
Canadian and Nepali Counsellors: In Collaboration for Social Justice in Nepal Les conseillers canadiens et népalais : En collaboration pour la justice sociale au Népal

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ABSTRACT

From social justice roots, Canadian counsellors are starting to collaborate with counsellors and communities in international developing countries. In this article, we outline the work of a group of Canadian counsellors who volunteer to collaborate with, educate, and consult with local lay counsellors in our centre in Pokhara, Nepal, called Nepal House Kaski. Using an emancipatory communitarian approach to social justice practices, we explore our approach to working with Western counselling processes in the Nepali culture and how these new interventions for Nepali practitioners bring some challenges to the work of assisting and supporting traumatized Nepali children. Possible research questions and methods are suggested as a collaborative means of assessing our influence and progress toward better mental health for Nepali children.

RÉSUMÉ

Des racines de la justice sociale, les conseillers canadiens commencent à travailler en collaboration avec des conseillers et des communautés dans les pays en développement international. Dans cet article, nous présentons le travail d'un groupe de conseillers canadiens bénévoles qui éduquent et consultent avec les conseillers locaux laïques à Pokhara, au Népal, dans notre centre appelé Népal House Kaski. En utilisant une approche communautaire émancipatrice aux pratiques de la justice sociale, nous explorons notre approche de travail avec les processus de consultation de l'Ouest dans la culture népalaise et comment ces interventions, nouvelles pour les praticiens népalais, apportent des défis pour le travail d'assistance et de soutien aux enfants traumatisés népalais. Des questions et des méthodes de recherche potentielles sont proposées comme un moyen de collaboration dans l'évaluation de notre influence et du progrès vers une meilleure santé mentale pour les enfants népalais.

Even though it has been 7 years since the end of the 10-year civil war that aimed to install a democratic government in place of the Nepali monarchy, Gautam (2013) notes how the signing of the Comprehensive Peace Agreement and the delivery of the Nepal Interim Constitution in 2007 have resulted in little being accomplished to forward the agenda of the common person. He cites the government as indifferent to its duties and responsibilities to the Nepali people

in two main areas: (a) the rising costs of basic essentials such as food, shelter, fuel, and healthcare; and (b) an increased level of violence (especially against children, women, and seniors), as the leading authorities lack efficiency in punishing the perpetrators of these violent crimes. Of these oppressed groups, our main concern is for the Nepali children.

Of importance to us is a new section in the Nepal Interim Constitution, 2007 (UNDP Nepal, 2009, see p. 9) in which the rights of the child were added for the first time. Some of these named rights are nurturing and basic health care, legal protection against any form of exploitation, special privileges from the State for children, and prohibition from being employed in any hazardous or exploitive work. Interestingly, the Nepali government's conventions include both the protection of children from the State itself (e.g., exploitation, prohibition from work in the army), and the duties of the State to ensure children's basic needs (e.g., health care, social security). However, these governmental duties have not been upheld (Gautam, 2013).

Human right violations against children continue, and the lack of leadership in the Human Right Commission in Nepal is especially alarming. The Nepali government ignored calls from commissioners and citizens to attend to the appointment or reappointment of qualified, unbiased commissioners to the National Human Rights Commission and allowed the terms to elapse as of September 2013 (Human Rights Watch, 2013). The UN Human Rights Office in Nepal ceased all new work and activity as of December 2011, and its website is no longer being updated, remaining only as a web resource. The omission of new appointments leaves a leaderless commission and an increased lack of human rights protection for Nepali citizens. We have a particular concern for Nepali children and specifically with abuses of girls—child labour exploitation, abduction, trafficking, child marriages, and education deprivation (Bell, 2013; National Human Right Commission-Nepal, 2013)—making it all the more urgent to advocate for enforcing the legislation that exists for the protection of children.

Ballet, Biggeri, and Comim (2011) note there is often a discrepancy between legislation for children and their socioeconomic status, social status in their community, and social priorities. In different contexts, children have different experiences and opportunities; this certainly follows in Nepal, where human rights continue to be nominal and not translated into real prospects for children.

