers preventing minorities from accessing mental health services

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## Publications

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### Articles and Book Chapters in Progress

Brown, T., **Daniel, A.**, Marrow, T., & Watts, R. (data analyzed) Experiences of addressing spirituality in school counseling.

**Daniel, A.**, Brown, T., Marrow, T. (data analyzed). Spirituality and mental health among South Asian Americans.

Henriksen, R. Jr., **Daniel, A.**, McHargue, J. & Scoggins, J. (data collected). The lived experience of multiple-heritage couples and spirituality.

Henriksen, R. Jr., **Daniel, A.** (submitted). Sage Encyclopedia of Multicultural Counseling, Social Justice, and Advocacy: Interracial Marriage.

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## Presentations

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### Refereed

**Daniel, A.**, & Li, Chi-Sing. (2021). Education and supervision of South Asian American Counselors. University of Global Education Conference. Huntsville, TX.

Henriksen, R., Jr. & **Daniel, A.** (2020). Multiple heritage identity development. 16<sup>th</sup> Annual Diversity Leadership Conference. Huntsville, TX.

**Daniel, A.**, & Brown, T. (2019). Addressing the spiritual needs of students in the community. Texas Association of Counselor Education and Supervision Midwinter Conference. Fort Worth, TX.

**Abraham (Daniel), A.** (2019) Best practices for effective supervision of counselor-trainees and potential barriers. 2019 National Career Development Association Global Career Development Conference. Houston, TX.

### **Invited**

**Daniel, A.** (2021). Mentorship training: Counseling vs. Mentorship. Women of Worth Mentorship Training Seminar. Houston, TX

**Daniel, A.** (2020). Developing self-compassion and self-care in the South Asian Community. Women of Worth Self Care Workshop. Houston, TX

**Abraham (Daniel), A.** (2016). Project she/he has hope (SHHH): Silencing the silence of sexual abuse. Annual Women of Worth Conference. Dallas, TX

**Abraham (Daniel), A.** (2015). Sexual abuse in the Christian South Asian community. Mar Thoma Church Leadership Conference. Dallas, TX

### **Leadership and Service**

Emerging Leader, Texas Association of Counselor Education and Supervision, TX  
(2019-2020)

Graduate Assistant, Sam Houston State University Huntsville, TX (2019-2020)

### **Awards**

Genevieve Brown Scholarship Award, Sam Houston State University, Huntsville, TX  
(2019-2020)