It is the consequences of these circumstances that motivate us in our duty to support the rights of Nepali children (specifically in the areas of health and education) through a social justice approach to counselling and collaboration. As counsellors from the west coast of Canada, we have collaborated with educated Nepali professionals to create a secure psychological and educational environment for girls in a counselling centre in Pokhara, Nepal, called Nepal House Kaski (NHK). Children who receive counselling services at NHK, or through the community outreach program in orphanages and detention centres, have experienced physical and sexual abuse, neglect, abandonment, exposure to domestic violence (as victims and witnesses), emotional and spiritual exploitation, fetal alcohol spectrum disorder, depression, anxiety, and health concerns including HIV and AIDS (data

collected from NHK 2013 intake referrals). Many of the children are classified as orphans. For reasons of poverty, mental illness, family violence, substance misuse, or consequences of the civil war, however, some of these children may have either one or both parents alive, but they no longer live in their family homes or reside in the villages where they were born. Often, the trauma of separation is further complicated by inadequate orphanage care, including a lack of attentiveness to children's needs that lead to some children being victimized either by staff or other children. In light of the complexity of these clinical issues, children require special care using developmentally appropriate and effective psychological interventions by local counsellors. It is in collaboration with Canadian volunteer counsellors that local counsellors at NHK are trained both theoretically and practically (e.g., art, play, and sandplay therapies; emotional regulation; crisis management), as well as participate in clinical and peer consultation.

Like other counselling professionals working internationally (e.g., Auxier, Forster, & Kuruleca, 2005; Bond et al., 2001; Freire, Koller, Piason, & da Silva, 2005; Horne & Mathews, 2006; Raney & Canel Çinarbaçs, 2005), we recognize that we cannot transfer Western counselling or supervision models and practices directly to other countries without problems (as though they were discrete and self-contained); thus, we argue for an emancipatory communitarian approach to our social justice work (Prilleltensky, 1997) as the most productive framework for Canadian counsellors assisting frontline workers in a counselling-based setting in Nepal. In this article, we outline the current nature of mental health services in Nepal in order to highlight the challenges faced by Nepali citizens, with a specific focus on children, and our position as foreign professionals. We then describe the five main principles of our social justice approach (relationship, community ownership, human diversity and difference, distributive justice, and collaboration and participation) when training and consulting with the local counsellors at NHK as they counsel the children on the frontline, including examples that highlight the principles in action and some arising challenges.

CURRENT MENTAL HEALTH SERVICES IN NEPAL

Despite continued stigma about mental health issues, there has been a growing movement toward the provision of mental health services in Nepal (Devkota, 2011; Fouad et al., 2001; O'Connell et al., 2012; Tol, Jordans, Regmi, & Sharma, 2005), specifically in the area of psychosocial support. Local people are able to engage in very brief training to deliver support to others in the community (Tol et al., 2005). However, according to O'Connell et al. (2012), there is such a variety and diversity of psychosocial support services and training that it is difficult to monitor standards or track practices. Additionally, in speaking with our Nepali colleagues and an exploration of online hospital and clinic sites in Nepal, we see minimal psychiatric or psychological services available in only a few of the largest cities. Devkota (2011) confirms this by citing the 2006 World Health Organization Assessment Instrument for Mental Health Systems, which identified only 32 psychiatrists and

6 psychologists in this country of 26.5 million people. Currently in Pokhara, there is only one psychiatrist available on a fee-based outpatient rotation for a population of just over one million. Mental health workers with a focus on traumatized or abandoned children are even rarer. Thus, for the local counsellors in Pokhara, there are few resources and a scarcity of reliable local training opportunities.

Because there is no available research on mental health services for Nepali children, the information we gleaned related to attitudes about and interventions for traumatized children is informal and points to the need for research into this area. From discussions with local counsellors, teachers, and orphanage workers, there appears to be a lack of understanding of how trauma affects children. The behaviours associated with a trauma response receive the main focus, but little attention is paid to underlying causes. Workers report the most common approach to changing unacceptable behaviour is through punishing children (e.g., physical beatings, humiliation in front of peers). Children from lower castes are often more subject to these types of abuses when displaying trauma-related symptoms (e.g., difficulty concentrating, nocturnal enuresis, hypervigilance). If a family can afford intervention, normally a local spiritual leader conducts a *puja* (religious ceremony) in attempts to cure the child of the spiritual malady that led to the behaviour.

In order to understand these attitudes, Tol et al. (2005) offer a set of characteristics of Nepali culture that we understand as possibly influencing these approaches to dealing with child behaviour. (Tol et al. acknowledge that there are exceptions to any of the specific characteristics they note below.) We highlight two attributes of cultural importance described by Tol et al.: the expression of emotion and social hierarchies. First, people understand that mild to moderate emotional expression is beneficial and usually occurs only between peers or with higher status people such as elders, healers, or priests. Stronger emotional expression is restricted, which leads people to avoid openly expressing sadness, anger, conflict, or excitement. Because of this, strong emotional distress may likely be expressed through somatic complaints and named as bodily sensations. With this somatic aspect of expression, people may prefer to see local healers because of their belief that spirits, bewitchment, loss of soul, or spirit possession may cause mental illness. With this in mind, children in distress are seen in similar ways and may be punished as a way of teaching them to contain strong emotions.

Second, there is a social hierarchy (e.g., caste, gender, elders) in which people may rely on the authority of others who are more highly placed in the social structure. Those of higher social status are seen to have a greater knowledge about all issues and are more trusted to make decisions for those with lower status. This is due to a collective identity where social relationships and people's contexts define who they are in the group. There is also a strong community orientation that includes a variety of social units (e.g., family, religious groups). A person's position in those units may create less personal introspection and an external locus of control on personal, social, and spiritual levels due to that person capitulating to the decisions of those with higher status. Thus, children in a lower caste are most disadvantaged in the priorities of the community.

CANADIAN COUNSELLOR VOLUNTEERS

As foreigners involved in social justice work in Nepal, we recognize our privileged position through living in a large Western nation with global power, and understand the inequity between our countries. We acknowledge our privileged position (Kimmel & Ferber, 2010) through having access, entitlements, and rights to basic human services, employment, and governmental support (Anich, Biggeri, Libanora, & Mariani, 2011). Specifically, we have been entitled to a master's or doctorate level counsellor education and supervisory training of our choice and in our own language (including such privileges as access to materials, instructors, research, infrastructures, professional associations, and institutions of practice). We also have education, supervision, and practice in the trauma field, with some volunteers trained to practice specifically with children and in specific modalities (e.g., art, sand, and play therapy; movement and music; HIV and AIDS education).

In working with our Nepali colleagues, we are aware that our counselling and collaborative consultation practices are embedded in Western values (Horne & Mathews, 2004, 2006), which call us to diligently strive toward developing an equitable partnership (e.g., privileging choice, respecting differences) that does not contribute or maintain any systems of oppression (e.g., privileging our practices, language, materials). We promote our colleagues' right to know what we do, why we do it, and how we do it, so that they can create their own culturally appropriate interventions (e.g., Gil & Drewes, 2005; Heppner, 2006; Horne & Mathews, 2004, 2006) for the children with their current local knowledge of healing, ritual, and therapeutic practices including any ceremonies, traditions, rituals, initiations, traditional art, dance, song, stories, or symbols that are part of a Nepali way of life.

Our Nepali team consists of colleagues who have postsecondary training in the fields of health and education. NHK was initiated when the second author volunteered for a year in an orphanage in Pokhara. Two of our Nepali colleagues who worked there at the time observed his different approach to helping the children, and the consequent positive behavioural changes in children participating in his play therapy interventions. It was from their request for training and a desire to help children in this new way that our initiative began. Volunteers do not provide direct counselling to the children, but rather train and supervise our Nepali colleagues in their counselling practices. Our task in training and collaboration is ensuring we align with culturally appropriate practices within a local Nepali context, being inclusive of local culturally based attitudes, states of mind, and traditions. This challenge is what stands at the foundation of our approach.

OUR SOCIAL JUSTICE PERSPECTIVE

In Nepal, marginalization, poverty, and trauma result from poor government organization and corruption, an unstable job market, gender inequality, lack of family services, and poor support of mental health issues (Bell, 2013; Human Rights Watch, 2013; Nepal Mental Health Foundation, 2012). These larger social

concerns influence how Nepali families deal with the stresses they face. As noted in intake sessions at NHK, prominent issues that influence children's well-being include child abuse and neglect, lack of food and proper nutrition, poor housing and hygiene, family unemployment, parents' gambling problems, parents' alcoholism, and family violence. Because these problems are consequences of larger social and political issues, Waldegrave, Tamasese, Tuhaka, and Campbell (2003) caution against "adjusting people to poverty or other forms of injustice" (p. 5) in how we intervene, and they see these challenges as "symptoms of poverty," where clients are the victims of political and economic policies. It is a unique challenge to engage in ongoing international work and keep this as a clear perspective. For example, one of our volunteers reflected on how Canadians have a very different social reality than do Nepalese, and noted how "in Nepal, where some of the givens that we have here in Canada—like the existence of a social service network and laws that protect women and children—do not exist."

Through reflecting on our activity and responsiveness to the needs and requests of our Nepali colleagues, we found the ideas of Prilleltensky's (1997) emancipatory communitarian approach to social justice to be a close match to our own and an appropriate fit with the demands we need to address as foreigners in Nepal. His approach includes interventions that are proactive and directed at social systems, local knowledge used to assess the needs of the community, collaboration and power-sharing as fundamental, and determination as more reciprocal rather than focused on the individual. The focus of the communitarian model is on social justice processes (emancipatory action, distributive justice) and relationships (communion, compassion, collaboration). The ideal is a solidarity that builds a sense of community in which everyone is looked after in equal measure. Prilleltensky also highlights the limits of this approach, which includes the challenge for marginalized people working within the inequities of their larger social and political climate, and the complexity of relationships between the people, their culture, and their government.

In light of these kinds of challenges, Rice and Ballou (2002) point out that it is important to assess the success of social justice efforts and participation in international work by asking some pertinent questions:

Does it help? Whose way is it? Who does it help? What and which group does it privilege? Are the voices of all in the choir? Is the theory or method congruent with the experience of the people or does it serve to promote an entrenched authority or group? (p. 5)

These questions add to the awareness of our influences on our Nepali colleagues and subsequently on the children they counsel.

In the sections below, we describe five main principles of the emancipatory communitarian approach (Prilleltensky, 1997): relationship, community ownership, human diversity and difference, distributive justice, and collaboration and participation. To illustrate the principles in our practice, we use examples from our experiences in the NHK and in the Nepali community.

Relationship

The fundamental principle in our international work is to develop and promote caring, compassionate, and empathic relationships between our colleagues, their clients, and their communities. Strong relationships aid us in our collaboration as we face and nurture our differences in culture, language, education, knowledge, and traditions (Nelson, Prilleltensky, & MacGillivray, 2001). We align with Tyler's (2000) view that just outcomes result from peaceful collaborations that include the voices of all participants, a fair and just forum for discussions, strongly respectful interpersonal relationships where each person maintains their dignity, and trust in the leaders involved in the organization. As one of our Nepali colleagues notes, the type of relationships we have and our open communication allows him to "take [the] volunteer in front of me as a friend who comes to help, but not as a boss; and [at] the same time I respect their thoughts and feelings, and I tell them directly what I don't like and what I don't understand."

Relationship building takes time, and the Nepali team has the right to observe and then decide if a volunteer is a trustworthy and knowledgeable mentor and friend. As in any counselling or collaborative consultation practice, a positive relationship is a key factor in effective outcomes of practice (Asay & Lambert, 1999). As foreigners we are part of a larger group seen by the Nepali people as tourists or temporary workers who come in and out of their country with a variety of intentions. In this regard, we appreciate, nurture, and respect the time they need to feel comfortable and open to showing us their work or sharing their ideas.

Some volunteers expressed concerns about the role of "expert" and the allotted social power that the Nepali group tends to give to Canadian volunteers. Even though volunteers work collaboratively, they find the Nepali group, with whom they have ongoing communications and strong long-term relationships, reluctant to challenge the perceived expertise of the volunteers. Looking at the hierarchical structure of society in Nepal and even in the local group, it is possible to see how hard it is to "dismantle the top-down, trickle-down model of the expert" (Norsworthy, 2006, p. 426). This is especially true in relation to the power and privilege that comes with the "special knowledge, skills, and access to resources needed by those with whom we are working" (Norsworthy, 2006, p. 426).

Additionally, there are gender discrepancies amongst the Nepali staff. In this regard, the women and the men on the team appeared to have a specific way of working together (e.g., women are less privileged, speak less often). One volunteer told a story about consulting with the Nepali team around assigning counsellors to female clients. When he asked a question about the decision-making process of the female counsellors, there was an awkward silence until one of the male counsellors answered that it was a team decision. Later in the day, the volunteer was alone with the female counsellors, and one of the women told him that they "could not say much earlier because the brothers [male counsellors] were in the room." The volunteer wanted to confront the men and talk about the censorship happening within the team, but the female counsellors told him not to, that he was more the problem. It was their respect for their colleagues (being male, older,

and more senior in rank) that stopped them from possibly saying something (e.g., that men, not the team, make the assignment decisions) that could be perceived as negative by the “western clinical supervisor.” They did not want to create tension by being seen by their male colleagues as complaining.

Another volunteer asked the Nepali team to have both a male and a female counsellor conduct a parent meeting, even though this would have been inappropriate because of gender roles in Nepal and may have created problems for open discussion in the meeting. After thinking about it further, she voiced her concern about this possibility to the group, who all agreed that it would not be appropriate. The volunteer explained how she invited the group to challenge her if she directed them to do culturally inappropriate activities. She expressed her concern, saying, “I hope that with time they will challenge my misguidedness more, as I become more aware of their social reality, and together work to strengthen our social justice practice.”

As Heppner (2006) notes, ethnocentricity can be a major obstacle or challenge when working cross-culturally in a competent way. Thus, even though it contradicts our training, we believe that it is more respectful to our Nepali colleagues to accept the role we are given in the hierarchy and work respectfully from that place with as much inclusiveness and equality as we can encourage in the group.

Community Ownership

Although Prilleltensky (1997) highlights self-determination as a key principle in his emancipatory approach, we believe that it closely aligns with community ownership, which fits better in the collectivist culture of Nepal and what we see in our Nepali group. Authors such as Heppner (2006) and Pedersen (2003) point to possible assumptions we might make when transposing counselling psychology to international communities—for example, the idea of self-referencing and lacking an understanding of difference in worldviews. We note that Nepali self-identity is determined by social status and social demands; there appear to be no individual goals outside of the team collective (Tol et al., 2005). Thus, we hold the principle of community ownership as an equivalent idea and work to support the Nepali group to decide what is best for them and their clients as a single “community” entity.

Although NHK exists because of Canadian financial and consultation support, the Nepali group owns what is happening in their centre. For example, at this point the Nepali group knows what kinds of skills and experience they need from volunteers and asks for volunteers with the training that will work best in their community. A Nepali colleague expressed how he was most interested in volunteers’ “experience, skills, personality, and team working quality.” The NHK team also decides if a volunteer will return, and they can terminate a volunteer’s participation at any time if the volunteer’s influence has a negative effect on the community. They also decide what projects are needed to support children’s families, such as micro-financing for mothers or counselling work with adolescents in detention centres. Additionally, the people they serve are also given a voice and ownership of the services they receive; for example, parents meet as a group with

the NHK staff to discuss issues they face and possible solutions to challenges of daily living.

With the passing of time, it is evident to the Nepali group that their support needs to go beyond the children; thus, they now focus on training orphanage staff, parents, teachers, and anyone else who is involved in the life of the child in a caretaker or parenting role. From the foundational idea that Nepali counsellors and Canadian supervisors wanted to truly change how children were treated, they have been able to also model these ways of working to the community as a whole step-by-step. NHK continues to offer free community training, free counselling, and free consultation.

Human Diversity and Difference

Horne and Mathews (2006) discussed how culture is evolving and changing so it is not possible to be culturally competent, but only partly knowledgeable. They stated, "It is only possible to be 'informed not-knowers' (Laird, 1998, p. 30) who engage in a constant process of gathering information and gaining experience from others, while simultaneously raising self-awareness, sorting impressions, and shifting meanings" (p. 392). Not wanting to impose our interpretations or understanding about Nepali culture, we agree with Dean (2001), who proposed that "we distrust the experience of 'competence' and replace it with a state of mind in which we are interested and open but always tentative about what we understand" (p. 629). For example, the counselling interventions we teach our Nepali colleagues do not always work, as one of the local Nepali counsellors stated: "I am always aware what [volunteers] teach and what I can apply in Nepali context, because some of the things cannot match culturally." To make our practice effective and culturally appropriate, we strive to engage in constant honouring, negotiating, and discussing the diversity and differences between us. For example, we note here how we have not included the participation of local healers or spiritual leaders as part of the practice in the centre.

Language as a key difference. Nepali is the dominant language at NHK. A number of volunteers noted the language challenges and their reliance on interpretation as an issue of concern. One volunteer noticed how she was not able to know "the nuances of group dynamics" and did not feel "direct access to the group and individuals." This raises the question about how to share knowledge and information that can lead to individual or social change and how to teach in a way that can be integrated and meaningful for the Nepali group. Volunteers have attempted to develop some rudimentary ability to speak Nepali, and they attend to speaking English clearly, using simple words to explain concepts, teach interventions, and give clinical feedback. This is especially important when introducing new concepts or vocabulary that do not exist in the native language of the people (Norsworthy, 2006); as one of our Nepali colleagues suggested, "It will be more helpful if the learning is simpler in the sense of language."

Additionally, one volunteer tried a number of ways of working with this challenge. For example, she used a digital audio recorder to document her Nepali col-

leagues teaching her Nepali and practiced this vocabulary every evening. She also had the group practice interventions in Nepalese; in consulting with them after this practice, she paid attention to nonverbal aspects and discussed the challenges the group highlighted during their practice. She also had the group brainstorm a list of Nepali emotion words to use in their sessions with clients. Another volunteer described how the language differences opened up other avenues of nonverbal communication, including using music and dance as important ways to communicate.

Cultural challenges. Because of our ongoing relationship with our Nepali colleagues, volunteers are often concerned about not knowing enough about Nepali culture, especially in relation to Western psychological models. Understanding the relevance, use, and impact of different approaches is a challenge in effectively supporting the local counsellors in their work with the children (Horne & Mathews, 2006). Certainly, some interventions are not useful, and our Nepali colleagues sometimes hint at some of these challenging issues, for example, concerns about volunteers not understanding “how children grow up” in Nepal, how “making therapeutic language is difficult,” not knowing “how people interact [in a group],” or not having the “necessary information about the culture.” Although we know that the group makes their own innovations, and we support them in doing so, we are still unclear about how they decided what to use, what to discard, and what to change to reach successful service outcomes.

The Nepali group receives the ideas and interventions that the various volunteers bring with openness and enthusiasm, but may put these contributions on the shelf once the volunteer leaves if they are not suited to the clients or the culture. To assure that contributions are useful, one of our volunteers emphasized that, when approaching international work in a different culture, the main activities she engages in are listening attentively, being a keen observer, and holding a sense of openness to differences.

Although Freire et al. (2005) found that person-centred approaches were effective in collectivist cultures such as Brazil, we are cautious about the idea of Western counselling models (e.g., person-centred play therapy) being superior and applicable in the culture of Nepal. Ensuring a “power-sharing partnership model, involving careful listening, consultee’s active leadership, building on the resources that local customs and people provide, development of culturally relevant interventions rather than externally imposed solutions” (Horne & Mathews, 2006, p. 392) are some possible antidotes to privileging Western approaches. One volunteer, an art therapist, stated that, before she returned to Nepal a second time, she would aim to pursue questions about how art functions in Nepali culture and explore any history of art as healing, in order to be more educated about Nepali culture before teaching and collaborating within her counselling modality.

Distributive Justice

Our Nepali colleagues are consumers of our teaching, collaborative consultation, and financial support, so a principle of distributive justice is vital to allow our colleagues to have full bargaining power in deciding how the available resources

are allocated (e.g., salaries, expenses, supervisors, training, infrastructure) (Prilleltensky, 1997). This power gives them a meaningful self-determination (community ownership) and an equal voice in democratic, peaceful, and cooperative negotiations about resources (Prilleltensky, 1997), especially at times when our values may conflict and we need to take time for thoughtful discussion when decisions need to be made about resource distribution.

We give month-by-month financial support to NHK so that we can ensure the immediate needs of the Nepali children in this community are met based on what may be happening at the time. With at least one year of operating costs on hand, we can focus on collaborating with the team rather than focusing on fundraising as our key relationship activity. Through donations and various events held in Canada, we raise funds for operating costs (includes salaries for staff, rental of the centre, food, medical supplies, school uniforms, and materials). Volunteers pay their own way and support themselves while in Nepal, using no resources that are allocated for the Nepali children. The team has the right to spend the funds as appropriate for the community, with accounts kept and reported to the team in Canada on a regular basis. We work on supplying the tools (training and supplies) and guidance (experience and education) using the resources we have, so we can ethically meet the changing needs and shifting developments that arise in Nepal and Canada.

The Canadian group responds to the Nepali group's requests whenever possible and have supported proposed initiatives such as micro-financing for single mothers in their school or psychosocial training offered locally. Recently, the Nepali group approached the Canadian group to open discussions about the formation of an Employees Provident Fund (EPF) agreement. The EPF is approved by the Government of Nepal and is managed by a government board whose members have been nominated by the Government and which administers the fund on behalf of the Government under the Nepal Ministry of Finance (see <https://www.epfnepal.com.np>). The EPF is akin to a Canadian pension fund with joint contributions from Nepali workers and their employers. Approximately 10% of workers' salaries are matched by an equal amount from the employer and contributed to the EPF. Workers have access to their EPF at pre-arranged times or when they leave their employment.

It was an unwed woman staff member who catalyzed this most recent set of negotiations. She viewed her long-term situation as more at risk than her married colleagues and asked for this need to be brought forward. Over the course of several meetings, the Canadian team (i.e., Nepal House Society) discussed the issue, acknowledging the right of the staff to have control over their environment so they would have material security for the future, a sense of belonging to a bigger community (approximately 300,000 employees belong to an EPF), and a stronger commitment to continue their work at NHK. We believe that this type of compensation is both a right to social security for the Nepali group and a duty of the group in Canada to support, not because we have greater power by choosing to support the Nepal group's right to security, but because we see it as

strengthening our relationship and allowing us to protect the sense of equality in our larger group and avoid discriminatory action.

Collaboration and Participation

As one of the Nepali counsellors noted above, some Western counselling practices we introduce are contextually ineffective and foreign for Nepali children (Gil & Drewes, 2005; Heath, Nickerson, Annandale, Kemple, & Dean, 2009). Undoubtedly, our Nepali counsellors have the knowledge to understand the challenges their clients face—not only with the children in individual sessions, but also with the parents, families, community, and agencies (e.g., orphanages, detention centres, schools). Understanding the best way to support Nepali children and families, we work on being reflective about our practices. For example, one of the volunteers working with children's bed-wetting problems noticed that the Nepali counsellors were “working in a very nondirective way” and that children “would come to NHK and be treated with unconditional regard ... and then go back to the orphanage” where the “house mommies,’ with best intentions and no training, dealt with the problem by terribly shaming the [children].”

This observation initiated some trauma training (e.g., trauma and development, signs and behaviours that result, interventions to decrease anxiety), first for the Nepali staff and then for the Nepali staff to share with the orphanage caretakers and managers. The Nepali staff were excited to have been able to improve the situation for the children in a more systemic and meaningful way, and as the volunteer recalled, “I remember one [orphanage] manager almost crying when he spoke about how much he regretted some of his past actions with children—realizing that the [children] weren't ‘bad’ but just suffering effects of trauma,” and then committed to making changes.

There was also a concern among some volunteers about the materials they presented to the Nepali staff and children. For example, playing with toys is a common experience for children in Canada and we have built play therapy around this idea; however, it is not so common in a country such as Nepal where the majority of people are impoverished and toys are a luxury (even some of the staff did not have experiences of playing with toys as children). In the therapy rooms at NHK, the child clients have access to toys brought over by volunteers. At one parent meeting attended by a volunteer, a mother expressed her feelings of inadequacy because her daughter was asking for a doll to have at home; the mother could not afford one and did not have access to materials or knowledge of how to make one. The staff and volunteer talked about it and came up with a plan to possibly invite a local woman who made dolls to do a workshop with the mothers. Another volunteer had a similar experience when she contemplated the suitcase full of art supplies she brought that could not be found in the markets of Nepal. She vowed to “talk with the staff about stocking their art room with local materials for a sustainable practice” and wondered, “What would be unique about a Nepali art therapy room versus a reproduction of a western art therapy studio?” (e.g., Gil & Drewes, 2005).

Another volunteer told of a larger collaborative experience when she gave free access to an expressive therapy workshop, offered to NHK staff, to other professionals and nongovernmental organizations in the Pokhara area, thus challenging the traditional notion of nonprofit competition for resources and work toward benefiting the greater community in Nepal. She described how “an ongoing group [comprising workers from different agencies] continued to meet after the training to develop their own ideas and practices in the therapeutic arts.”

FURTHER SOCIAL JUSTICE AND RESEARCH WORK IN NEPAL

As Jost and Kay (2010) note, social justice work includes three types of justice—distributive (allocation of goods), procedural (decision-making about allocations), and interactional (treating people with dignity and respect)—with at least one of these aspects being addressed in practice at any one time. Like other counselling professionals who have applied emancipatory communitarian principles in their practice (e.g., in counselling homeless people, see Brubaker, Garrett, Rivera, & Tate, 2010; in developing vocational counselling, see Blustein, McWhirter, & Perry, 2005; Sloan, 2005; in preventing psychological dysfunction, see Kenny & Hage, 2009; in counsellor education, see McWhirter & McWhirter, 2007), our social justice work in Nepal is evolving. Each type of justice takes priority at different times in our practice as noted above, based on the needs and priorities of our collaborative group. As volunteers reflect, here in Canada or in Nepal, about their collaborative consultation practices, each talks about the development in their work and their ongoing efforts to understand and query their own positions of place, power, and privilege as they interact within the Nepali context and to improve future work.

Along with questions suggested by Rice and Ballou (2002) above, questions arise for both the Nepali and the Canadian groups about our counselling and collaborative consultation practices as we move Western notions to international contexts, including what practices are most ethical, useful, and doable in Nepal. As described in some of the sections above, there is much work to be done to ensure our assistance allows for the freedom and participation of the Nepali community as we work together cross-culturally. In our collective goal of benefiting the children, we continually strive toward a just outcome that is culturally and ethically appropriate.

At this point in our work, we are looking at taking further steps in understanding the needs of the children and practitioners in Nepal—specifically as a start to assess the outcomes of our current intervention in our mental health practices there. As described above, there are significant gaps in our knowledge about how well we are doing in terms of client outcomes, Nepali practitioner models, and Canadian collaborative consultation methods in the context of the mental health of Nepali children. As a group, we are interested in collaborative research that holds the value of “power-sharing and creative collaboration” (Norsworthy, 2006, p. 427). This may be accomplished by moving into the research work as collabo-

rators and equals so our findings might influence how the government of Nepal approaches mental health and mental health practices with children.

In exploring the best ways to answer these initial questions, we look to others who have explored different collaborative approaches in seeking to understand children's experiences and development in international research. For example, using a capabilities framework (Nussbaum, 1997, 2011), Anich and colleagues (2011) worked to understand what capabilities were most noted by street children in Kampala, Uganda, by using an interactive survey administered by older children, as well as inviting children to create drawings and take photographs; Kellock and Lawthom (2011) used a photovoice method in which underprivileged primary schoolchildren used Polaroid cameras in different ways to create images that illustrated how they functioned as a result of their educational opportunities and experiences; and Horna Padrón and Ballet (2011) used autobiography (including photographs, drawings, and conversations) in exploring the emotional capabilities of children as they experienced transitioning from abusive home lives into life on the streets in Peru. Due to the nature of Western research funding and structure, these collaborative methods allow a space for the voice of participants, local control over the process of exploring the questions, and outcomes that add to effective strategies for change (Sloan, 2005). The future remains open to the possibilities of increasing our understanding and practice of effective counselling and collaborative consultation at NHK, observing how play or art therapy evolves or translates to a Nepali context, and exploring the influences of counselling for the children, parents, and Nepali community.

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